



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1955

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miami-Dade County has a population of nearly 3 million residents and nearly 30% are pet owners. The municipal shelter has a capacity for about 350 dogs and 100 cats, however, we have been experiencing an overcapacity issue since 2022. Nationally, shelters are experiencing lower adoption rates for dogs and Miami-Dade is no different. This results in dogs remaining at the shelter for 90 days or more which impacts the overcapacity crisis. In order to adequately care for Miami-Dade County's stray and abandoned pets we need another shelter with a capacity for another 300 dogs.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,500,000	50%
Total Project Costs for Fiscal Year 2025-2026	3,000,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1955

10. Status of Construction

a. What is the current phase of the project?

☒ Planning ☐ Design ☐ Construction ☐ N/A

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

No

c. What is the estimated start date of construction?

06/01/2025

d. What is the estimated completion date of construction?

05/30/2026

e. What funding stream will be used for ongoing operations and maintenance of the project?

Miami-Dade County Animal Services General Fund allocation

11. 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.

Miami-Dade County

12. 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		
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	Build out of new dog and cat shelter facility to include a veterinary clinic, dog kennels, cat housing and outdoor play areas for the dogs.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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

Increase the capacity to provide shelter to Miami-Dade County's homeless pet population.

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

Build Housing for homeless dogs and cats. Provide adoption services, veterinary clinic providing spay/neuter services for dogs and cats and build outdoor play areas to provide dogs with ample free roaming space.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1955

Adoptions will be available to all county residents and low-cost spay and neuter services for cats and dogs will be available throughout the clinic.

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

Services for Miami-Dade pet owners in need of spay and neuter services; adoption services for residents wanting a pet, and refuge for stray dogs and cats.

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

Increased capacity to shelter homeless pets and less stressful environment due to less need to co-house dogs because of lack of space.

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?

Failure to meet deliverables will result in nonpayment.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1955

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☒ Local Entity
- ☐ University or College
- ☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.