



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1525

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

## 4. Project/Program Description

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

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

## 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>150,000</b>

## 7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	150,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>300,000</b>	<b>100%</b>

8. Has this project previously received state funding? 

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	150,000	1512	Yes

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?

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



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#### 11. 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		0
Consultants/Contracted Services/Study	Laurel Wilt Disease mitigation strategies, including treatments, replanting and/or removal/destruction/disposal.	150,000
<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>150,000</b>

#### 12. Program Performance

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

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

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

Laurel Wilt Disease mitigation strategies, including treatments, replanting and/or removal/destruction/disposal.

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

Laurel Wilt Disease mitigation strategies, including treatments, replanting and/or removal/destruction/disposal.

##### 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 Disease, allowing time for new technologies and treatments coming on line 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 the contract?

N/A

#### 13. 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.

N/A



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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
- ☐ Other (please specify)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number