1. **Title of Project:** Economic Study of Florida’s Oceans and Coasts - Florida Ocean Alliance

2. **Senate Sponsor:** Debbie Mayfield

3. **Date of Submission:** 01/12/2018

4. **Project/Program Description:**
   Economic Study of Florida’s Oceans and Coasts

5. **State Agency Contacted? Yes**
   a. If yes, which state agency? Department of Environmental Protection
   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:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>300,000</td>
<td></td>
<td>300,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>0</td>
<td>0.0 %</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 300,000

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.

<table>
<thead>
<tr>
<th>FY:</th>
<th>Input Prior FY Appropriation for this project for FY 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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?

Identify the impact of ocean & coastal industries on Florida’s economy. Provide report and recommendations so that strategic decisions can be made for expansion of jobs in ocean & coastal industries and growth of the state’s economy.

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

Completion of economic project 1 year from appropriations date. Review project design and draft report by Steering Committee and stakeholders. Final report and recommendations will guide Florida in expanding job growth in the ocean and coastal industries.

c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ Executive Director/Project Head Salary and Benefits</td>
<td>To direct and coordinate with research team to handle administrative tasks of project and assist with report, publications, meetings &amp; presentations, etc.</td>
<td>50,000</td>
</tr>
<tr>
<td>☐ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Operational Costs</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>------------------</td>
<td></td>
</tr>
<tr>
<td>☑ Salary and Benefits</td>
<td>Research Team (Principal Investigator, Economist, Res. Associate, Res. Assistants) to conduct research, analyze results and write report</td>
<td></td>
</tr>
<tr>
<td></td>
<td>120,000</td>
<td></td>
</tr>
<tr>
<td>☑ Expense/Equipment/Travel/Supplies/Other</td>
<td>Supplies, publications, printing, travel, mapping to conduct project; Oceans Day Conference to publicize results and recommendations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>☑ Consultants/Contracted Services/Study</td>
<td>National Ocean Economics Project Head who led first study that FDEP conducted for State, to assist with project design, analysis and recommendations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>80,000</td>
<td></td>
</tr>
</tbody>
</table>

Fixed Capital Construction/Major Renovation

<table>
<thead>
<tr>
<th>Construction/Renovation/Land/Planning Engineering</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>300,000</td>
</tr>
</tbody>
</table>

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

- **Job Growth and Industry Expansion in ocean and coastal industries**

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

- **Ocean & coastal industries across Florida**

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

- **Report and Recommendations for targeting job growth in ocean & coastal industries. Economic study to measure impact of these industries on Florida’s economy.**

**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?**
The Florida Senate
Local Funding Initiative Request - Fiscal Year 2018-2019

Penalize payments to Florida Ocean Alliance

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.

None

13. Requestor Contact Information:
   a. Name: Dr. Lenore Alpert
   b. Organization: Florida Oceans Alliance
   c. Email: Lalpert.foa@gmail.com
   d. Phone Number: (954)647-4097

14. Recipient Contact Information:
   a. Organization: Florida Oceans Alliance
   b. County: Broward
   c. Organization Type:
      - For Profit
      - Non Profit 501(c) (3)
      - Non Profit 501(c) (4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. Contact Name: Dr. Lenore Alpert
   e. E-mail Address: Lalpert.foa@gmail.com
   f. Phone Number: (954)647-4097

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: None
   b. Firm: None
   c. Email:
   d. Phone Number:

16. Have you applied for alternative state funding?

   - [ ] Wastewater Revolving Loan
   - [ ] Drinking Water Revolving Loan
   - [ ] Small Community Wastewater Treatment Grant
   - [ ] Other (Please describe)
   - [X] N/A
17. **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**

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

   *This project would not require construction.*

19. **What percentage of construction has been completed?**

   *This project would not require construction.*

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

   *This project would not require construction. Completion date unknown until data is collected.*