



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1756

1. Project Title Miami-Dade County - Overpopulation at Animal Shelter: Comprehensive Approach Including Spay/Neuter

2. Senate Sponsor Ileana Garcia

3. Date of Request 12/2/2025

4. Project/Program Description

A comprehensive approach to overpopulation at Miami-Dade Animal Shelter, including (i) boarding long-stay dogs in homes, giving them real-world experiences for a better temporary quality of life, (ii) increasing foster care placements for neonatal cats, (iii) and increasing spay and neuter services.

5. State Agency to receive requested funds Department of Agriculture and Consumer Services

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	450,000
Fixed Capital Outlay	0
Total State Funds Requested	450,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	450,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	450,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	900,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	250,000	1597	No

9. Is future-year funding likely 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	Fund a High-Volume Spay/Neuter Veterinarian	150,000
Expense/Equipment/Travel/Supplies/Other	(i) Animal Food and animal supplies (kennels, cages, food and water bowls, leashes, collars, beds, blankets, toys), (ii) marketing to boost adoption outcomes for long-stay dogs, (iii) neonate kitten foster care supplies, and (iv) medical supplies and drugs used for Spay/Neuter surgeries	110,000
Consultants/Contracted Services/Study	Long-stay dog boarding; and relief veterinarians and veterinary technicians for spay/neuter	190,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		450,000

13. Program Performance

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

The funds requested will reduce shelter overpopulation by improving the quality of life for long-stay dogs through boarding initiatives, expanding foster care placements for neonatal kittens, and increasing accessibility in spay/neuter services across Miami-Dade County.

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



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The project will establish a pet boarding program for long-stay dogs that allows them to gain socialization and behavioral enrichment in real-life setting, provide additional resources to assist caregivers with their duties that include round-the-clock bottle-feeding, constant temperature monitoring, and provision of proper socialization for neonatal cats, and expand the accessibility of free and low-cost spay and neuter services in the county.

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

Miami-Dade County citizens will have access to free and low-cost spay and neuter services; and staff, volunteers, and foster volunteers will benefit from the resources for neonatal cats.

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

The project will serve Miami-Dade County with an estimated population of 2.8 million residents, more specifically, pet owners seeking affordable veterinary care, individuals interested in fostering animals, and Animal Services' staff and volunteers.

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

The project is expected to decrease shelter intake and overcrowding and improve animal well-being. Outcomes will be measured through metrics such as reductions in average animal shelter stays, number of neonatal kittens in foster, and the number of spay/neuter surgeries performed.

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)?



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

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



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