

COVER SHEET

Agency Legal Name: **Liberia Economic and Social Development, Inc. (LES, Inc.)**

Address: **3220 North 24th Avenue**

City: **Hollywood** _____ State: **FL** Zip: **33020-1433**

Telephone: **954 - 924 - 3635** _____ Fax No.: **954 - 924 - 3637**

Federal Tax ID (EIN): **59 - 2207401**

Program Title: **Community Food Pantry**

Primary Focus Area (select **one** category from approved list): **Health, Wellness and Nutrition**

Name of CEO or Board President: **Henry L. Graham**

CEO or Board President Date of Birth: **08/10/1945**

CEO or Board President Email: **h.graham38@gmail.com**

Name & Title of Grant Contact: **Henry L. Graham, Executive Director**

Grant Contact Cell Phone: **954 - 559 - 8634**

Grant Contact Email: **h.graham38@gmail.com**

Application must be signed (in blue ink) by the applicant's CEO, Board President or authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and all City requirements, and will solely utilize the funds sought for their stated purpose.

Print Name: Henry L. GRAHAM
Title: Executive Director
Signature of CEO or Board President: Henry L. Graham
Date: 02 - 06 - 2023

I. STATEMENT OF THE AGENCY'S PURPOSE

Incorporated in 1981 as a 501©3 not for profit organization, Liberia Economic and Social Development, Inc. (LES) is a federally designated Community Development Corporation (CDC), a Community Based Organization (CBO) and a Community Housing Development Organization (CHDO) in the Liberia neighborhood of Hollywood, Florida. LES is a multifaceted organization primarily focused on community and economic development. For over 38 years, LES has provided economic opportunities, affordable housing to low and moderate income individuals in the Liberia and Washington Park subdivisions of Hollywood, Florida. LES has provided opportunities to impact increasing mobility of the residents by providing skills training through job and entrepreneurship initiatives.

II. STATEMENT OF THE AGENCY'S MISSION

LES mission is to o impact the lives of all its residents, as they earn the right of homeownership through increased skill levels which affords established employment, the focus then turns to good health and education of the families.

III. PROGRAM/PROJECT DESCRIPTION:

- a. Please provide a one paragraph description of your program that will be used as the summary description of your program for the review board. Include specific program activities including timeline and program strategies. (250 word maximum)

The LES, Inc. Community Food Pantry Program has been in existence for +19 years, operating out of a 700 square foot residential apartment unit at 2334 Greene Street in the Liberia neighborhood in Hollywood. As of 2014 it is one of seven (7) active food pantries listed by 211 in the Hollywood community. LES provides services approximately eighty (80) persons per day, three (3) days per week. Persons must have an intake providing their documentation of eligibility to participate in the program. Eligible participants must be within 130% of the federal poverty guidelines or be disabled or unemployed. Distribution hours are from 9:30 a.m. to 12:00 pm based on the first letter of participants' last name. Source of inventory is from Feeding South Florida, United Way Life Line, Farm Share and donations from area food providers and individuals. The LES Community Food Pantry Program provides a variety of nutritious foods from each of the five food groups, dairy, fruit, grain, protein and vegetables to promote healthy eating.

- b. Beginning program date **October 1, 2023**
- c. Ending program date **September 30, 2024**
- d. Days and Hours of Operation **Monday-Thursday Distribution Tue.-
Wed. and Thur. 9:30am to 12:00pm**
- e. If your service agency function is to provide financial subsidies enabling your clientele to enroll in other programs, please check this box. ☐

IV. PROGRAM/PROJECT NEEDS AND OBJECTIVES:

Include why the program / project is essential for the residents of the City of Hollywood. What needs will the program / project address? (250 word maximum)

The Food Pantry has been an essential hub during the recent Pandemic as we strived to serve the immediate nutritional needs of over 50-100 of the homeless throughout community in the City of Hollywood. Though the Supplemental Nutrition Assistance Program has been suspended the increasing unemployment, homelessness, and individuals who have been released from confinement and rehabilitation programs, not to forget the recent increase of migrants to our shores. These are the targeted groups that have and will increase our distribution benefits from the LES Community Food Pantry, and because of this the Food Pantry anticipates serving over 3,800 households in fiscal year 2023 three (3) days a week from 9:30 am to 12:00 pm on Tuesdays, Wednesdays, and Thursdays.

V. ANTICIPATED OUTCOMES:

- a. Describe the anticipated outcomes as the result of this program / project (150 word maximum).

The anticipated outcome of the LES Community Food Pantry program is to continuously offer fresh produce which includes fruits and fresh vegetable to low income families that will promote healthy communities of Hollywood citizens, and also meet the needs of the most vulnerable population of Seniors and the homeless. Over 40% of the population of the City of Hollywood is 60 years of age or older and the population of **homelessness and joblessness has increased significantly due to the horrifying COVID-19 PANDEMIC**. Through supportive agreements with local distributors and others our outcome of providing nutritious food products that are monitored and maintained to ensure that items are packaged and distributed on a "first in, first out" basis

- b. Total **non-duplicated** number of **all** clients, recipients or participants expected to be directly served by the proposed program / project in FY 2024 **2,105**
- c. Number of **non-duplicated** number of **Hollywood** residents expected to be directly served by the proposed program / project in FY 2024 **1,218**

Please Note:

- ***Grant funding, if awarded, may be offered at a lesser amount than requested in this application; however, the number of Hollywood residents to be served that appears on the final agreement will remain the same number as entered above.***
- *For item V.c., please provide an estimate of the number of unique residents of Hollywood you expect to serve throughout FY 2024 (October 1, 2023, through September 30, 2024).*

VI. STAFF QUALIFICATIONS:

List the names and qualifications of staff involved in this program / project.

Name	Qualification(s)/Degree(s)	Year(s) of Experience
Henry L. Graham Executive Director	M.S. Public Administration	40 plus
Fannie J. Washington Program Coordinator	B.S. Business	20 plus

VII. PREVIOUS BENEFITS AND OUTCOMES:

If the program/project was operating in FY 2023 (October 1, 2023 through September 30, 2024), please provide a year-end statement of that year's accomplishments, the total number of participants directly served by the program/project in FY 2023 and the number of Hollywood residents directly served by the program/project in FY 2023. If the program/project is currently operating in FY 2023, please provide a year-to-date status update. (250 word maximum)

The LES Community Food Pantry to-date has served over 19,158 individuals.

The LES Community Food Pantry serves the essential area, and more than often, an immediate need to the community. The Seniors, the homeless, recently released incarcerated persons, and persons coming out of rehabilitation programs all fall into this category. In addition, some families exceed eligibility criteria by a very slim margin, and still may require assistance to meet their family's monthly nutritional needs

VIII. COMMUNITY COLLABORATIONS AND PARTNERS:

Describe the roles of collaborating agencies, programs and individuals if applicable. Attach letters of support from collaborators. (150 word maximum)

The purpose and mission of Liberia Economic and Social Development, Inc. (LES) is to develop and implement a full service strategy to provide a progressive scope of social services and employment training to the residents of Broward County. LES, Inc. is a not-for-profit 501C3. Celebrating 38 years of excellence, LES is a Community Development Corporation (CDC) and a Community Based Organization (CBO) that provides social services to low to moderate income children and families to address family needs such as career counseling, employment training, affordable housing, food and childcare services. Our child care facility, the South Broward Learning Center (SBLC) developed over 50 years ago, has a history of serving from low to moderately low income families through the South County area, and has educated over 2500 children and their families. A community development corporation chartered by the state of Florida since 1981, and is certified as a CHDO by the Housing Finance and Community Development Division of Broward County.

Since its inception in 1981, LES has demonstrated a capacity to improve economic conditions in its target area. The agency is credited with several achievements, especially with the ensuring of public/private sector commitment to area residents. The success is attributed to the collaboration, cooperation, support and resolution of numerous partnerships over the years.

IX. BUDGET

Using the chart and categories provided, what is the annual program / project cost for FY 2024? Provide the amount of funds requested and secured from other sources or the Agency's budget for the program/project. This grant is designed to provide supplemental funding for program related activities, so please select the best suited categories for your program / project from among the categories below.

Budget Categories	\$ Amount Requested	\$ From Other Funding Sources	Total Cost of Program
Subsidies or Matching Funds	0.00		0.00
Salaries & Benefits or Volunteer Stipends	10,000.00		10,000.00
Consultants & Professional Fees	0.00		0.00
Program Supplies, Appliance Service	1,101.00		1,101.00
Incentives & Consumables	0.00		0.00
Transportation, Travel & Admission Costs	1,500.00		1,500.00
Electricity, Water, Refuse (Feeding & Residential Facilities Only)	3,986.00		3,986.00
TOTAL =	16,587.00		16,587.00

What is the estimated cost per Hollywood participant? **\$7.36**

What is the **minimum** amount of award needed from the City of Hollywood to effectuate the proposed program/project? **\$20,000.00**

Estimate of total agency projected revenues and expenditures.

Fiscal Year	Revenue	Expenditures
FY 2024 10/1/2023-9/30/2024	\$264,000.00	\$494,000.00

X. OTHER FUNDING SOURCES DETAIL:

List grants received from ALL City of Hollywood sources including the General Fund Agency Grant during the preceding five (5) fiscal years 10/1 through 9/30. Examples of City funding sources would include the Agency Grant Program, the Community Redevelopment Agency, CDBG funding, Police Department grants, etc.

Funding Source	Amount Received FY 19	Amount Received FY 20	Amount Received FY 21	Amount Received FY 22	Amount Received FY 23
City of Hollywood General Fund Grant			\$7,000		\$10,222.00
The Jim Moran Foundation Discretionary Grant					

XI. PROGRAM/PROJECT EVALUATION:

How will you measure the success of the proposed program/project? (250 words maximum)

The success of the proposed program/project will be determined by the number of clients enrolled into the program on a daily, weekly, and monthly bases using a flexible measure to capture the number of households and individuals within a household being served. The goal of the program is to have 85% of eligible food pantry participants attend the monthly Nutritional Program. To continuously offer fresh produce, generally fruits and fresh vegetables through supportive agreements with local distributors and others. Provide food handling education to 100% of the staff and volunteers continue monitoring and maintenance of for storage items; ensure that items are packaged and distributed properly

XII. ATTACHMENTS:

ATTACHMENT A	The most recent letter from the Internal Revenue Service (or other evidence) determining the tax-exempt status under section 501(C)(3), 501(C)(4), or 501(C) (6) of the Internal Revenue Code.								
ATTACHMENT B	Letters of community support for the proposed program / project.								
ATTACHMENT C	<p>A current Certificate of Insurance for Commercial General Liability Insurance naming the City as an Additional Insured with not less than the following limits:</p> <table> <tr> <td>Products-Comp/Op Aggregate</td><td>\$1,000,000</td></tr> <tr> <td>Personal and Advertising Injury</td><td>\$1,000,000</td></tr> <tr> <td>Each Occurrence</td><td>\$1,000,000</td></tr> <tr> <td>General Aggregate</td><td>\$1,000,000</td></tr> </table>	Products-Comp/Op Aggregate	\$1,000,000	Personal and Advertising Injury	\$1,000,000	Each Occurrence	\$1,000,000	General Aggregate	\$1,000,000
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Personal and Advertising Injury	\$1,000,000								
Each Occurrence	\$1,000,000								
General Aggregate	\$1,000,000								
ATTACHMENT D	All pages of the most recently completed and filed IRS Form 990.								
ATTACHMENT E	The most recent audited financial statement. If the agency does not have a certified audit, submit a compilation of financial statements, with income statement and balance sheet for the most recent year.								

If you have any questions, concerns,
or need additional information please contact:

Angela Stanley at (954) 921-3206
or by email astanley@hollywoodfl.org