

LFIR # 2425

| 1. Project Title Kittens Thrive in 305 - KTIN - Miami-Dade | 1. Project Title | Kittens Thrive in 305 - KTIN - Miami-Dade | |
|--|------------------|---|--|
|--|------------------|---|--|

2. Senate Sponsor Ileana Garcia

3. Date of Request 01/12/2022

4. Project/Program Description

Neonate kittens without their mothers require around the clock care to give them a chance to thrive and survive. In other parts of the country, neonate season runs for a short number of months. Due to the warm weather, neonate season can run for about 9 months in Florida, making it challenging for shelters to care for the kittens without the resources to help this already vulnerable population. A multi-prong approach is needed in order to give the kittens a fighting chance to make it to the adoption floor for re-homing opportunities. The shelter would need dedicated contracted service providers to care for and manage the placement of kittens in foster homes. Lastly, having the means to contract out neonate care operations during the peak months or to offset the number of foster homes needed would be most ideal. Implementing this program will save more lives, align with Miami-Dade County's Save Charlie Act and increase the "No Kill" save rate.

5. State Agency to receive requested funds De

Department of Economic Opportunity

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 200,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 200,000 |

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) | 200,000 | 40% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 300,000 | 60% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2022-2023 | 500,000 | 100% | |

8. Has this project previously received state funding?

| Fiscal Year | Amount | | Specific | Vetoed | |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |

9. Is future funding likely to be requested?

| No |
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No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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.

\$2,573,254,804.94 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers, and also direct distributions to Miami-Dade municipalities. A number of these are reimbursements and have not yet been received and others are not yet fully distributed.

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 | Neonate formula, bottles, incubators, heating blankets, heating lamps | 25,000 | | |
| Consultants/Contracted Services/Study | Contracted bottle feeders and neonate care service providers | 175,000 | | |
| Fixed Capital Construction/Major Renovation: | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | |
| Total State Funds Requested (must equal total from question #6) 200,0 | | | | |

12. Program Performance

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

The purpose of this program would be to increase the county's "No Kill" save rate. Also, it would be to make more kittens available for adoptions by the Miami-Dade community, a need the county has not been able to fulfill.

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

Adequate care outside of a shelter setting will be provided to neonate kittens to increase their chances of survival. Contracting with local rescues to provide the needed care and providing formula and other supplies to foster parents and rescues.

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

There is a demand for adoptable kittens in Miami-Dade. Because there is not a program for neonates and the county has to euthanize them, there rarely are kittens who reach an adoptable age to meet the community demand.

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

2.7 million residents of Miami-Dade County would benefit from living in a more humane and conscientious environment where the unnecessary euthanasia of neonate has been eliminated.

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



The expected benefit would be reflected in the decrease of the cat euthanasia rate and increase in the survival rate of kittens in the shelter environment. The outcome will be measured by comparing the percentage of neonate euthanasia rate year over year.

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?

Pay back a fair and proportionate share of 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 | Bronwyn | Last Name | Stanford | |
|---------------------------------------|--|-------------|-----------|--|
| b. Organization | Miami-Dade County Animal Services Department | | | |
| c. E-mail Address | Bronwyn.Stanford@miamidade.gov | | | |
| d. Phone Number | (305)418-7188 | Ext. | | |
| 15. Recipient Contact Information | | | | |
| a. Organization | Miami-Dade County Anim Department | al Services | | |
| b. Municipality and County Miami-Dade | | | | |
| c. Organization Type | | | | |
| Ger Profit Entity | □For Profit Entity | | | |
| □Non Profit 501(c | □Non Profit 501(c)(3) | | | |
| □Non Profit 501(c | □Non Profit 501(c)(4) | | | |
| ☑Local Entity | ☑Local Entity | | | |
| □University or Co | llege | | | |
| □Other (please specify) | | | | |
| d. First Name | Maria | Last Name | Amezquita | |
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| 16. Lobbyist Contact Information | | | | |
| a. Name | Jess M. McCarty | | | |
| b. Firm Name | | | | |
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