



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1462

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds to construct a joint building for UF/IFAS Lake Watch program and the Florida Fish and Wildlife Conservation Commission and replace deteriorating double-wide trailers and expand space for existing and new personnel.

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 | 2,285,000 |
| Total State Funds Requested | 2,285,000 |

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) | 2,285,000 | 76% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 715,000 | 24% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 3,000,000 | 100% |

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?

No

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



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n/a

11. 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 | Construct new building to replace deteriorating double-wide trailers and expand space for new personnel | 2,285,000 |
| Total State Funds Requested (must equal total from question #6) | | 2,285,000 |

12. Program Performance

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

Replace deteriorating double-wide trailers and expand space for new and existing personnel and to further enhance collaboration between the UF/IFAS Lake Watch Program and FWC.

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

Construct new building to replace deteriorating double-wide trailers and expand space for new personnel.

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

Support Lake Watch's citizen science program and FWC's citizen outreach programs and maximize the research and outreach of each organization.

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

The target population includes citizens benefiting from research and aquatic resources across the state.

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

To help maximize the research and educational programs and foster joint collaboration between the UF/IFAS Lake Watch Program and FWC.

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?

Revert appropriated funding back to the state.

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.



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State agency-owned 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