



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2248

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Breeding and rearing Florida Stone Crabs in inland recirculating aquatic systems, with no interface with the Gulf or waters of the state, to protect those environmental resources. These funds will help support an entirely new agriculture industry to the State of Florida.

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	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

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)	750,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	25%
Total Project Costs for Fiscal Year 2025-2026	1,000,000	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		

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.

None at this time but continued private investment is expected.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Rent for a prototype production facility that is 10-15,000 feet of industrial space in Manatee County will be \$200,000; utilities and security for the facility will be \$250,000; research equipment will be \$50,000.	500,000
Consultants/Contracted Services/Study	Expansion of multi-year research and development of optimal nutrition formula and environmental controls.	100,000
Operational Costs		
Salary and Benefits	Three full-time employees to provide constant monitoring and maintenance of habitat systems and animals.	120,000
Expense/Equipment/Travel/Supplies/Other	Equipment and supplies for agriculture purposes.	30,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

13. Program Performance

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

Breeding and rearing Florida Stone Crabs to open a new agriculture industry in Florida and support drastically increasing a currently severely limited harvest size. This product is one of Florida's most iconic products and this type of farming can be conducted safely without causing any impact or pressure whatsoever on existing stone crab populations or habitats.

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



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For the last four years, the research for this project has been conducted at Mote Marine Institute to determine the feasibility of breeding and rearing Florida Stone Crabs in inland recirculating aquatic systems, with no interface with the Gulf or Florida waters, in effort to protect our state's environmental resources. This project is now production-ready and these funds will support this new farming industry.

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

There are no direct services provided to citizens.

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

Florida's agriculture and hospitality industries.

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

Improve agricultural production/promotion/education; Enhance/preserve/improve environmental or fish and wildlife quality; increase economic activity; create specific, immediate job opportunities.

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?

Return funds to the state.

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



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- 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)

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



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