



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3155

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

This project is a continuation of DEP grant LPA0282 that was funded for fiscal year 23\_24 of 100 acres of Statewide SAV planting and FY 24\_25 for 20 acres of Statewide planting. The current project will be completed on time and has letters of commitment and contracts with FWC for SAV planting through the season of 2026.

**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	5,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>5,000,000</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)	5,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>5,000,000</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	1,000,000	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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Construction oversight and deliverables management/project and phase planning	750,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Aquaculture facility lease and maintenance	600,000
Consultants/Contracted Services/Study	Permitting, SAV plants, Exclusion Cages, Signage, Education, Installation, maintenance, observations and adjustments	3,650,000
<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>5,000,000</b>

**13. Program Performance**

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

Utilize current fresh and saltwater Submerged Aquatic Vegetation (SAV) Nurseries and implement regional specific plantings along with creation of SAV habitat restoration grow plots in critical areas of need (NW Florida Panhandle, Springs, Caloosahatchee River Basin, and the Indian River Lagoon, Biscayne Bay and The Florida Keys). Projected 110 additional acres planted annually within critical areas of need. The program includes public-private partnerships, Universities, and 501c3.

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



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SAV will be cultivated and planted in permitted restoration areas, all planting reports will be submitted as well as other documentation.

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

The project has been funded and the need for continued expansive SAV planting and water quality projects remain a priority for the State of Florida. The communities are supportive of restoration of valuable ecosystems for tourism and essential fish habitat. Ecosphere Restoration Institute has commitment letters for over 30 acres of permitted planting areas from FWC and Martin County alone.

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

Tourist and citizens of the State of Florida. This project has impacts every citizen and tourist either living in or visiting our State. Including the nutrient cycling worth of seagrasses as well as recreational fisheries, DEP has estimated that each acre of seagrass in Florida has an economic value of approximately \$20,255 per year, which translates into a statewide economic benefit of \$44.6 billion annually

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

An increase in SAV habitat that includes a food source for Manatee's, and other herbivores in the ecosystem. Nursery habitat for juvenile fish and invertebrates. Permit conditions will be followed and each area planted will have a synopsis report written. Outcomes can be measured from reports and aerial images.

**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 staff, any plants that fail certification or inspection will not be used for planting and not available as a pay item. Each planting report and locations will be submitted with pay items as well.

**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:**



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**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):**

**Please complete questions 17 through 21 for Water Projects only.**

**17. Have you been awarded or applied for alternative state funding for this project?**

- Water Quality Improvement Grant Program
- Resilient Florida Grant Program
- Wastewater Revolving Loan
- Drinking Water Revolving Loan
- Small Community Wastewater Treatment Grant
- Other (please specify, ex. Alternative Water Supply Grants)
- N/A

**18. What is the population economic status?**

- Financially Disadvantaged Community (ch. 62-552, F.A.C)
- Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- Rural Area of Economic Concern
- Rural Area of Opportunity (s. 288.0656, Florida Statutes)
- N/A

**19. What is the status of construction?**

Shovel ready

**20. What percentage of the construction has been completed?**

0%

**21. What is the estimated completion date of construction?**

10/31/2026



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#### 22. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 23. 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.

#### 24. 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.*