

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2095

1.	Project Title	Laurel Wilt Disease Mitigation Program								
2.	Senate Sponsor	Ana Maria Rodrigu	ez							
3.	Date of Request	12/06/2023								
4.	Project/Program Des	cription								
	Reduction in the spre treatments coming on	ad and distribution of line to create an env	of Laurel Wilt Direction	Dise re th	ase in avocados, allo ne disease is manag	owing time for new teable.	technologies and			
5.	State Agency to receive requested funds Department of Agriculture and Consumer Services						es .			
	State Agency contac	ted? Yes								
6.	Amount of the Nonre	curring Request fo	or Fiscal Year	202	4-2025					
	Type of Funding				Amo	unt				
	Operations					150,000				
	Fixed Capital Outlay					0				
	Total State Funds Re	equested				150,000				
7.	Total Project Cost for Fiscal Year 2024-2025 (included Type of Funding				g matching funds available for this project) Amount Percentage					
	Total State Funds Requested (from question #6)			150,000		50%				
	Matching Funds Matching Funds				130,000 30 %					
	Federal				0 0%					
	tate (excluding the amount of this request)				0	0%				
	Local				150,000	50%				
	Other				0	0%				
	Total Project Costs f	Total Project Costs for Fiscal Year 2024-2025			300,000	100%				
,	Has this project prev	iously received sta	ate funding?		Yes		1			
	Fiscal Year (yyyy-yy)	Amount			Specific Appropriation #	Vetoed				
		Recurring	Nonrecurring			Vaa				
	2019-20	0	150,0	וטטן	1512	Yes	İ			
9.	Is future funding like	ly to be requested	?		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	Yes indicate the a		·				19 pandemic?			



11. Status of Construction

14. Program Performance

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

Total State Funds Requested (must equal total from question #6)

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

coming online to create an environment where the disease is manageable.

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150,000

Miami-Dade County received \$2,608,188,975.73 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; county services and also direct distributions to Miami-Dade municipalities.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

List 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.					
3. Details on how the requested so	ate funds will be expended Description	Amount			
Administrative Costs:	Description	Amount			
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/ Other					
Consultants/Contracted Services/Study					
Operational Costs: Other		·			
Salary and Benefits					
Expense/Equipment/Travel/Supplies/ Other					
Consultants/Contracted Services/Study	Laurel Wilt Disease mitigation strategies, including treatments, replanting and/or removal/destruction/disposal.	150,00			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/					

N/A

No

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

Reduction in the spread and distribution of Laurel Wilt Disease, allowing time for new technologies and treatments



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	Laurel Wilt Diseas	e mitigatio	n strategies, incl	uding treatm	ents, replantin	g and/or rem	noval/destruction	/disposal.
	c. What direct ser	vices will	be provided to	citizens by t	he appropriat	ion project	?	
	Laurel Wilt Diseas	Disease mitigation strategies, including treatments, replanting and/or removal/destruction/disposal.						
	d. Who is the targ	et populat	tion served by t	his project?	How many in	dividuals a	re expected to l	e served?
	Florida Avocado f	armers and	d consumers.					
	e. What is the exp be measured?	ected ben	efit or outcome	of this proj	ect? What is t	he methodo	ology by which	this outcome will
	Reduction in the s	pread and reate an er	distribution of La	aurel Wilt Dis e the disease	ease, allowing is manageabl	time for nev le.	v technologies a	nd treatments
	f. What are the su	ggested p	enalties that the	e contracting	g agency may	consider i	n addition to its	standard penalties
	for failing to meet	deliverab	les or performa	nce measur	es provided f	or the contr	act?	
	Failure to meet de	liverables	will result in non	payment.				
15	. Requester Contac	t Informati	ion					
	a. First Name	Quiana		Last Name	Edgecomb			
	b. Organization Miami-Dade County							
	c. E-mail Address	ddress quiana.edgecomb@miamidade.gov						
	d. Phone Number	(305)971	-5093	Ext.				
16	. Recipient Contact	Informatio	on					
	a. Organization	Miami-Da	de County			_		
	b. Municipality and	d County	Miami-Dade					
	c. Organization Ty	ре						
	□For Profit Entity							
	□Non Profit 501(d	c)(3)						
	□Non Profit 501(d	:)(4)						
	☑Local Entity							
	□University or Co	llege						
	□Other (please s	pecify)						
	d. First Name	Quiana		Last Name	Edgooomb]	
	e. E-mail Address		daecomh@miam	, ,	Lugecomb]	
	f. Phone Number							
17							J	
17	. Lobbyist Contact I a. Name	Jess M. I]		
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b. Firm Name	
c. E-mail Address	jmm2@miamidade.gov
d. Phone Number	(305)979-7110