



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Laurel Wilt Disease Mitigation Program

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 11/13/2017

4. **Project/Program Description:**

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

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Agriculture and Consumer Services

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

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
150,000		150,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 150,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

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

c. What is the most recent fiscal year the project was funded? 2017-18

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

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

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?

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

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

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

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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Laurel Wilt mitigation	150,000



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	strategies, including testing, treatment, removal/destruction and disposal.	
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		150,000

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

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

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

Florida Avocado farmers and consumers

f. 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 allowing time for new technologies and treatments coming online to create an environment where the disease is manageable.

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?

N/A

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Derek Buchanan
- b. **Organization:** Florida Department of Agriculture and Consumer Services
- c. **Email:** derek.buchanan@freshfromflorida.com
- d. **Phone Number:** (850)410-2293

14. Recipient Contact Information:

- a. **Organization:** Miami Dade
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit



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

d. Contact Name: Charles LaPradd

e. E-mail Address: lapradd@miamidade.gov

f. Phone Number: (305)971-5091

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: