

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

Cox Science Center and Aquarium Expansion

LFIR # 1841

-		•			
2. Senate Sponsor	Mack Bernard				
3. Date of Request	2/25/2025				
4. Project/Program De	escription				
a new public aquari	um, new exhibit gall	eries, and new STE	acility to include appro EM education facilities cal school children, re	s. The project will se	of new space including the more than and tourists.
5. State Agency to re	ceive requested fu	nds Departm	ent of Commerce		
State Agency conta	acted? No				
6. Amount of the Non	recurring Request	for Fiscal Year 20	25-2026		
Type of Funding			Amo	ount	
Operating				0	
Fixed Capital Outlay	1			5,000,000	
Total State Funds				5,000,000	
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	stion #6)	5,000,000	7%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	iest)	5,000,000	8%	
Local			0	0%	
Other			55,000,000	85%	
Total Project Costs	s for Fiscal Year 20	25-2026	65,000,000	100%	
8. Has this project prolet from the lift yes, provide the	•	•	Yes		
Fiscal Year	Amo	ount	Specific 4	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2024-25	0	5,000,000) 2347A	No	
9. Is future-year funda. If yes, indicate nb. Describe the so	onrecurring amou	nt per year.	No lieu of state funding.		

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?		Yes		
c. What is the es	stimated start da	07/01/2024				
d. What is the es	stimated comple	12/31/2026				
e. What funding	stream will be u	ised for ongoing ope	rations a	nd maintenance	of the project?	?
Ongoing operating and maintenance costs will be funded by private funds secured by the Cox						

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.

The owner of the facility is the Cox Science Center and Aquarium, Inc. This is the same entity that is applying for the funding.

Science Center and Aquarium through program revenues and private fundraising efforts.

12. Details on how the requested state funds will be expended

a. What is the current phase of the project?

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			
Salary and Benefits		0	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering	Construction of new facilities and renovation of existing facilities.	5,000,000	
Total State Funds Requested (must equal total from question #6) 5,000,000			

13. Program Performance

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

The funds requested will be used to construct new science center facilities in order for the Cox Science Center and Aquarium to expand its ability to provide STEM education programs and services to its target market of more then 3,000,000 residents.

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

The direct services provided to citizens include science center exhibit and planetarium experiences, educational programs, STEM skills training, job skills training, and early childhood learning programs,

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



☐ Yes, Applied

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The direct services provided to citizens include science center exhibit and planetarium experiences, educational programs, STEM skills training, job skills training, and early childhood learning programs,

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

The target population includes residents of the following counties: Palm Beach, Broward, Martin, St, Lucie, Glades, Henry; students served by the School District of Palm Beach County, and tourists to the Greater Palm Beaches region.

- e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
- 1) The expanded CSCA will be the most attended cultural institution in the Greater Palm Beaches Region. This will be measured by attendance reports compiled by the Cox Science Center and Aquarium. 2) The expanded Cox Science Center and Aquarium will be the leading provider of out-of-school STEM programs to the School District of Palm Beach County. This will be measured by program reports compiled by CSCA and the School District of Palm Beach County. 3) The expanded Cox Science Center and Aquarium will add jobs and increase economic output in Palm Beach County through its expanded operations. This will be measured through payroll reports, tax collections, and visitor spending reports. 4) The expanded Cox Science Center and Aquarium will be one of the leading tourist destinations in the Greater Palm Beaches Region. This will be measured through tourism reports by Visit the Palm Beaches.
- 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?

Α	gency should withhold any funds not spent in accordance with the contract after three years.
. Is 1	his 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 infastructure)
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
	,
i. Ha	s the entity applied for or received federal assistance for this project?
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	☐ Yes, Received				
	□ No				
	☐ No, but intends to	o apply			
	a. If yes, specify the Commerce):	e program and state agen	icy (ex. Loca	al Government Emergenc	y Bridge Loan, Department of
	Department of Com	nmerce, HL 273, FY 2024=	2025		
17.	Requester Contact a. First Name		l oot Name	Arriago	
		Kate	Last Name	AIIIZZa	
	b. Organization	Cox Science Center and A	•		
	-	KArrizza@coxsciencecen	1 []
	d. Phone Number	(561)670-7706	Ext.		
18.	Recipient Contact	Information			
	a. Organization	Cox Science Center and A	Aquarium		
	b. Municipality and	l County Palm Beach			
	c. Organization Typ	oe			
	□For Profit Entity				
	☑Non Profit 501(c	9)(3)			
	□Non Profit 501(c	9)(4)			
	□Local Entity				
	□University or Co	llege			
	□Other (please sp	pecify)			
	d. First Name	Andy	Last Name	Palmer	
	e. E-mail Address	APalmer@coxsciencecen	ter.org		
	f. Phone Number	(561)370-7711	Ext.		
19.	Lobbyist Contact I	nformation			
	a. Name	Mathew Forrest			
	b. Firm Name Ballard Partners				
	c. E-mail Address	mat@ballardpartners.com	1		
	d. Phone Number	(561)253-3232			



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