



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2808

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

One-time appropriation of \$3 million dollars to the Department of Agriculture and Consumer Services, Division of Aquaculture, to provide development grants to existing and new oyster and clam nursery and hatchery programs in Florida's gulf coast. DACS will implement standards to determine grant eligibility and amounts, though recommended amounts are up to \$25,000 to assist with start up or expansion costs for nurseries and up to \$250,000 to assist with start up or expansion costs for nurseries. Any holder of an AQ lease permit, including private leaseholders, not for profits, and universities/colleges would be eligible to apply.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</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)	3,000,000	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>3,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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.

This is a unique grant program similar to a model that has been implemented in other coastal states. While there is some federal funding available,

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

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

The Department of Agriculture and Consumer Services did serve as a pass-through for certain federal assistance programs related to COVID-19, but as a state agency did not receive federal assistance directly. Individual shellfish farmers/growers may have received COVID-19 business loans if they qualified for the program.

## 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	All \$3,000,000 will be used to issue grants to Florida clam and oyster nurseries and hatcheries to assist with the startup or expansion of their operation, with the goal of increasing the availability of good-quality clam and oyster seed in the regio	3,000,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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>3,000,000</b>

### 14. Program Performance

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



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Currently, Florida Clam and Oyster farmers' output and profitability, and as a result the growth of the industry as a whole, is stymied by the lack of reliable availability of good-quality seed. This grant program will help increase the availability of good-quality seed while also informing best practices related to the development of seed.

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

The money will be used to provide grants to new and existing clam and oyster nurseries and hatcheries, who will be asked to provide updates regarding their success for growing seed.

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

Clam and Oyster farmers and seed growers will directly receive grant funding, overseen by DACS.

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

Clam and oyster farmers and seed growers in the gulf coast region will be served by this project. The number of individual farmers directly will be dependent on the size of individual grants issued, however the entire industry (over 500 leases) would benefit from increased seed availability.

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

The expected benefit of this project will be the increased availability of clam and oyster seed. Aquaculture farmers are required to report their yields to DACS. We will be able to measure the success of each grant by reviewing the yields that are already required reporting.

**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?**

Return of funds.

**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



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Other (please specify) State Agency

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