

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Healthy Plate Healthy Living Project
2. Date of Submission: 12/18/2015
3. House Member Sponsor(s): Cynthia Stafford

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
- 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? No
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 <i>(If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2016-17 <i>(If no new Recurring or Nonrecurring funding is requested, enter zeros.)</i>			
	Column: A	B	C	D	E	F	G
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>	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested <i>(Nonrecurring is one time funding & must be re-requested every year)</i>	Total Funds Requested Over Base Funding <i>(Recurring plus Nonrecurring: Column E + Column F)</i>
Input Amounts:					0	110,000	110,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Ronae D. Cambridge
- b. Organization: Glory Temple Ministries, Inc.
- c. Email: pastor.rcambridge@gmail.com
- d. Phone #: (305)494-6181

6. 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

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Project Description: The requested funding of \$110,000.00 will be used as follows: \$30,000.00 ? Truck Driver; Food Program Manager - \$47,000.00; Custodian - \$25,000.00; Accountant - \$8,000.00. Glory Temple Ministries Healthy Plate Healthy Living Project will address hunger and nutrition. Healthy Plate Healthy Living will distribute over one million pounds of healthy foods including grains, fruit, protein, vegetable, dairy and healthy oils through Healthy Plate Healthy Living Project food pantry program. This project will not only address food shortage but will also focus on healthy foods that will result in better health in the clients that come to the food pantry and make for a healthier community. Healthy Plate Healthy Living Project will serve the unemployed, the disabled, senior citizens, the under employed (those not working enough hours to meet household needs); and those living at or below poverty line will be recipients of healthier food being brought to facility. Miami-Dade County has approximately 306,330 individuals who are food insecure; one in four children go to bed hungry in Miami-Dade County and many lack proper nutrition which leads to health problems according to Feeding South Florida. Positions and associated salaries will provide management of overall program and resources, ensure that store donations and other donations are picked up, and ensure a clean facility, an accountant to assist with sound financial records keeping. Intake forms will be done for each client to ensure eligibility; all eligibility will be based on low income clients. Food will be sorted, weighed, and then given to clients in boxes. The number of clients, demographics, number of food boxes, types of food, and pounds will be recorded.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 18,750

Other: 88,000

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

No