



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Florida State University - Rural NW Florida Public Health Mosquito Surveillance Program

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 12/04/2017

4. **Project/Program Description:**

This program provides mosquito surveillance to assist rural counties develop more efficient and effective integrated mosquito control programs to protect citizens from mosquito-borne diseases such as Zika virus, West Nile virus, and Eastern Equine encephalitis.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

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
578,544		578,544

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):** 578,544

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) 1

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? No

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:		700,000	700,000

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

Yes

- a. If yes, indicate non-recurring amount per year.

\$578,544

11. Program Performance:

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

To improve public health in rural counties by incorporating mosquito surveillance into an integrated mosquito control program.

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

Provide mosquito surveillance at 12 sites in each of 10 rural NW Florida Counties. Data will be used to target and prioritize mosquito control services in a more efficient and effective manner.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Principle Investigator - PhD Medical Entomologist (82.5% FTE)	103,440
<input checked="" type="checkbox"/> Other Salary and Benefits	OPS Administrative Assistant (25% FTE)	17,422
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	5 Field technicians & 2 Scientific/Research Technicians	375,023
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Expendable supplies: fuel, mosquito trap parts/supplies, carbon dioxide attractant, office supplies, postage, batteries, small tools/hardware, cleaning supplies, storage boxes, vehicle maintenance.	82,658
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		578,543

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

Mosquito surveillance and disease detection

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

All citizens of and visitors to residing in or near the counties served

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

Improved mosquito control and public health protection as measured through mosquito and disease surveillance.

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?

Reduce funding based on any failure to meet deliverables.

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.

No fixed capital outlay is requested in this program.



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13. Requestor Contact Information:

- a. **Name:** Randy Hanna
- b. **Organization:** Florida State University - Panama City
- c. **Email:** rhanna@pc.fsu.edu
- d. **Phone Number:** (850)770-2102

14. Recipient Contact Information:

- a. **Organization:** Florida State University - Panama City
- b. **County:** Leon
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Banyon Pelham
- e. **E-mail Address:** bpelham@pc.fsu.edu
- f. **Phone Number:** (850)770-2201

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

- a. **Name:** Kathy Mears
- b. **Firm:** Florida State University
- c. **Email:** kmears@fsu.edu
- d. **Phone Number:** (850)770-2102