1. **Title of Project:** Laurel Wilt Disease Mitigation Program
2. **Senate Sponsor:** Anitere Flores
3. **Date of Submission:** 03/11/2019
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 to receive requested funds:** Department of Agriculture and Consumer Services
   State Agency Contacted? No
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>150,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td>150,000</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>150,000</td>
<td>50.0%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>150,000</td>
<td>50.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td>300,000</td>
<td>100.0%</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>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>150,000</td>
<td></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. 150,000

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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/disposal and/or replanting.

c. What are the direct services to be provided to citizens by the appropriations project?
   Laurel Wilt mitigation strategies, including testing, treatment, removal/destruction/disposal and/or replanting.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Florida Avocado farmers and consumers

e. 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.

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?
   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: Leland Salomon
   b. Organization: Miami-Dade County Regulatory & Economic Resources Department
c. **E-mail Address**: lsalom@miamidade.gov  
d. **Phone Number**: (305)375-4421

14. **Recipient Contact Information:**  
a. **Organization**: Florida Avocado Committee  
b. **County**: Miami-Dade  
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**: Alan Flinn  
e. **E-mail Address**: avocadocommittee@bellsouth.net  
f. **Phone Number**: (850)681-6788

15. **Lobbyist Contact Information**  
a. **Name**: Diana Ferguson  
b. **Firm Name**: Rutledge Ecenia, P.A.  
c. **E-mail Address**: DFerguson@rutledge-ecenia.com  
d. **Phone Number**: (850)681-6788