



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1140

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

4. Project/Program Description

The \$3 million requested will help achieve a \$20 million renovation of ZooTampa's Manatee Rescue Center, a public exhibition facility adjacent to the David A. Straz, Jr. Manatee Critical Care Center, which contains underwater viewing windows for visitors to see rehabilitating manatees up close. A 2014 structural analysis determined that the Manatee Rescue Center, which opened in 1991, requires reconstruction due to extensive water intrusion. A priority for the reconstruction is protecting the two large manatee rehab pools, the walls and windows of which are integral to the Rescue Center's structure, in order to maintain the Zoo's capacity to hold up to 23 manatees awaiting FWC authorization to be returned to Florida waters. Other local and private funding will cover the remaining \$17 million cost of the project.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	15%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	100,000	0%
Local	1,000,000	5%
Other	15,900,000	80%
Total Project Costs for Fiscal Year 2024-2025	20,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	1,500,000	1987b	No

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.

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



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

Shuttered Venue Operators Grant: \$8M for operations; PPP 1 & 2: \$4M total for payroll (loans forgiven); \$40,315 from the Institute of Museum and Library Services for education programs. Some pass-through funds were received from other public entities.

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
 N/A

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.

The Lowry Park Zoological Society of Tampa, Inc. manages ZooTampa at Lowry Park on behalf of the City of Tampa, owner of the facility.

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 Manatee Rescue Center	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000

14. Program Performance

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



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

The injured, sick, and orphaned manatees that are treated at ZooTampa will eventually be able to be released back into Florida waters and help increase the manatee population. Visitors to the Manatee Rescue Center will be able to see firsthand the important work of caring for and treating manatees, and will learn how they can help to protect manatees in the wild.

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

More than 1.2 million visitors per year will be able to see the Manatee Rescue Center and learn about the plight of the manatee in Florida. ZooTampa's work is helping to preserve the manatee population for the benefit of the environment and for the enjoyment of future generations of Floridians.

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

The target populations served by this project are the residents of and visitors to the Tampa Bay region. More than 1.2 million residents and visitors are expected to be served.

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

The rehab pools, which currently house manatees receiving treatment and awaiting release, will be preserved as a result of the reconstruction of the Manatee Rescue Center. Maintaining the integrity of the walls of the pools, which contain massive underwater viewing windows for ZooTampa visitors to see the manatees up close, is critical. Advanced engineering and construction techniques are needed to preserve this unique feature of the Manatee Rescue Center and protect the rehab pools during construction.

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?

Funds will be returned to the state (FWC) if the project deliverables and performance measures in the contract are not met.

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



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- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

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**