

LFIR # 2303

- 1. Project Title Zoo Miami Expansion/Renovation of Animal Hospital
- 2. Senate Sponsor Ana Maria Rodriguez
- **3. Date of Request** 01/14/2022

4. Project/Program Description

Expansion/renovation of the hospital and rehabilitation facilities at Zoo Miami will enable Zoo Miami to serve the need for treatment, recovery and rehabilitation of numerous endangered species in South Florida; and 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 rehabilitation facilities will provide a central location for receiving injured, orphaned or displaced animals.

5. State Agency to receive requested funds

Fish and Wildlife Conservation Commission

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

| Type of Funding | Amount |
|-----------------------------|---------|
| Operations | 0 |
| Fixed Capital Outlay | 500,000 |
| Total State Funds Requested | 500,000 |

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

| Type of Funding | Amount | Percentage | |
|--|-----------|------------|--|
| Total State Funds Requested (from question #6) | 500,000 | 6% | |
| Matching Funds | | | |
| Federal | 0 | 0% | |
| State (excluding the amount of this request) | 100,000 | 1% | |
| Local | 6,000,000 | 62% | |
| Other | 3,000,000 | 31% | |
| Total Project Costs for Fiscal Year 2022-2023 | 9,600,000 | 100% | |

8. Has this project previously received state funding? Yes

Fiscal Year
(уууу-уу)AmountSpecific
Appropriation #Vetoed2021-220100,000No

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.

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

No

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



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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 | | 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 hospitaland 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 tothe 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?

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-Dad | Spaces Department | | | | |
| | c. E-mail Address | Maria.Nardi@miamidade.gov | | | | | |
| | d. Phone Number | (305)755-7 | 903 | Ext. | | | |
| 15. | 15. Recipient Contact Information | | | | | | |
| | a. Organization | Zoo Miami Foundation | | | | | |
| | b. Municipality and County Miami-Dade | | | | | | |
| | c. Organization Type | | | | | | |
| | □For Profit Entity | For Profit Entity | | | | | |
| | ⊠Non Profit 501(c | (c)(3) | | | | | |
| | □Non Profit 501(c | l (c)(4) | | | | | |
| | □Local Entity | | | | | | |
| | □University or Co | College | | | | | |
| | □Other (please sp | specify) | | | | | |
| | d. First Name | William | | Last Name | Moore | | |
| | e. E-mail Address | bmoore@zoomiami.org | | | | | |
| | f. Phone Number | (305)255-5551 | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | |
| | a. Name | | | | | | |
| | b. Firm Name | None | | | | | |
| | c. E-mail Address | | | | | | |

d. Phone Number