



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Zoo Miami - Expansion/Renovation of the Animal Hospital & Rehab Facilities

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

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

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
	1,000,000	1,000,000

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	1,250,000	55.6%
TOTAL	1,250,000	55.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 2,250,000

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) 1

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

Local Funding Initiative Request - Fiscal Year 2018-2019

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:		1,000,000	1,000,000

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?

Expansion/renovation of the hospital and rehab facilities at Zoo Miami

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

Treatment, recovery, and rehabilitation of numerous endangered species in South Florida; and as a critical facility for endangered native wildlife in the event of a natural disaster, such as a hurricane. It would provide a central location for receiving injured, orphaned, or displaced animals.

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		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Phase 1 - Treatment wing addition & Phase 2 - Animal holding addition	1,000,000
TOTAL		1,000,000

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

Not Available

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

All residents and visitors in Florida – protecting our greatest economic driver – our natural resources

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

Facility for treatment, recovery & rehabilitation of Florida endangered species; Review of hospital 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?

Withhold a percentage of funding until deliverables are met.

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.

Miami-Dade County. Zoo Miami Foundation is Zoo Miami's support organization.

13. Requestor Contact Information:

a. Name: Maria Nardi

b. Organization: Parks, Recreation and Open Spaces

c. Email: maria.nardi@miamidade.gov

d. Phone Number: (305)755-7860

14. Recipient Contact Information:

a. Organization: Parks, Recreation and Open Spaces

b. County: Miami-Dade

c. Organization Type:

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

University or College

Other (Please specify)

d. Contact Name: Maria Nardi

e. E-mail Address: maria.nardi@miamidade.gov

f. Phone Number: (305)755-7860

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

a. Name: Jose Diaz

b. Firm: Robert M. Levy & Associates

c. Email: jdiazj@aol.com

d. Phone Number: (850)681-0254