



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Lowry Park Zoo Manatee Hospital

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Requested funds will be used for repairs and renovations to the Manatee Hospital life support and containment systems.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Fish and Wildlife Conservation Commission

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	500,000	500,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



The Florida Senate

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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		500,000	500,000

10. Is future-year funding likely to be requested?

No

11. Program Performance:

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

Provide a service to the State of Florida by ensuring the Zoo's continued ability to provide critical care to Federally-protected Florida manatees. Conserve water and educate Florida residents and visitors about manatees and water conservation.

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

Repair and renovate the Manatee Hospital life support and containment systems. Please see attached contract between the Zoo and the Florida Fish and Wildlife Conservation Commission.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



The Florida Senate

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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Repairs/renovation of manatee life support system	500,000
TOTAL		500,000

d. What are the direct services to be provided to citizens by the appropriations project?

Continue to educate Florida residents about manatees and water conservation.

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

Approximately 1 million members of the general public annually will benefit from this project when they visit the Zoo.

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

The Zoo will be able to continue providing critical care to sick, injured and orphaned Florida manatees as a service to the State of Florida and its residents. This outcome will be measured by: 1) medical records for manatees treated at the Manatee Hospital; and 2) Zoo attendance records.

g. 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?

Expenses will not be reimbursed.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Lowry Park Zoological Society of Tampa, Inc. operates the Zoo through an operating agreement with the City of Tampa, owner of the facility.

13. Requestor Contact Information:

- a. **Name:** Lawrence Killmar
- b. **Organization:** Lowry Park Zoological Society of Tampa, Inc.
- c. **Email:** Larry.killmar@lowryparkzoo.org
- d. **Phone Number:** (813)935-8552

14. Recipient Contact Information:

- a. **Organization:** Lowry Park Zoological Society of Tampa, Inc.
- b. **County:** Hillsborough
- c. **Organization Type:**



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- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Lawrence Killmar

e. E-mail Address: Larry.killmar@lowryparkzoo.org

f. Phone Number: (813)935-8552

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Kimberly Case

b. Firm: Holland & Knight, LLP

c. Email: kimberly.case@hklaw.com

d. Phone Number: (813)459-1996