

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Healthy Plate/Healthy Living
2. Date of Submission: 10/27/2019
3. House Member Sponsor: James Bush
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					312,000	312,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Agriculture and Consumer Services
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The Agency's standard penalties will suffice.

6. Requester:

- a. Name: Ronae Cambridge, MSW
- b. Organization: Glory Temple Ministries, Inc.
- c. Email: contact@glorytempleministriesmiami.org
- d. Phone #: (305)494-6181

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Ronae Cambridge, MSW
- b. Organization: Glory Temple Ministries, Inc.
- c. Email: contact@glorytempleministriesmiami.org
- d. Phone #: (305)494-6181

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Glory Temple Ministries, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Provides an overall healthy and stable environment to families by providing over four million pounds of healthy and nutritious foods to families that suffer from food insecurity which will reduce preventable health conditions and increase family stability. Reduce juvenile and criminal law violations that are associated with crimes related to theft and/or food insecurity. Moreover there will be a reduction in medical costs (Medicare/Medicaid) due to access to healthy foods.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Oversight of the program, administrative and food safety and civil rights training implementation.	48,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Clerical support, data collection/input, order supplies, computers, printing, schedule appointments, transportation, etc.	24,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office supplies, computer, printer.	3,260
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Partnership with a local university in order them to conduct a study relevant to services rendered as well as document the impacts and outcomes of such studies. Study will be free and sponsored by our university partner.	0
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Truck Drivers (3): Pick up of food from donors. Administrative Assistant	155,460

	(1): provide clerical support to the program. Warehouse Workers (2): Loading, Unloading, and stocking of food products. Security Guard (1): Security during distributions.	
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Nutritionist (1): Consulting and workshops. Fitness Consultant (1): fitness classes/consulting. Custodian (1): Cleaning facility. Accountant (1): Accounting and financial oversight	81,280
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		312,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Expressions of support - monthly board meeting of the 79th Street CRA on September 26, 2019. Letter of Support - Coalition of Community Organizations.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Barry University Healthy Heart Healthy Living Research Study. This study was conducted by the Nursing Department of Barry University (a local university in Miami Dade County) and Glory Temple Ministries. The research study was done over a period of 12 weeks. Individuals body mass index (BMI), weight, diet, blood sugar, blood pressure, and exercise were monitored. The study revealed profound information as it relates to the clients access to healthy foods.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Using the MyPlate current nutrition guide, foods are collected, sorted, and packed by food groups for distribution to clients; a nutritionist will provide workshops on food choices. A fitness trainer will provide education on proper exercise.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Education classes on wellness, food and nutrition will be conducted the first week of every month along with weekly access to a Nutrition Consultant. Food distributions will be offered Monday thru Friday from 12 noon - 6pm. Fitness and exercise classes will be conducted twice a week on Tues and Thurs at 6pm.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled

- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Veterans

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Clients will be food secure and have nutrition and fitness goals.	Achievement of goals using the Food Security Measurement scale along with surveys to clients on nutrition and fitness goals
<input checked="" type="checkbox"/> Improve mental health	Clients will experience less anxiety and stress.	Client Survey.
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	The impact and effect of the program on clients' food budget and medical expenses.	Client questionnaire and survey will be done to measure the impact and effect of the program on their food budget.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Clients financial situation will improve.	Client Survey
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	312,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	312,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

ongoing activity – no total cost

<1M

1-3M

>3-10M

>10M