

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Feeding Tampa Bay Engage & Empower
2. Date of Submission: 11/14/2019
3. House Member Sponsor: James Grant
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
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?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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:					355,000	355,000

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 Education
 - 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.
Funds revert back to the state

6. Requester:

- a. Name: Thomas Mantz
- b. Organization: Feeding Tampa Bay
- c. Email: tmantz@feedingtampabay.org
- d. Phone #: (813)262-8441

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

- a. Name: Thomas Mantz
- b. Organization: Feeding Tampa Bay
- c. Email: tmantz@feedingtampabay.org
- d. Phone #: (813)262-8441

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

- a. Name: Matthew Blair
- b. Firm: Corcoran and Johnston
- c. Email: matt@corcoranfirm.com
- d. Phone #: (813)220-2549

9. Organization or Name of entity receiving funds:

- a. Name: Feeding Tampa Bay
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Sumter

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?

The requested funds will support Feeding Tampa Bay's work to end hunger in rural and urban areas through direct food distribution to food insecure households and through an innovative workforce development solution that creates a coalition of nonprofits, government and businesses to provide workforce development and on the job training to food insecure individuals with barriers to employment.

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 type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	100% Culinary Instructor = \$65,000 50% Programs Associate = \$40,000 50 students \$3,600 stipend each = \$180,000	285,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	50 students Certification/Skills Training/Testing \$1,400 per student = \$70,000	70,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		

TOTAL		355,000
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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?

No

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

No

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?

The requested funds will further support Feeding Tampa Bay's new FRESHforce Program - an innovative solution that creates a coalition of nonprofits, government and businesses to provide workforce development for individuals with barriers to employment.

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

Engage and Empower workforce development: FRESHforce is an innovative solution that creates a coalition of nonprofits, government and businesses to provide workforce development and on the job training to food insecure individuals with barriers to employment. They receive industry certification that allows them to “climb the ladder,” in addition to learning how to improve soft job skills like interviewing and resume writing. Business partners are involved in the program’s curriculum.

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)

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
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<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Provision of soft skills education (e.g. resume building) Provision of hard skills education (e.g. hands on training, mentoring) Certifications received by the individual participants	Number of industry level certifications received by individuals in the program Number of industry level certifications, as cohorts.
<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	Increase in qualified, trained workers for the Tampa Bay area workforce Increase in personal income cycling into the Tampa Bay area Increase in personal income for program participants	Number of program participants Salaries (post) of program participants Increased consumer spending into the local economy (cycling of funds)
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Enhanced job opportunities	Number of participants receiving employment increases through the program
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Individual's ability to provide income to manage/maintain a household - to purchase food, goods and services	Increase in individual participant's personal, annual income.

	for him/her self and family.	
<input checked="" type="checkbox"/> Reduce recidivism	Individual recidivism rate for the participants in the program for the ex offender participants (ex offenders are only one group of participants anticipated in the program)	Percentage of ex offender participants who re-offend
<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:	355,000	54.6%	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:	295,000	45.4%	Yes
TOTAL	650,000	100%	

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

No