



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1894

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Continuation of previous successful SAV plantings that created over 48 acres of native submerged aquatic vegetation in coordination and MOU with SJRWMD permitted locations in Lake Apopka. This funding would plant an additional 120 acres under direction from SJRWMD in permitted areas for SAV plantings.

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	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,000,000	100%

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	500,000	1732A	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.**

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Project oversight and deliverables management/project and phase planning	300,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Aquaculture facility lease and maintenance	400,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Aquaculture and installation of SAV plants along with observations and adjustments.	1,300,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

Continuation of previous successful SAV plantings that created over 48 acres of native submerged aquatic vegetation in coordination and MOU with SJRWMD permitted locations in Lake Apopka. This funding would plant an additional 120 acres under direction from SJRWMD in permitted areas for SAV plantings.

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

There has been over 10 years of documented studies, past projects, and funded projects showing success of restoration of essential fish habitat. State agencies have documented decline in SAV for decades.

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



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High School and college students will assist with aquaculture activities. The general public relies on a healthy Florida SAV community for fisheries and for economic resources for tourism and job creation.

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

End users of Lake Apopka including fisherman, hikers, outdoor enthusiasts, wildlife, tourists.

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

Monitoring of restored areas will be published in accordance with permit requirements. All data will be documented and processed for review. Benefits will be measured by tracking annual production of SAV for 1 year.

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?

The Nursery and SAV will be inspected and certified by FDACS/SJRWMD staff prior to planting, any plants that fail certification or inspection will not be used for planting and not available as a pay item.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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
- 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



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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)

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.