

The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

al Year 2021-2022 LFIR # 1062

1. Project Title	Zoo Miami - Expansion/Renovation of Animal Hospital							
2. Senate Sponsor	Ana Maria Rodri	guez						
3. Date of Request	01/19/2021							
4. Project/Program De	escription							
treatment, recovery and rehabi endangered native	ilitation of numerous	s endangered s r, such as a hur	pecie rican	s in South Florida; and rer	nd well as serve as	ni to serve the need for a critical facility for pital and rehabilitation		
5. State Agency to re-	ceive requested fu	nds Fish a	and W	Vildlife Conservation	Commission			
State Agency conta	acted? Yes							
6. Amount of the Non		for Fiscal Yea	ır 202	21-2022				
Type of Funding				Amount				
Operations				0				
Fixed Capital Outlay	/			500,000				
Total State Funds	Requested				500,000			
7. Total Project Cost f	or Fiscal Year 202	1-2022 (includ	ling n	natching funds avai	lable for this proj	ect)		
Type of Funding	Type of Funding			Amount	Percentage]		
Total State Funds Requested (from question #6)				500,000	6%			
Matching Funds			ı					
Federal				0	0%			
State (excluding the	State (excluding the amount of this request)			100,000	1%	_		
Local				6,000,000	62%	-		
Other				3,000,000	31%			
Total Project Costs	s for Fiscal Year 20)21-2022		9,600,000	100%			
8. Has this project pro	eviously received	state funding?	>	Yes				
Fiscal Year	Amo	ount		Specific	Vetoed]		
(уууу-уу)	Recurring	Nonrecurrir	ng	Appropriation #				
2018-19	0	100	,000					
_]	No		7		
9. Is future funding lil a. If yes, indicate n			[No				
a. If yes, indicate n	onrecurring amou	nt per year.		No				

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

The Miami-Dade Parks, Recreation & Open Spaces Department is seeking reimbursement for COVID-19 related expenses from the Coronavirus Relief Fund (\$13M) and FEMA (\$16M) for projects that directly impact the pandemic efforts.

11. 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		0					
Expense/Equipment/Travel/Supplies/ Other		0					
Consultants/Contracted Services/Study		0					
Fixed Capital Construction/Majo	r Renovation:						
Construction/Renovation/Land/ Planning Engineering	Expansion/renovation of the hospital and rehab facilities	500,000					
Total State Funds Requested (must equal total from question #6) 500,00							

12. Program Performance

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

Expansion/renovation of the hospital and rehab facilities at Zoo Miami will enable Zoo Miami to serve the need for treatment,

recovery, and rehabilitation of numerous endangered species in South Florida; as 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 rehab facilities will provide a central location for receiving injured, orphaned, or displaced animals.

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

Veterinary treatment, to include surgery as required, followed by recovery and rehabilitation care for injured and sick animals;

as well as coordination with local and state wildlife agencies to release rehabilitated native wildlife whenever possible.

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

Zoo Miami will be able to serve as a health care resource in the South Florida region for endangered native wildlife, critical to

the conservation and preservation of the environment.

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

General public in South Florida region - residents and annual attendance of almost 1 million visitors

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



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Treatment, recovery and rehabilitation of numerous endangered species in South Florida. The methodology for measuring outcomes will include hospital intake records and recorded contacts with FWC, USFWS and other organizations.

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?

Reduced collaborations involving wildlife intake, treatment, rehab, etc.

13. 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.

Zoo Miami is owned by Miami-Dade County.



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14.	Requestor Contact	Information							
	a. First Name	Maria	Last Name	Nardi					
	b. Organization	Miami-Dade Parks, Recreation & Open Spaces Department							
	c. E-mail Address	Maria.Nardi@miamidade.gov							
	d. Phone Number	(305)755-7903 Ext.							
15.	Recipient Contact	Information							
	a. Organization	Zoo Miami Foundation							
	b. Municipality and	County Miami-Dad	le						
	c. Organization Type								
	□For Profit Entity	ntity							
	☑Non Profit 501(c	1(c)(3)							
	□Non Profit 501(c	(c)(4)							
	□Local Entity								
	□University or Co	niversity or College							
	□Other (please specify)								
	d. First Name	William "Bill"		Last Name	Moore				
	e. E-mail Address	bmoore@zoomiami.org							
	f. Phone Number	(305)255-5551							
16.	16. Lobbyist Contact Information								
	a. Name	None							
	b. Firm Name	None							
	c. E-mail Address	S							
	d. Phone Number								