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

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 02/22/2019

4. **Project/Program Description:**
   This project will provide 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 to receive requested funds:** Department of Health

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>586,668</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>586,668</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>586,668</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>586,668</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** Yes

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>578,544</td>
<td>475</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $590,000

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

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Executive Director/Project Head Salary and Benefits
- Principle Investigator - PhD Medical Entomologist (82.5% FTE) - $115,865

### Other Salary and Benefits
- A&P Administrative Specialist (5% FTE) & OPS Information Assistant & Writer (25% FTE) - $15,500

### Expense/Equipment/Travel/Supplies/Other
- P.I. membership and board certification in and travel to Entomological Society of America Conference to share research results and stay abreast of new methodologies in mosquito surveillance - $2,355

### Consultants/Contracted Services/Study
- None - 0

### Operational Costs:
- **Salary and Benefits**
  - 5 USPS Field Technicians, 2 USPS Scientific/Research Technicians, and 2 OPS Electrical Engineering Student Assistants - $366,477
- **Expense/Equipment/Travel/Supplies/Other**
  - Fuel, vehicle maintenance, laboratory supplies, trap parts, carbon dioxide, office supplies, postage, batteries, small tools, hardware, storage boxes, electrical parts, repellents, safety equipment, water filters, cleaning supplies, research technicians entomology & mosquito control association dues and travel to entomology conference, overnight travel to field sites, and position advertisement/background check. - $86,471

### Fixed Capital Construction/Major Renovation:
- None - 0

### Total State Funds Requested (must equal total from question #6)
- $586,668

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11. **Program Performance:**

   a. **What is the specific purpose or goal that will be achieved by the funds requested?**
      
      To improve public health protection from mosquitoes and mosquito-borne diseases such as Zika virus, West Nile virus, and Eastern equine encephalitis.

   b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
      
      Incorporating mosquito surveillance into an integrated mosquito control program.

   c. **What are the direct services to be provided to citizens by the appropriations project?**
      
      Weekly surveillance of mosquito populations at 12 sentinel locations designated by county mosquito and/or health officials in 10 rural northwest Florida counties.

   d. **Who is the target population served by this project? How many individuals are expected to be served?**
      
      All citizens, tourists, and livestock located within each county. Anticipate several thousand will be served.

   e. **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. Reduction in vector mosquito populations and disease cases as measured by surveillance data.

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?
Financial penalties assessed for failure to meet specific deliverables designated by the Department of Health.

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: Randall Hanna
   b. Organization: Florida State University
   c. E-mail Address: rhanna@pc.fsu.edu
   d. Phone Number: (850)770-2260

14. Recipient Contact Information:
   a. Organization: Florida State University - Panama City
   b. County: Bay
   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: bpeham@pc.fsu.edu
   f. Phone Number: (850)770-2201

15. Lobbyist Contact Information
   a. Name: John Thrasher
   b. Firm Name: Florida State University
   c. E-mail Address: kmears@fsu.edu
   d. Phone Number: (850)251-4466