



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1524

1. **Project Title** Reduction of Pesticides and Agriculture Improvements

2. **Senate Sponsor** Manny Diaz

3. **Date of Request** 11/25/2019

4. **Project/Program Description**

The technology being sought must not include the application of any chemicals or power based system. In addition, the technology solution being sought must not include the application of any native or non native bacteria or micro-organisms to the soils or water bodies being affected by contamination.

Lastly, the technical solution must not use any filters requiring off site dumping or material. Hence the technology solution being sought must be 100% chemical-free, 100 percent non biological.

5. **State Agency to receive requested funds** Department of Agriculture and Consumer Services

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	7,000,000
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>8,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	8000000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>8,000,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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#### 10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	As described	250,000
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	As described	1,000,000
<b>Operational Costs: Other</b>		
Salary and Benefits	as described	250,000
Expense/Equipment/Travel/Supplies/Other	as described	5,000,000
Consultants/Contracted Services/Study	As described	500,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	as described	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		8,000,000



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#### 11. Program Performance

- a. What specific purpose or goal will be achieved by the funds requested?

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- b. What activities and services will be provided to meet the intended purpose of these funds?

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- c. What direct services will be provided to citizens by the appropriation project?

Reduction of pesticides and water contamination.  
Improve surface water quality and reduce algae blooms.

- d. Who is the target population served by this project? How many individuals are expected to be served?

All residents of Florida

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Reduction of pesticides and water contamination.  
Improve surface water quality and reduce algae blooms,

- f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

Loss of funding



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12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Freytech

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☒ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.