



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 1520

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding is requested to enhance the mosquito control program by adding larviciding machines and pickup trucks, one of the most effective and environmentally responsible methods of controlling the mosquito population. Larvicide application by truck-mounted Buffalo Turbine machines, which can spray products high into the air to overcome obstacles, is the most effective and environmentally friendly method responsible method and can be seen as substituting for an aerial spraying program where this is not feasible. However, there is a pressing need to expand Buffalo Turbine larvicide operations in order to treat wider areas, and to combat the increasing numbers of mosquito-borne disease, while also addressing the crucial problem of chemical resistance to conventional insecticides.

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	70,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>70,000</b>

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)	70,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	70,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>140,000</b>	<b>100%</b>

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.

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.

Miami-Dade County received \$2,608,188,975.73 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

### 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase - (2) Buffalo Turbines @ \$69,000 and (2) F-250 Pick Ups with extended cabs @ \$71,000	70,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>70,000</b>

### 14. Program Performance

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



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Since the creation of the Mosquito Control Program in 1935, the County’s goal has been to employ the most efficacious methods, techniques, equipment and insecticides in an integrated manner to best control mosquito populations. Funding is requested to enhance the mosquito control program by adding larviciding machines and pickup trucks, one of the most effective and environmentally responsible methods of controlling the mosquito population.

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

This essential equipment will ensure Miami Dade County is able to provide protection to its residents by their new additional sprayers. By enhancing the mosquito control larviciding program, the DSWM will be in a better position to help mitigate the mosquito population in Miami-Dade County which will in turn help to limit the spread of mosquito borne diseases.

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

The direct services provided will be crucial to Miami County residents as dependable equipment will provide an aid in the eradication of mosquitoes.

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

The target population is the residents of Miami Dade County, which is nearly three million individuals.

**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 of this project will allow us to mitigate the mosquito population and to help minimize the spread of mosquito borne diseases. This can be achieved by monitoring disease vector or disease carrying mosquitoes and testing mosquitoes for the presence of viruses.

**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?**

Failure to meet deliverables will result in nonpayment.

**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)
- Local Entity
- University or College



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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