



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1218

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

**4. Project/Program Description**

Clearwater Marine Aquarium is expanding to develop a manatee rehabilitation and research facility. For the last decade, CMA has assisted in rescuing, releasing and tracking wild manatees around the world. The recent red tide crisis in Tampa Bay and an ongoing Unusual Mortality Event on Florida's coast is causing capacity shortages in manatee rehabilitation centers throughout the US, particularly in FL during the winter season. In addition to supporting manatees through rescue, transport, tagging and monitoring, CMA is in the best position to grow and include rehabilitation capabilities to meet this need. CMA has been a partner of the Manatee Rescue and Rehabilitation Partnership since 2018, assisting in responding to distressed manatees and manatee transport. CMA is authorized to conduct critical and second stage manatee rehabilitation, and plans to make additional rehabilitation pools available to the network upon completion of the new facility.

5. **State Agency to receive requested funds**
- State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

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

**7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	30%
<b>Matching Funds</b>		
Federal	94,000	1%
State (excluding the amount of this request)	0	0%
Local	100,000	1%
Other	6,806,000	68%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>10,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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

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

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

PPP  
 1 - \$1,627,900, Jan - March 2020 payroll  
 2 - \$1,606,026, March- Sept 2020 payroll

SVOG  
 \$7,087,023 - Payroll and benefits Oct 2020- March 2021, utilities, administrative costs, insurance, advertising, production transportation

Visit St. Pete Clearwater  
 \$500,000 - operations

**11. 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		0
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	Renovation and construction of Winter Zone to become a habitat for manatee rehabilitation	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

**12. Program Performance**

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

Clearwater Marine Aquarium aims to enhance capacity with the Manatee Rescue and Rehabilitation Partnership (MRP) for the rehabilitation of West Indian manatees through renovations of the area that was once Winter's Zone. Funds will help improve and expand existing facilities for medical treatment, rehabilitation and/or necropsies, including build outs, alterations, upgrades and renovations which meets USDA standards for the care of manatees and other marine mammals.

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

Renovate and reconstruct a Winter's Zone, an older part of Clearwater Marine Aquarium to accommodate for manatee rehabilitation and research.

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

Appropriations support will help fund the development of a manatee rehabilitation facility. New jobs will be created in the redevelopment of Winter's Zone to accommodate manatee rehabilitation, creating up to 12 "beds" for manatees to recover before going back out into the wild.

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



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Once established, over 500,000 annual visitors will learn about the sea cow and how to save them from extinction.

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

Preserving the lives of manatees is a major outcome, and monitoring less manatee deaths will be a measure of success. Additionally, a manatee research and rehabilitation center at CMA will increase tourism to Clearwater Beach while educating visitors - in person and virtually on the importance of conservation, ecology and stewardship, as a result, make sustainable choices and take an active part in preserving our marine environment.

**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?**

If appropriation funds are not spent as committed within the contract period, the remaining funds should be reverted.

**13. 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.**

Clearwater Marine Aquarium is the operator and owner of the facility.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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)

d. First Name  Last Name

e. E-mail Address

f. Phone Number

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number