



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Humane Society of Sarasota County - Shelter Renovation

2. **Senate Sponsor:** Greg Steube

3. **Date of Submission:** 10/25/2017

4. **Project/Program Description:**

Animal Shelter Renovation

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	3,000,000	3,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	3,000,000	50.0%
Other	0	0.0%
TOTAL	3,000,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 6,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Renovating and expanding the shelter will allow us to make an even bigger impact in our community. We would like to expand to take in more animals and offer more services, and improve the current facilities for maximum efficiency of staff, and care of animals.

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

Expanded facilities will allow for more intake and medical care of animals which will reduce euthanasia rates. Also, expanded facilities will offer more community enriching services.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Shelter repair, renovation and expansion	3,000,000
TOTAL		3,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Animal adoption, canine training courses, humane education opportunities, increased vet care options, and expanded volunteer opportunities.

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

Sarasota County - 400,000 individuals.

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

Improve the quality of education, increase humane education visits to local schools; create several immediate job opportunities, increase staff to accommodate more animals, reduce euthanasia rates, and have the room to take in more animals from high-kill shelters.

**g. 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?**

Withholding of funds.

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

Humane Society of Sarasota County.

**13. Requestor Contact Information:**

- a. **Name:** Christen Benson
- b. **Organization:** Humane Society of Sarasota County
- c. **Email:** cbenson@hssc.org
- d. **Phone Number:** (941)955-4131 Ext. 102

**14. Recipient Contact Information:**

- a. **Organization:** Humane Society of Sarasota County
- b. **County:** Sarasota
- c. **Organization Type:**
  - ☐ For Profit



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- ☒ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Christen Benson

**e. E-mail Address:** cbenson@hssc.org

**f. Phone Number:** (941)955-4131 Ext. 102

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**