



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1067

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Loggerhead Marinelifelife 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 maximizes 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. LMC rehabilitates roughly 100 threatened and endangered sea turtles each year along with nearly 1000 hatchlings. 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?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

7. **Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250,000	33%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	67%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>750,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	250,000	2000	No

9. **Is future-year 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.**

Loggerhead Marinelifelife Center would have to solicit funds from their donors to conduct this work which would pull from the needs of other programs.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. 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	The VP of Facilities and Animal Husbandry oversees all life support operations for the facility. 40% of their salary and fringe will be allocated to this funding.	60,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	The Senior Aquarist is the day-to-day operational staff member for the life support and manages the water quality samples. 50% of their salary will be allocated to this funding.	40,000
Expense/Equipment/Travel/Supplies/Other	Operational supplies, equipment, repair and maintenance and utilities. Includes ozonation systems, tank resurfacing, and improvements to the pump room.	150,000
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>

### 13. Program Performance

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



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The appropriation will support the technical operation and maintenance of the 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, pollution, and extreme temperatures 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?**

This project seeks funding for operations and maintenance of an improved infrastructure that will directly benefit sick and injured sea turtles and resident marine life. These activities are critical in the Center’s mission to provide excellent animal care and exhibitions that will be visited by students, area residents, and tourists alike.

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

The funds will directly enable the turtle hospital tanks and new marine life galleries and exhibitions of open ocean, mangrove, coral reef, and sea grass ecosystems all focused on the themes of ocean health and thriving coastal communities. Access to the Center and all exhibits is free of charge to all guests. LMC sees roughly 350,000 guests annually to their facility and programs. LMC was just awarded the Best Free Attraction in the United States award by USA Today, beating out iconic locations like Golden Gate Bridge and Central Park.

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

Threatened and endangered sea turtles are the primary population served by this project. However, Loggerhead Marinelife Center is a free public access facility that welcomes roughly 350,000 visitors per year. These visitors are local and out of state tourists and K-12 students. Various state and local government agencies utilize Loggerhead Marinelife Center for the rehabilitation of native wildlife.

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

Forfeit of funding.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received



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- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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)



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d. First Name  Last Name   
e. E-mail Address   
f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*