



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1793

1. **Title of Project:** Miami-Dade County Getting 2 Zero Campaign

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 02/20/2019

4. **Project/Program Description:**

Miami-Dade County Getting2Zero Campaign (HIV/AIDS Education and Awareness): Funding would provide for marketing and advertising services toward an educational effort to reduce HIV/AIDS transmission rates in Miami-Dade County through increased awareness. The program would consist of a multi-channel promotional campaign including creative development, market research, media planning, media placement, and performance reporting. The project will attempt to lower the number of new HIV/AIDS infections in Miami-Dade County by increasing awareness of protection and preventative methods. The outcome will be measured by cross-referencing last year's statistics on HIV infections with next year's. Statistics will be taken from the Bureau of Communicable Diseases HIV/AIDS section of their epidemiological profile.

5. **State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

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

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	300,000	100.0%

8. **Has this project previously received state funding?** No

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

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



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- a. If yes, indicate non-recurring amount per year. \$300,000

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	A multi-channel promotional campaign including creative development, market research, media planning, media placement, and performance reporting.	300,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		300,000

11. Program Performance:

- a. **What is the specific purpose or goal that will be achieved by the funds requested?**
The goal is to increase awareness of HIV/AIDS transmission rates in Miami-Dade County in an effort to reduce new infections.
- b. **What are the activities and services that will be provided to meet the intended purpose of these funds?**
The Miami-Dade County Communications Department will execute a multi-channel promotional campaign including creative development, market research, media planning, media placement, and performance reporting.
- c. **What are the direct services to be provided to citizens by the appropriations project?**
An outreach educational program to increase awareness of HIV/AIDS and how to prevent it.
- d. **Who is the target population served by this project? How many individuals are expected to be served?**
The target population is Miami-Dade County (roughly 2.7 million residents), with particular focus on the following high-risk zip codes: 33139, 33142, 33147, 33161, 33138, 33127, 33150, 33137, 33136, and 33141.
- e. **What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**



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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?

Reimbursement of funds to the state.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

- a. **Name:** Rene Diaz
- b. **Organization:** Miami-Dade County, Office of Community Advocacy
- c. **E-mail Address:** Rene.Diaz3@miamidade.gov
- d. **Phone Number:** (305)375-1799

14. Recipient Contact Information:

- a. **Organization:** Miami-Dade County, Office of Community Advocacy
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Rene Diaz
- e. **E-mail Address:** Rene.Diaz3@miamidade.gov
- f. **Phone Number:** (305)375-1799

15. Lobbyist Contact Information

- a. **Name:** Ronald L Book
- b. **Firm Name:** Ronald L. Book, P.A.
- c. **E-mail Address:** ron@rlbookpa.com
- d. **Phone Number:** (305)935-1866