

LFIR # 1116

1. Project Title	Humane Society of Greater Miami Clinic Expansion
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2. Senate Sponsor Jason Pizzo

**3. Date of Request** 10/14/2021

#### 4. Project/Program Description

The Humane Society of Greater Miami has been serving the communities of Miami since 1936. Our clinic in North Miami Beach serves approximately 33,000 residents and their pets with basic services such as vaccines, rabies shots, microchips, and spay and neuter surgery. Our shelter takes in approximately 1300 abandoned and surrendered dogs and cats annually. We care for their physical, emotional and medical needs and do our best to find them forever homes. Our small clinic can no longer handle the growing number of client's. We do not have sufficient seating space and the wait time has increased as the number of residents looking for affordable care has increased exponentially. This expansion will give us the much needed space to handle the increase of residents looking for low cost services, and will also help us sustain the adoption center and shelter with much needed revenue.

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 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	300,000
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	300,000	20%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	1,200,000	80%	
Total Project Costs for Fiscal Year 2022-2023	1,500,000	100%	

## 8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

#### 9. Is future funding likely to be requested?

No

No

a. If yes, indicate nonrecurring amount per year.

).	Describe	the source	of fundina t	that can be	used in lie	u of state funding	
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We have and will continue to apply for grants from Foundations, raise money through our events and continue to foster support from our animal loving community.



### 10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

Yes

### If yes, indicate the amount of funds received and what the funds were used for.

We received two PPP loans in the amount of \$655,770 each for a total of \$1,311,540, allowing us to keep staff employed as we continue serving our community and caring for the homeless animals at the shelter.

### 11. Details on how the requested state funds will be expended

Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		0			
Other Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Construction	300,000			
Total State Funds Requested (m	Total State Funds Requested (must equal total from question #6)300,000				

#### 12. Program Performance

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

The purpose for the expansion of the clinic is to serve our communities' need for affordable basic pet care. Many low income residents may forgo a visit to a veterinarian's office for basic pet care due to cost. By expanding our clinic, we are able to serve more of our communities' need for low cost care and keep their pets healthier.

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

Our clinic is open five days a week, including Saturdays for those residents that cannot bring their pets in during the work week. More space will give us the opportunity to increase the number of free spay and neuter services of community cats as we collaborate with volunteers throughout the city working together to address the over-population problem of unwanted cats roaming the streets.

#### c. What direct services will be provided to citizens by the appropriation project?

Spay and neuter surgery for pets Vaccines Rabies shots Microchips Heart worm medications Flea medications Community cat spay and neuter

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



Any and all Miami-Dade residents looking for affordable basic services for their family pets.

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

With this expansion we expect to increase the number of residents served by 25%-30% within the first year, and increase that number by 10% each year thereafter, as we increase the number of staff to handle the volume.

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 the contract?

Return the funds.

13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A



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# 14. Requestor Contact Information

	a. First Name	Hilda (Toni)		Last Name	Diaz		
	b. Organization	Humane Society of Greater Miami					
	c. E-mail Address						
	d. Phone Number	(305)749-	-1816	Ext.			
15.	Recipient Contact	Informatio	on				
	a. Organization	Humane	Humane Society of Greater Miami				
	b. Municipality and	County	Miami-Dade				
	c. Organization Type						
	□For Profit Entity						
	⊠Non Profit 501(c	:)(3)					
	□Non Profit 501(c	2)(4)					
	□Local Entity						
	□University or Co	llege	lege				
	□Other (please sp	becify)					
	d. First Name	Hilda (To	ni)	Last Name	Diaz		
	e. E-mail Address	Toni@hu	manesocietymiar	mi.org			
	f. Phone Number	(305)749	-1816				
16.	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name						
	c. E-mail Address						
	d. Phone Number						