

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1545

1. Project Title	Zoo Miami - Exp	ansion/Renovati	on of Anim	al Hospital		
2. Senate Sponsor	Alexis Calatayud					
3. Date of Request	02/15/2023					
4. Project/Program De	escription					
treatment, recovery facility for endanger	and rehabilitation of ed native wildlife in	f numerous enda the event of a na	angered sp atural disas	ecies in South ter, such as a	n Florida; and well a hurricane. Expansi	i to serve the need for is serve as a critical ion and renovation of or displaced animals.
5. State Agency to red	ceive requested fu	<b>nds</b> Fish a	and Wildlife	Conservation	Commission	
State Agency conta	ected? Yes					
6. Amount of the Non	recurring Request	for Fiscal Year	2023-2024	ļ		
Type of Funding				Amo	unt	
Operations					0	
Fixed Capital Outlay					500,000	
Total State Funds I	Requested				500,000	
7. Total Project Cost f	or Fiscal Year 202	3-2024 (includir	ng matchii	ng funds ava	ilable for this proje	ect)
Type of Funding			Am	ount	Percentage	
	Total State Funds Requested (from question #6)			500,000	3%	
Matching Funds						
Federal				0	0%	
State (excluding the amount of this request)				600,000	3%	
Local				14,000,000	66%	
Other  Total Project Costs for Fiscal Year 2023-2024				6,000,000 <b>21,100,000</b>	28% <b>100%</b>	
Total i Toject Costs	s tot i iscai i eai 20	723-2024		21,100,000	10070	
8. Has this project pro	eviously received	state funding?	Yes			
Fiscal Year	Fiscal Year Amount			pecific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	g Appr	opriation #		
2020-21	0	500,0	000		No	
9. Is future funding lil	coly to be requeste	nd2	No			
J	•		140			
a. If yes, indicate n	onrecurring amou	nt per year.				
b. Describe the sou	urce of funding tha	at can be used i	n lieu of s	tate funding.		
40 Has the sutitures	tina this music		fadaral aa	a:atamaa vala	40-1 40 4b0 COVID	10 man damia 2
10. Has the entity req	uesting this projec	t received any	rederai as	sistance rela	ted to the COVID-	19 pandemic?
Yes						
If yes, indicate the	amount of funds i	received and wl	hat the fur	ids were use	d for.	



11. Status of Construction

Planning

Other

Other

a. What is the current phase of the project?

ODesign

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0

0

0

0

500,000

500,000

Miami-Dade County received \$1,419,320,111.50 to provide financial aid to, among others, small businesses, veterans, senior meals, restaurants, hotel workers, first responders, landlords, low-income tenants, nonprofits, and day care centers; county services and also direct distributions to Miami-Dade municipalities."

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

b. Is the project "shovel ready" (	(i.e permitted)?	No		
c. What is the estimated start da	te of construction?	2024		
d. What is the estimated comple	tion date of construction?	2026		
12. List the owners of the facility to relationship between the owner	o receive, directly or indirect rs of the facility and the enti	ly, any fixed capital ty.	outlay funding. Inc	lude the
Zoo Miami is owned by Miami-D	ade County.			
13. Details on how the requested st	tate funds will be expended			
Spending Category		Description		Amount
Administrative Costs:				
Executive Director/Project Head Salary and Benefits				(
Other Salary and Benefits				(
Expense/Equipment/Travel/Supplies/				

#### 14. Program Performance

Consultants/Contracted

Consultants/Contracted

Planning Engineering

**Operational Costs: Other** 

Construction/Renovation/Land/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Services/Study

Services/Study

Salary and Benefits

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

Total State Funds Requested (must equal total from question #6)

include a public viewing area.

Expansion/renovation of the hospital and rehabilitation facilities at Zoo Miami will enable Zoo Miami to serve the need for treatment, recovery, and rehabilitation of numerous endangered species in South Florida; and well as serve as a critical facility for endangered native wildlife in the event of a natural disaster, such as a hurricane. Expansion and renovation of the hospital and rehabilitation facilities will provide a central location for receiving injured, orphaned or displaced animals.

Funds will be spent on services required to design and construct the

expansion/renovation of the Zoo's hospital and rehab facilities to



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b. What activities	and servi	ices will be prov	rided to meet	the intend	ded purpose of	these funds?
Expansion and m	nodernizatio	on of Zoo's hospi	tal would imp	rove efficie	ncies and qualit	y of animal care.
c. What direct se	rvices will	be provided to	citizens by t	he appropr	riation project?	?
Increased visitor opportunities.	access to t	he hospital would	d enhance the	e Zoo exper	rience and prov	ide additional educational
d. Who is the tar	get popula	tion served by t	his project?	How many	/ individuals a	re expected to be served?
General public in	South Flor	rida region - resid	lents and ann	ual attenda	nce of over 1 m	nillion visitors.
e. What is the explored be measured?	pected ber	nefit or outcome	of this proje	ect? What i	is the methodo	ology by which this outcome will
Expansion will all currently possible USFWS and othe	with the size	ze of the Zoo's e	xisting hospita	al. Hospital	intake records	species in South Florida that is not and recorded contacts with FWC,
f. What are the su	uggested p	penalties that th	e contracting	g agency m	nay consider ir	n addition to its standard penalties
for failing to mee	t deliverat	oles or performa	nce measur	es provide	d for the contr	act?
Nonpayment unti	l deliverabl	es are met.				
15. Requester Contac	t Informat	ion				
a. First Name	Maria		Last Name	Nardi		
b. Organization	Miami-Da	Miami-Dade Parks, Recreation & Open Spaces Department				
c. E-mail Address	Maria.Na	Maria.Nardi@miamidade.gov				
d. Phone Number	(305)755	5-7903	Ext.			
16. Recipient Contact	t Informati	on				
a. Organization	Zoo Miar	mi Foundation				
b. Municipality an	d County	Miami-Dade				
c. Organization Ty	/ре					
□For Profit Entity	/					
☑Non Profit 501(	(c)(3)					
□Non Profit 501(	(c)(4)					
□Local Entity						
□University or Co	ollege					
□Other (please s	specify)					
d. First Name	William "	Bill"	Last Name	Moore		
e. E-mail Address	bmoore@	②zoomiami.org	_			
f. Phone Number	_					



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### 17. Lobbyist Contact Information

a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	