



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1425

1. Title of Project: Zoo Miami-Expansion/Renovation of Hospital

2. Senate Sponsor: Anitere Flores

3. Date of Submission: 01/24/2019

4. Project/Program Description:

Expansion/renovation of the hospital and rehab facilities at Zoo Miami will enable it to serve the need for treatment, recovery, and rehabilitation of numerous endangered species in South Florida; and as a critical facility for endangered native wildlife in the event of a natural disaster, such as a hurricane. It would provide a central location for receiving injured, orphaned, or displaced animals.

5. State Agency to receive requested funds : Department of Environmental Protection

State Agency Contacted? No

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	33.33%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	1,000,000	66.67%
Total Project Costs for Fiscal Year 2019-2020	1,500,000	100.0%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

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		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Hospital and Expansion	500,000
Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

Expansion/renovation of the hospital and rehab facilities at Zoo Miami will enable it to serve the need for treatment, recovery, and rehabilitation of numerous endangered species in South Florida; and as a critical facility for endangered native wildlife in the event of a natural disaster, such as a hurricane. It would provide a central location for receiving injured, orphaned, or displaced animals.

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

Veterinary treatment, to include surgery as required, followed by recovery and rehabilitation care for injured and sick animals; as well as coordination with local and state wildlife agencies to release rehabilitated native wildlife whenever possible.

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

Zoo Miami will be able to serve as a health care resource in the South Florida region for endangered native wildlife, so critical to the conservation and preservation of the environment.

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

general public in South Florida region

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

Treatment, recovery and rehabilitation of numerous endangered species in South Florida. The methodology for measuring outcomes will include hospital intake records and recorded contacts with FWC, USFWS and other organizations.

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.



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Zoo Miami is owned by Miami-Dade County. Zoo Miami Foundation is the 501(c)3 support organization for Zoo Miami.

13. Requestor Contact Information:

- a. **Name:** Jose Romano
- b. **Organization:** Zoo Miami Foundation, Chairman of the Board
- c. **E-mail Address:** joserom@baptisthealth.net
- d. **Phone Number:** (305)490-0649

14. Recipient Contact Information:

- a. **Organization:** Zoo Miami Foundation
- 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:** William "Bill" Moore
- e. **E-mail Address:** bmoore@zoomiami.org
- f. **Phone Number:** (305)255-5551

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**