



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3663

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

FLUFF Animal Rescue has purchased 2.5 acres of land in Pinellas Park to build out an animal rescue shelter, education and rehabilitation center. FLUFF reduces the number of animals who are euthanized in county shelters across the state of Florida. Currently, FLUFF partners with over 40+ county funded shelters throughout the state of Florida, and has saved over 2500 animals lives since its inception in 2016. As a foster based rescue, our life-saving mission is limited to available space in foster homes. FLUFF needs this facility to increase the life-saving ability to reach deeper into the communities to educate and assist. The property will house a veterinary spay/neuter clinic as well as providing wellness, vaccines and a pet food bank to the surrounding communities.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	2,500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future 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.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The existing building is in need of renovation and funds will be utilized to hire architect, contractor and laborers to build out the kennel, adoption, education, training and vet clinic spaces.	2,500,000
Total State Funds Requested (must equal total from question #6)		2,500,000

14. Program Performance

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



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

Creating families; educating communities/underserved populations on animal welfare: free or low-cost vaccines, microchipping and wellness care for underserved communities; spay/neuter services for other non-profit professionals in our community; reducing overpopulation and burden on county shelters across Florida; reducing the number of unwanted pets; reducing the staggering number of euthanized pets in the state of Florida.

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

Free pet food: Low-cost or free vaccines to underserved populations in Pinellas County; increased ability for other area rescue organizations to save more lives by providing low cost spay neuter options; Facilitating over 1000 adoptions per year, while providing a safe, enriching environment, healthcare, food and onsite medical for all animals and their families served.

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

Economically disadvantaged persons

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

Improved Physical Health: Providing free pet food and free and low-cost vaccine clinics, communities will benefit from a drop in health risks to people and animals. Pets can provide emotional and physical benefits to their owners. By measuring Pet Shelter Data Statistics, we will immediately be able to see a decrease in pet owner surrenders, shelter euthanasia, pets entering county shelters due to lack of resources to care for pets in our community, and overall trend for healthier pets, vaccinated pets, lost pets returned to owners because of microchipping. 2.Improve Mental Health: Owning a pet can have a positive impact on human health by providing emotional support, reducing stress levels, lowering blood pressure, and increasing physical activity. (Less homeless people/pets.) 3. Increase Economic Activity by providing more than 50 new jobs in an economically challenged community. 4. Increase Tourism-Rainbow Bridge Attraction. 5.Enhance individuals' economic self-sufficiency

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?

Funds returned if not utilized for objectives

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number