



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1266

1. Project Title Kilroy Monitoring Systems in the Indian River Lagoon

2. Senate Sponsor Debbie Mayfield

3. Date of Request 02/03/2023

4. Project/Program Description

The Indian River Lagoon (IRL) is a diverse, shallow-water estuary stretching 156 miles along 40 percent of Florida's east coast. The lagoon is an important economic resource to the state, providing a total estimated annual economic value of \$3.7 billion, supporting 15,000 full and part-time jobs and providing recreational opportunities for 11 million people annually. Many critical water quality parameters effecting pollution measurement change during daily cycles, reducing the usefulness of sporadic sampling. Kilroys have been installed to measure flow speed, flow direction, water temperature, wave conditions, and water depth, and can accommodate additional instruments to monitor other water quality parameters almost constantly. Stationing additional Kilroys at key discharge points in the IRL will allow us to identify more discharge sites that are contributing the most pollution and prioritize those for mitigation.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	250,000	750,000	1641	No

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

b. Describe the source of funding that can be used in lieu of state funding.

ORCA avails itself of grant funds from the Water Management Districts and Local Governments when available.



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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.

In 2020 we received \$196,270. Used to cover the salary of our full time employees who were not supported by grants and/or contracts for a 24 week period.

## 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

### 13. 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	Review of data and providing direction for the ORCA team	40,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Engineering, Field Technicians and supporting staff	300,000
Expense/Equipment/Travel/Supplies/Other	Construct additional systems for deployment, repair parts, chemicals for nutrient analysis, lab analysis, equipment maintenance	660,000
Consultants/Contracted Services/Study		0
<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>1,000,000</b>

### 14. Program Performance

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



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Expand monitoring systems in the IRL LOB area. Data from this project will allow agencies, counties and cities to assess compliance with established TMDLs and make informed decisions for compliance and other matters affecting waters of the Indian River Lagoon.

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

Expand monitoring systems and continued upkeep and maintenance of deployed real time water quality monitoring systems in 5 counties along the Indian River Lagoon.

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

Data from the Kilroy Monitoring systems will be available through ORCA's web page - [www.teamorca.org](http://www.teamorca.org)

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

Agencies, counties and cities to assess compliance with established TMDL's and and make informed decisions for managing the waters of their respective areas as well as NGO's, classrooms, and private citizens interested in water quality.

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

Provide real time data on Indian River Lagoon water quality for agencies, local governments, classrooms and citizens

**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?**

Loss of funding for the project

**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