



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2376

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

4. Project/Program Description

The Cox Science Center and Aquarium is expanding its facilities to include approximately 75,000 SF of new facilities including a new aquarium, exhibit galleries, and STEM education facilities as well as renovating 25,000 SF of existing facilities. The project is expected to serve more than 500,000 visitors annually including more than 100,000 local school children, residents of the state, and tourists.

5. **State Agency to receive requested funds**
- State Agency contacted?** No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,000,000
Total State Funds Requested	5,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	9%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	52,000,000	91%
Total Project Costs for Fiscal Year 2023-2024	57,000,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	10,000,000	2286A	No

9. **Is future funding likely to be requested?** No
- 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?

No

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



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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

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

07/01/2023

d. What is the estimated completion date of construction?

03/31/2026

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.

The owner of the facility is the Cox Science Center and Aquarium, Inc.. This is the same entity that is applying for the funding.

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	Construction of new facilities including Science Pavilion, and Service Building, and renovation of existing Science Center facilities.	5,000,000
Total State Funds Requested (must equal total from question #6)		5,000,000

14. Program Performance

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

The funds requested will be used to construct new science center facilities and renovate existing science center facilities in order for the Cox Science Center and Aquarium to expand its ability to provide STEM education programs and services to its target market of more then 3,000,000 residents.

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



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The direct services provided to citizens include science center exhibit experiences, educational programs and STEM skills training, early childhood learning programs, theater and planetarium programs.

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

The direct services provided to citizens include science center exhibit experiences, educational programs and STEM skills training, early childhood learning programs, theater and planetarium programs.

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

The target population includes residents of the following counties: Palm Beach, Broward, Martin, St. Lucie, Glades, Henry; students served by the School District of Palm Beach County, and tourists to the Greater Palm Beaches region.

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

1) The expanded CSCA will be the most attended cultural institution in the Greater Palm Beaches Region. This will be measured by attendance reports compiled by the Cox Science Center and Aquarium. This will be measured by attendance reports compiled by CSCA. 2)The expanded Cox Science Center and Aquarium will be the leading provider of out-of-school STEM programs to the School District of Palm Beach County. This will be measured by program reports compiled by CSCA. 3)The expanded Cox Science Center and Aquarium will add jobs and increase economic output in Palm Beach County through its expanded operations. This will be measured through payroll reports, tax collections, and visitor spending reports. 4) The expanded Cox Science Center and Aquarium will be one of the leading tourist destinations in the Greater Palm Beaches Region. This will be measured through tourism reports by Visit the Palm Beaches.

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?

Agency should withhold any funds not spent in accordance with the contract after three years.

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
- Other (please specify)



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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