



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2425

1. **Title of Project:** Laurel Wilt Disease Mitigation Program

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 03/11/2019

4. **Project/Program Description:**

Reduction in the spread and distribution of Laurel Wilt allowing time for new technologies and treatments coming online to create an environment where the disease is manageable.

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

State Agency Contacted? No

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

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	
Total State Funds Requested	150,000

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)	150,000	50.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	150,000	50.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	300,000	100.0%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2017-18		150,000		No

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

a. If yes, indicate non-recurring amount per year. 150,000

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Laurel Wilt mitigation strategies, including testing, treatment, removal/destruction and disposal.	150,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		150,000

11. Program Performance:

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

Reduction in the spread and distribution of Laurel Wilt allowing time for new technologies and treatments coming online to create an environment where the disease is manageable.

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

Laurel Wilt mitigation strategies, including testing, treatment, removal/destruction/disposal and/or replanting.

c. What are the direct services to be provided to citizens by the appropriations project?

Laurel Wilt mitigation strategies, including testing, treatment, removal/destruction/disposal and/or replanting.

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

Florida Avocado farmers and consumers

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

Reduction in the spread and distribution of Laurel Wilt allowing time for new technologies and treatments coming online to create an environment where the disease is manageable.

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?

N/A

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: Leland Salomon

b. Organization: Miami-Dade County Regulatory & Economic Resources Department



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c. **E-mail Address:** lsalom@miamidade.gov

d. **Phone Number:** (305)375-4421

14. Recipient Contact Information:

a. **Organization:** Florida Avocado Committee

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:** Alan Flinn

e. **E-mail Address:** avocadocommittee@bellsouth.net

f. **Phone Number:** (850)681-6788

15. Lobbyist Contact Information

a. **Name:** Diana Ferguson

b. **Firm Name:** Rutledge Ecenia, P.A.

c. **E-mail Address:** DFerguson@rutledge-ecenia.com

d. **Phone Number:** (850)681-6788