

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Central Florida Zoo & Botanical Gardens Storm and Hurricane Flood Mitigation and Management

Senate Sponsor: David Simmons
 Date of Submission: 01/18/2018

4. Project/Program Description:

Central Florida Zoo and Botanical Gardens Storm and Hurricane Flood Mitigation and Management

- 5. State Agency Contacted? No
 - a. If yes, which state agency?
 - b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Environmental Protection
- 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	900,000	900,000

Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 900,000

9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? No
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
- c. What is the most recent fiscal year the project was funded?
- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description: Input Amounts:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

<u>Move from septic systems to city sewer lines. Improve storm water management, as we are the last stop</u> before storm water and any foreign material enters the St. John's Water Management District (Lake Monroe)

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

Moving from septic systems to city sewer lines and improving storm water management.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
□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	1	



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Fixed Capital Construction/Major Renovation		
☑Construction/Renovation/Land/Planning Engineering	Move from septic systems to city sewer lines. Improve storm water management, as we are the last stop before storm water and any foreign material enters the St. John's Water Management District (Lake Monroe)	900,000
TOTAL		900,000

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

Move from septic systems to city sewer lines. Improve storm water management, as we are the last stop before storm water and any foreign material enters the St. John's Water Management District (Lake Monroe)

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

State of Florida residents

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

Improve water quality going into river system by removing septic systems in area prone to flooding. Reduce the amount of flood damage on zoo grounds following events like Hurricanes Irma & Matthew. Documentation from city showing on sewer system as opposed to septic.

- 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.

Board of Directors

13. Requestor Contact Information:

a. Name: Dino Ferri

b. Organization: Central Florida Zoo & Botanical Gardens

c. Email: dinof@centralfloridazoo.org

d. Phone Number: (407)323-4450 Ext. 112

14. Recipient Contact Information:

a. Organization: Central Florida Zoo & Botanical Gardens



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- b. County: <u>Seminole</u>c. Organization Type:
 - O For Profit
 - Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Entity
 - O University or College
 - O Other (Please specify)
- d. Contact Name: Dino Ferri
- e. E-mail Address: dinof@centralfloridazoo.org
 f. Phone Number: (407)323-4450 Ext. 112
- 15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: <u>Chris Carmody</u>b. Firm: <u>Gray Robinson</u>

c. Email: Chris.Carmody@gray-robinson.com

d. Phone Number: (352)514-2196