



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1150

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

Funding will continue the successful coral restoration program underway in the Florida Keys, allow for physical coral habitat restoration work to be completed, provide land-based life support for threatened coral types for reproduction and future planting, and develop additional strategically located on-land and in-water nurseries for efficient coral reef habitat restoration.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
Matching Funds		
Federal	500,000	25%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	25%
Total Project Costs for Fiscal Year 2023-2024	2,000,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,000,000	1916A	No

9. **Is future 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.**

Competitive federal or non-governmental grants and requests for philanthropic donations will partially cover costs.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**
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If yes, indicate the amount of funds received and what the funds were used for.

\$2,318,359 for employee salaries and benefits

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

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?

12. 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.

13. 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		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Scientists, technicians and intern salaries and benefits to conduct coral research, maintain coral gene bank and restoration nurseries, and conduct physical coral habitat restoration work.	500,000
Expense/Equipment/Travel/Supplies/Other	Operation and maintenance of the existing Summerland Key, Key Largo, and Islamorada coral nurseries. Provide equipment and supplies to establish new coral nurseries strategically located for restoration efficiency and partnership.	500,000
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)		1,000,000

14. Program Performance

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



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The funding will develop successful coral restoration technologies, allow for physical coral habitat restoration work to be completed, provide aquarium life support for threatened coral types for reproduction and future planting, and develop additional strategically located on-land and in-water nurseries for efficient coral reef habitat restoration.

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

Expand coral reef growing technology to expedite restoration and increase survival; grow and plant resilient corals; develop strategically located nurseries for efficient and effective restoration along the reef tract; educate the public and visitors on coral reef ecosystem value.

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

Florida's coral reefs are the third largest living reef on the planet. The direct services of restored coral reefs are their numerous ecological, aesthetic, economic and cultural functions - providing habitat for over 6,000 marine species, attracting 16 million visitors per year, and supports over 70,000 local jobs, drawing \$6.3 billion to Florida economy.

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

The general public will be served by the project, with specific groups including commercial and recreational fishing, diving, restaurant, hotel and tourism industries.

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

Restoration of Florida's coral reefs, which are essential habitat for both commercial and recreational fishing, will strengthen and expand the State's economic engine while concurrently addressing critical environmental conservation issues. Methodology used will be deliverables for coral planted through State grant agreements. An economic impact study will be conducted upon completion to value the project for economic activity in job creation and tourism.

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 the contract?

Funding would be withheld via a grant agreement with FWC for deliverables not achieved, e.g., percent of coral reef restoration or nursery work not completed.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number