

Preliminary Information Sheet for State Approval

Name: _____

Date: _____

Jurisdiction (i.e. county, city): _____

Program Name (if applicable): _____

All state approved mosquito control programs in Florida are expected to adhere to the requirements below **following approval** from Florida Department Agriculture and Consumer Services (FDACS).

The following are required by F.S. Chap. 388 and 5E-13:

- ✓ Submit yearly and monthly reports to FDACS Division of Agricultural Environmental Services
- ✓ An FDACS approved director with a PHPC license (have 6 months to obtain director's certification)

Please answer and submit this questionnaire to Marah Clark (Marah.Clark@fdacs.gov).

1. Do you have a mosquito control program in place? ☐ Yes ☐ No

If yes, explain:

2. Does your jurisdiction currently contract mosquito control work? ☐ Yes ☐ No

If **yes**, provide the following information:

- | | |
|---|-------------------------------|
| ☐ Surveillance | Additional information: _____ |
| ☐ Ground application | Additional information: _____ |
| ☐ Aerial application | Additional information: _____ |

If **no**, which methods do you plan to incorporate:

- | | |
|---|-------------------------------|
| ☐ Surveillance | Additional information: _____ |
| ☐ Ground application | Additional information: _____ |
| ☐ Aerial application | Additional information: _____ |

3. Programs requesting to participate in receiving state matching funds, jurisdictions must designate local funding specific for arthropod control to match a minimum of 25% of the allocated state funds. Should a county or district allocate less than the required 25% of the state distribution in local funds, then the state funds shall be prorated accordingly. [5E-13.030 \(6\) State Aid Basis Availability F.A.C.](#) and [Chapter 388.261 F.S.](#)

Is your current/future program planning to request state funds if approved? ☐ Yes ☐ No

What local budget does/will your program have? _____

4. Do you have a current director for the program? If yes:

Name: _____

PHPC License: _____

Director's Certification: ☐ Yes ☐ No

Highest Level of Education: _____

Mosquito Control/ Public Health Arthropod Experience (Years): _____

If no, is there an individual being considered for the position?

☐ Yes ☐ No

5. Have you reviewed the forms required for state-approval?

☐ Yes ☐ No

Monthly requirements

Form	Deadline	Links
Mosquito Control Monthly Activity Report	30 days after the last day of the month for October – August and 60 days after the last day of September	Excel form PDF form
Mosquito Control Monthly Report-Local Funds		Excel form (state and local) PDF form
Mosquito Control Monthly Report- State Funds		Excel form (state and local) PDF form

Yearly requirements

Form	Deadline	Links
Detailed Work Plan Budget-Arthropod Control	July 15 th	Excel form PDF form
Operational Work Plan for Mosquito Control	July 15 th	Excel form PDF form
Annual Certified Budget for Arthropod Control (2 copies)	September 30 th	PDF form

6. Any additional information to add regarding your program:

7. Any questions or concerns: