



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1188

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The County has to date, assisted residents in purchasing 2,324 bear cans by supplementing the purchase with Florida Fish and Wildlife grant funds. However, there are 848 residents on the waiting list for these cans, so are in need for additional funding.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	275,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>275,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	275,000	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	68,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>343,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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### Complete questions 11 and 12 for Fixed Capital Outlay Projects

**11. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

**12. List 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.**

**13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase bear resistant trash carts.	275,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>275,000</b>

**14. Program Performance**

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

Reducing bear and human interaction.

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

Providing bear resistant trash carts to those in known bear areas identified by FWC.

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

Reducing bear and human interaction.



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

Residents living in known bear areas. Approximately 848 individuals.

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

Reduced bear and human interaction. Will be measured by reduction in contact from residents.

**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 the contract?**

Bear proof trash carts would be replaced with regular trash carts if not distributed to residents in bear areas as designated by FWC data.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**

**17. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**