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To: [Moore, Christopher D](#)
Subject: MSTU Special Projects Funding FY22 Application Form Submission Result #25441611
Date: Friday, September 30, 2022 2:48:48 PM

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Full Legal Organization Name (Required)	Florida Dream Center, Inc
Street Address (Required)	4017 56th Ave N
City (Required)	St. Peteresburg
State (Required)	FL
Zip Code (Required)	33714
Organization Website (URL)	www.floridadreamcenter.org
Organization President / Executive Director (Required)	Steve Cleveland
Title (Required)	President & CEO
Phone Number (Required)	727-307-2741
Email Address (Required)	sjcleveland@floridadreamcenter.org
Contact Person Name (if different than above)	Zelda O'Connell
Contact Person Title	Chief Operating Officer
Contact Person Phone Number	727-851-9074
Contact Person Email Address	zelda@floridadreamcenter.org
501(c)(3)? (Required)	Yes
Registered in Florida? (Required)	Yes

Year Established (Required)	2012
Total Organization Annual Budget (Required)	1,008,808.00
Taxpayer / Employer ID # (Required)	46-0663472
Brief Description of Organization and It's Mission (approx. 600 characters) (Required)	Florida Dream Center (FLDC) is committed to inspiring self-sufficiency, by sharing faith through resources, and restoring hope in communities through human services that bridge the gap between vulnerable residents and social-economic equality.
Project Name (Required)	Pantry to Life
Requested Program Budget (Required)	\$20,000.00
Community Need: Describe the problem or need to be addressed by this project. (Required)	<p>Prior to February of 2022, the FLDC Mobile Food Bank was in a three storage unit warehouse. As the real estate crisis commenced the warehouse was sold and the new owners increased the rent of the unit by 250%. As a nonprofit FLDC could not afford this rent, deciding to move the Mobile Food Bank to the administrative offices in Lealman. The move damaged one of our walk-in coolers that housed our dairy, meats and fresh produce.</p> <p>It is imperative that this unit be replaced so that FLDC can continue to collect, sort and distribute fresh and nutritious food to the residents of Pinellas County. In 2021, FLDC distributed over 1,400,000 pounds of food.</p> <p>Our client demographic includes chronically homeless to low-income/elderly/disabled, multigenerational-housed families. These communities share common characteristics: 22.7% of families with children under 5 live below the poverty level. 27% of households spend more than 30% of their income on housing. 16.7% of adults reported that their household had been authorized to receive WIC or Food Stamp benefits according to our case management software OASIS Insight.</p>
Project Summary: Describe how the project will be fully implemented and how it will address the need or gap in the community. Identify and	Our President & CEO, Steve Cleveland, will manage the planning and implementation of this piece of equipment. Using our refrigeration maintenance repair person and FLDC staff/volunteers, Steve will ensure safe and proper installation.

describe other funding sources, if any, for this project/program. (Required)

The installation of the walk-in unit will allow FLDC to distribute nutritional foods that cannot be frozen and are harder to distribute because they need to remain cold. These items include eggs, cheese, some milk, fresh produce and deli products.

Program Outcomes: Describe the time-line by which the project will be implemented including short-term and long-term results. (Required)

This walk-in cooler will increase the amount of fresh and nutritional foods our clients receive by 45%. It will also increase the number of clients served in Pinellas County by 1200 in 12 months.

Describe how your project aligns with the County's Strategic Plan: (Required)

The Pinellas County strategic plan includes the support and promotion of health equity for all residents of Pinellas County, the FLDC mission aligns with this. FLDC programs and services promote self-sufficiency while supporting low-income clients through immediate and long-term services.

Additional Information

[MSTU_Attachments.pdf \(1.63 MB\)](#)

Authorized Signature (Printed Name / Title) (Required)

Steve Cleveland, President & CEO

Authorization Date (Required)

09-30-2022

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