



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1638

1. **Project Title** Laurel Wilt Disease Mitigation Program2. **Senate Sponsor** Anitere Flores3. **Date of Request** 11/20/20194. **Project/Program Description**

Reduction in the spread and distribution of Laurel Wilt disease and encouraging replanting and disease management strategies allowing for new technologies and treatment coming online to create an environment where the disease is manageable.

5. **State Agency to receive requested funds** Department of Agriculture and Consumer ServicesState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	000
Total State Funds Requested	150,000

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)	150000	50.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	150,000	50 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	300,000	100 %

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		
2019-20	00	150,000	2425	Yes

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

If yes, indicate nonrecurring amount per year. 150,000



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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Laurel Wilt mitigation strategies, including research, testing, treatment, replanting and/or removal/destruction and disposal.	150,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000



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11. Program Performance

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

Reduction in the spread and distribution of Laurel Wilt disease in avocados, encouraging replanting and disease management strategies allowing time for new technologies and treatments coming online to create an environment where the disease is manageable.

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

Laurel Wilt mitigation strategies, including research, testing, treatment, replanting and/or removal/destruction and disposal.

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

Laurel Wilt mitigation strategies, including research, testing, treatment, replanting and/or removal/destruction and disposal.

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

Florida Avocado farmers and consumers

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

Reduction in the spread and distribution of Laurel Wilt disease in avocados, encouraging replanting and disease management strategies allowing time for new technologies and treatments coming online to create an environment where the disease is manageable. Visual surveys of disease spread will be utilized to quantify and document effectiveness. As well as the number of trees replanted.

- 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?

N/A this is a reimbursable grant. If deliverables are not met, no funding will be expended.



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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.

N/A

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.