



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 1514

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

The Loggerhead Marinelife Center secured private funding for a state-of-the-art Life Support System to serve an expanded sea turtle hospital and conservation exhibitions. This LSS will maximize the welfare and rehabilitation of resident animals by generating a clean and stable environment from raw seawater, protecting animals from harmful algal blooms and other coastal pollution. The appropriation will support the operation of this system and technicians to oversee its maintenance.

**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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</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)	250,000	49%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	262,194	51%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>512,194</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?**

Yes



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

Loggerhead Marinelife Center received \$1,011,001.68 in Paycheck Protection Funds. The funds were used primarily for wages with an allowable amount for rent and utilities.

**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	This includes 25% of the Curator of Animal Care, 100% of the Life Support Systems Technician, 25% of the Operations Manager salary, plus benefits.	91,363
Expense/Equipment/Travel/Supplies/Other	This includes utilities, operational supplies, maintenance, and servicing the system.	158,637
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>250,000</b>

**12. Program Performance**

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

The appropriation will support the technical operation and maintenance of a newly constructed, state-of-the-art, and privately funded Life Support System that underpins an expanded sea turtle hospital and new conservation exhibitions at the Loggerhead Marinelife Center. The new LSS generates clean and regulated aquarium environments from raw seawater, protecting patients from harmful algal blooms and other pollution, without which the new exhibitions and expanded turtle hospital would not be possible.

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

The Loggerhead Marinelife Center will operate additional aquariums, marine life galleries, and conservation exhibitions to serve the visiting public as well as educational programming and student groups. With an expanded sea turtle hospital, the Center will also expand sea turtle rehabilitation activities including accommodating more patients and offering additional therapies that were previously not possible. Visitation, educational impact, and marine life threat data will be gathered, curated, and shared with relevant government agencies and partners.

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

Additional offerings for guests to experience free of charge that includes exhibitions and conservation education. Additional services to state and local governments include additional marine life stranding response, rehabilitation activities and curated ocean threat data.

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

Tourists, K-12 students, and state and local government agencies. Our data from previous years indicates between 800,000 and 1,000,000 visitors alone will benefit from these funds.

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



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be measured?

We expect to draw additional tourist and student guests that will experience an increased knowledge and awareness of local coastal ecosystems that may foster an increased interest in choosing STEM training and careers. Outcomes will be measured using qualitative research instruments (surveys, interviews and observation forms) that will be quantitatively analyzed. Additionally, we will treat more sea turtle patients, generate additional ocean threat data curate, and report these data to state authorities in order to inform management practices, recommendations, and policies.

**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?**

Forfeit of funding.

**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.**

We do not request a fixed capital outlay



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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