

Yes

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2428

| 1. Project Title | Miami-Dade Cou | unty Kittens Thrive | in 305 | | | |
|--|---|--|--|--|--|--|
| 2. Senate Sponsor | Ileana Garcia | | | | | |
| 3. Date of Request | 02/21/2023 | | | | | |
| 4. Project/Program De | escription | | | | | |
| shelter setting. The rassist the shelter's no feeding every 2-3 ho | neonate kittens museonate care operateurs per day to give elter euthanasia. Th | st be put in foster c ions during peak m them a chance to lere is also a high c | tes which are largely s are within 24 hours of nonths to help neonate thrive and survive. Imp demand from the commens. | entering the shelte kittens that require lementing this prod | r. This program will constant care and gram will save more | |
| 5. State Agency to rec | eive requested fu | nds Departm | ent of Economic Oppo | rtunity | | |
| State Agency conta | cted? Yes | | | | | |
| 6. Amount of the Nonr | ecurring Request | for Fiscal Year 20 | 023-2024 | | | |
| Type of Funding | | | Amount | | | |
| Operations | | | | 100,000 | | |
| Fixed Capital Outlay | | | 0 | | | |
| Total State Funds F | Requested | | | 100,000 | | |
| 7. Total Project Cost fo | or Fiscal Year 202 | 3-2024 (including | | | ∍ct) | |
| Type of Funding | | .: 40) | Amount | Percentage | | |
| Total State Funds Re | equested (from que | estion #6) | 100,000 | 83% | | |
| Matching Funds | | | 0 | 00/ | | |
| Federal | amount of this road | unat) | 0 | 0% | | |
| State (excluding the Local | amount of this requ | uest) | 20,000 | 0% 17% | | |
| Other | - | | | 0% | | |
| Total Project Costs | for Fiscal Year 20 | 023-2024 | 120,000 | 100% | | |
| 8. Has this project pre | | | No | | | |
| Fiscal Year (yyyy-yy) | Amo Recurring | ount Nonrecurring | Specific Appropriation # | Vetoed | | |
| (33333) | Recuiring | Nomecuring | | | | |
| 9. Is future funding lik a. If yes, indicate no | onrecurring amou | nt per year. | No lieu of state funding. | | | |
| 10. Has the entity requ | | | | ed to the COVID- | 19 pandemic? | |



11. Status of Construction

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If yes, indicate the amount of funds received and what the funds were used for.

Miami-Dade County received \$1,419,320,111.50 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

| What is the c | urrent phase o | of the project? | | | |
|----------------|---|---|---|---|---|
| Planning | ODesign | Construction | | | |
| Is the project | t "shovel ready | r" (i.e permitted)? | | | |
| What is the e | stimated start | date of construction? | | | |
| What is the e | estimated comp | pletion date of construction? | | | |
| | | | | outlay funding. Include th | е |
| | | | | | |
| | Planning Is the project What is the e What is the e ist the owner | Planning Design Is the project "shovel ready What is the estimated start What is the estimated complist the owners of the facility | Is the project "shovel ready" (i.e permitted)? What is the estimated start date of construction? What is the estimated completion date of construction? ist the owners of the facility to receive, directly or indirect | Planning Design Construction Is the project "shovel ready" (i.e permitted)? What is the estimated start date of construction? What is the estimated completion date of construction? | Planning Design Construction Is the project "shovel ready" (i.e permitted)? What is the estimated start date of construction? What is the estimated completion date of construction? ist the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the |

13. 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, and heating lamps | 20,000 |
| Consultants/Contracted Services/Study | Contracted bottle feeders to care for the almost 2,000 neonate kittens coming into the shelter annually. | 80,000 |
| Fixed Capital Construction/Majo | r Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| Total State Funds Requested (m | ust equal total from question #6) | 100,000 |

14. Program Performance

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

To create a program that will contract out neonate care operations during peak months to help neonate kittens that require the needed care. The funds would pay for these contracted foster services, including supplies, and who will then return the kittens when ready for adoption. Implementing this program will save more lives and reduce shelter euthanasia.



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

On average, the department receives almost 2,000 neonates per year. These neonates require constant care and feeding every 2-3 hours per day.

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

To create a program where the citizens have the ability to participate in community engagement and allow them the opportunity to give back to the community. Also, there is a demand for adoptable kittens in Miami-Dade. This program will allow the kittens, when ready for adoption, 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 of 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 neonate kittens. The outcome will be measured by comparing the percentage of neonates 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?

| Standard contract penalties are sufficient. | | | | | |
|---|--|-------|-----------|----------|--|
| | | | | | |
| Requester 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)481 | -7188 | Ext. | | |
| Recipient Contact Information | | | | | |
| a. Organization | Miami-Dade County Animal Services Department | | | | |
| b. Municipality and County Miami-Dade | | | | | |
| c. Organization Type | | | | | |
| □For Profit Entity | □For Profit Entity | | | | |
| □Non Profit 501(c)(3) | | | | | |
| □Non Profit 501(c)(4) | | | | | |
| ☑Local Entity | | | | | |
| □University or College | | | | | |
| □Other (please specify) | | | | | |



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| d. First Name | Gilda | Last Name | Nunez | | |
|----------------------------------|--------------------|-----------|-------|--|--|
| e. E-mail Address | gxn@miamidade.gov | | | | |
| f. Phone Number | (786)287-9262 | | | | |
| 17. Lobbyist Contact Information | | | | | |
| a. Name | Jess M. McCarty | | | | |
| b. Firm Name | | | | | |
| c. E-mail Address | jmm2@miamidade.gov | | | | |
| d. Phone Number | (305)979-7110 | | | | |