

LFIR # 2881

| 1. Project Title   | Bonita Wonder Gardens Anima  | l Care Center  |                              |                     |  |
|--|--|--|------------------------------|---------------------|--|
| 2. Senate Sponsor  | Jonathan Martin  |  |                              |                     |  |
| 3. Date of Request   | 3/6/2025   |  |                              |                     |  |
| 4. Project/Program De  | escription   |  |                              |                     |  |
| animal support funct   | enter will be on two levels and is to<br>ions such as holding, surgery, and<br>ch and learn about animal diets an<br>open flex room.   | d food prep. Visitors will be                                  | able to enter the b          | uilding with Wonder |  |
| 5. State Agency to red   | ceive requested funds Dep  | artment of Agriculture and                                     | Consumer Service             | S                   |  |
| State Agency conta   | cted? No   |  |                              |                     |  |
| 6 Amount of the Nonr   | ecurring Request for Fiscal Yea  | ar 2025-2026   |                              |                     |  |
|  | ecurring Request for Fiscal Tea  |  |                              |                     |  |
| Type of Funding  |  | Amo  | _                            |                     |  |
| Operating  Fixed Capital Outlay  |  |  | 2 100 000                    |                     |  |
| Fixed Capital Outlay  Total State Funds F  |  |  | 2,100,000                    |                     |  |
| Total State Lulius I   | <u>Nequesteu</u>   |  | 2,100,000                    |                     |  |
| 7. Total Project Cost fo   | or Fiscal Year 2025-2026 (includ   | ling matching funds avai                                       | lable for this proje         | ect)                |  |
|  |  |  |                              |                     |  |
| Type of Funding  |  | Amount   | Percentage                   |                     |  |
| Total State Funds Re   | equested (from question #6)  | Amount 2,100,000   | Percentage 82%               |                     |  |
| Total State Funds Re<br>Matching Funds   | equested (from question #6)  | 2,100,000  | 82%                          |                     |  |
| Total State Funds Re<br>Matching Funds<br>Federal  |  | 2,100,000  | 82%                          |                     |  |
| Total State Funds Re<br>Matching Funds<br>Federal<br>State (excluding the  | equested (from question #6) amount of this request)  | 2,100,000  | 82%<br>0%<br>0%              |                     |  |
| Total State Funds Remarked Matching Funds Federal State (excluding the Local   |  | 2,100,000<br>0<br>0  | 82%<br>0%<br>0%<br>0%        |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other   | amount of this request)  | 2,100,000<br>0<br>0<br>462,289                                 | 82%<br>0%<br>0%<br>0%<br>18% |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other   |  | 2,100,000<br>0<br>0  | 82%<br>0%<br>0%<br>0%        |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre  | amount of this request)  | 2,100,000<br>0<br>0<br>462,289<br>2,562,289                    | 82%<br>0%<br>0%<br>0%<br>18% |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre  | amount of this request)  for Fiscal Year 2025-2026  eviously received state funding?   | 2,100,000  0 0 462,289 2,562,289 No Specific                   | 82%<br>0%<br>0%<br>0%<br>18% |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the re   | amount of this request)  for Fiscal Year 2025-2026  eviously received state funding? most recent instance:   | 2,100,000  0 0 462,289 2,562,289  No Specific                  | 82%  0% 0% 0% 18% 100%       |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  | amount of this request)  for Fiscal Year 2025-2026  eviously received state funding? most recent instance:  Amount   | 2,100,000  0 0 462,289 2,562,289  No Specific                  | 82%  0% 0% 0% 18% 100%       |                     |  |
| Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project profif yes, provide the result of the r | amount of this request)  a for Fiscal Year 2025-2026  eviously received state funding? most recent instance:  Amount  Recurring Nonrecurring  ng likely to be requested?                             | 2,100,000  0 0 462,289 2,562,289  No Specific                  | 82%  0% 0% 0% 18% 100%       |                     |  |
| Total State Funds Romatching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project profif yes, provide the result of the r | amount of this request)  for Fiscal Year 2025-2026  eviously received state funding? most recent instance:  Amount  Recurring Nonrecurring   | 2,100,000  0 0 462,289 2,562,289  No  Specific Appropriation # | 82%  0% 0% 0% 18% 100%       |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)  9. Is future-year funding a. If yes, indicate no   | amount of this request)  s for Fiscal Year 2025-2026  eviously received state funding? most recent instance:  Amount Recurring Nonrecurring  ng likely to be requested? onrecurring amount per year. | 2,100,000  0 0 462,289 2,562,289 No Specific Appropriation #   | 82%  0% 0% 0% 18% 100%       |                     |  |
| Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)  9. Is future-year funding a. If yes, indicate no   | amount of this request)  a for Fiscal Year 2025-2026  eviously received state funding? most recent instance:  Amount  Recurring Nonrecurring  ng likely to be requested?                             | 2,100,000  0 0 462,289 2,562,289 No Specific Appropriation #   | 82%  0% 0% 0% 18% 100%       |                     |  |



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| 10. Status of Constr |
|----------------------|
|----------------------|

a. What is the current phase of the project?

| <ul><li>Planning</li></ul>   | O Design         | Construction | O N/A |            |  |  |
|--|------------------|--------------|-------|------------|--|--|
| b. Is the project "shovel ready" (i.e permitted)?  |                  |              |       |            |  |  |
| c. What is the estimated start date of construction?                                       |                  |              |       | 01/05/2026 |  |  |
| d. What is the est   | timated completi | 01/05/2027   |       |            |  |  |
| e. What funding stream will be used for ongoing operations and maintenance of the project? |                  |              |       |            |  |  |
| Wonder Gardens daily revenue and funding from our donors.                                  |                  |              |       |            |  |  |

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.

Property owner is City of Bonita Springs, applicant and operator is Bonita Wonder Gardens, inc. which has a Public-Private Partnership Operating Agreement (4/3/2024) in place with the City of Bonita Springs.

### 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/<br>Other           |   | 0         |
| Consultants/Contracted<br>Services/Study              |   | 0         |
| Operational Costs                                     |   |           |
| Salary and Benefits                                   |   | 0         |
| Expense/Equipment/Travel/Supplies/Other               |   | 0         |
| Consultants/Contracted<br>Services/Study              |   | 0         |
| Fixed Capital Construction/Majo                       | r Renovation:   |           |
| Construction/Renovation/Land/<br>Planning Engineering | Planning, engineering, and permitting costs through City of Bonita Springs, Quarantine area, plumbing, electrical, concrete, building. Walk-in refrigerators, counters, cabitnets, exam tables, medical supplies, dishes, weighing scales. Engineering plans drawn by consultants. Quarantine area, plumbing, electrical, concrete, building. | 2,100,000 |
| Total State Funds Requested (m                        | ust equal total from question #6)   | 2,100,000 |

### 13. Program Performance

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

A new Animal care center (ACC) will safeguard the health and wellness of our resident animals and position the Wonder Gardens for future accreditation by the Association of Zoos and Aquariums (AZA). The ACC will replace the previous animal kitchen & holding building that was destroyed by Hurricane Ian and is being removed from the property. The current diet kitchen is held in the Administration office building temporarily. The ACC will provide much needed on site safe holding during hurricanes.



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

Funds will help provide services needed for our animal care, as well as a hurricane shelter for our animal residents, which will indirectly service citizens.

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

Provides opportunity for additional education based off building's purpose, as well as more advanced research opportunities for interns and other interested parties. As well as behind the scenes learning opportunities for guests to see diet prep and medical facilities. It will also support our partnerships with other learning facilities and give them access to opportunities to bring students in.

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

Our guests and our animal residents and staff will all be positively servied by this project. We have over 80,000 visitors annually, from locals to tourists from all over the world that are traveling to SWFL.

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

For the animals: Onsite medical treatment when necessary, easier routine checkups, safety during severe weather, protection from physical harm, better diet preparation for their overall well-being. This will be measured by increased vet exams and detailed record keeping through an online database.

For people: overall planning intent is to cluster support functions in the north west section of the 3.45 acre property and create more space for visitor amenities and attractions near some of the existing core attractions. This will improve the overall visitor experience by having less fragmented exhibit sequences and will also help staff to be able to do their work without interfering with the visitors.

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?

|       | Re         | payment of fees for uncompleted work.  |
|-------|------------|--|
| 14. I | s th       | nis project related to mitigation, response, or recovery from a natural disaster? Yes                    |
| a.    | . If Y     | Yes, what phase best describes the project?  |
|       | ם          | Mitigation (reducing or eliminating potential loss of life or property)                                  |
|       | ם          | Response (addressing the immediate and short-term effects of a natural disaster)                         |
| ₩     | <u> </u>   | Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| b.    | . Na       | me of the natural disaster (or Executive Order # for events not under a federal declaration):            |
|       | Hur        | ricane Ian   |
| 15. I | Has        | the entity applied for or received federal assistance for this project?                                  |
| [     | ΙY         | es, Applied  |
| [     | ΙY         | es, Received   |
| [     | <b>⊿</b> N | 0  |
| [     | ⊐ N        | o, but intends to apply  |

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



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| b. Provide the total                 | project cost listed on t           | he FEMA proj  | ect worksheet:              |                  |
|--------------------------------------|------------------------------------|---------------|-----------------------------|------------------|
| Has the entity app                   | olied for or received stat         | te assistance | for this project (other tha | n this request)? |
| ☐ Yes, Applied                       |                                    |               |                             |                  |
| ☐ Yes, Received                      |                                    |               |                             |                  |
| ☑ No                                 |                                    |               |                             |                  |
| ☐ No, but intends t                  | o apply                            |               |                             |                  |
| commerce):                           |                                    | ency (ex. Loc | al Government Emergend      | cy Bridge Loan   |
| Requester Contact a. First Name      | Neil                               | Last Name     | Anderson                    |                  |
| b. Organization                      | Bonita Wonder Gardens              | s, Inc.       |                             |                  |
| c. E-mail Address                    | Neil@WonderGardens.                | org           |                             |                  |
| d. Phone Number                      | (239)992-2591                      | Ext.          | 207                         |                  |
| Recipient Contact<br>a. Organization | Information  Bonita Wonder Gardens | s. Inc.       |                             |                  |
| b. Municipality and                  |                                    |               |                             |                  |
| c. Organization Ty                   | -                                  |               |                             |                  |
| □For Profit Entity                   | -                                  |               |                             |                  |
| ☑Non Profit 501(d                    |                                    |               |                             |                  |
| Non Profit 501(d                     |                                    |               |                             |                  |
| □Local Entity                        | ,,,,                               |               |                             |                  |
| □University or Co                    | ullege                             |               |                             |                  |
| ·                                    | -                                  |               |                             |                  |
| □Other (please s                     | ресіту)                            |               |                             | _                |
| d. First Name                        | Jessica                            | Last Name     | White                       |                  |
| e. E-mail Address                    | Jessica@wondergarder               | ns.org        |                             |                  |
| f. Phone Number                      | (239)992-2591                      | Ext.          |                             |                  |



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| a. Name           | None |  |
|-------------------|------|--|
| 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.