

LFIR # 2609

1.	Project Title	Pelican Harbor Seabird Station Phase 1										
2.	Senate Sponsor	Ileana Garcia										
3.	Date of Request	12/08/2021										
4.	Project/Program De	escription										
Pelican Harbor continues to grow, currently we treat 2,500 native wildlife patients of 125+ different species rangi hummingbirds to pelicans and bald eagles. We have treated over 9,000 brown pelicans and over 37,000 patients a 50%+ release rate back into the wild to breed and enhance local wildlife populations. This appropriation will hel new facility that will allow us to continue to treat these patients in a safe environment.												
5.	State Agency to re			and Wildlife Conservation Commission								
	State Agency conta	acted? Yes										
6. .	Amount of the Non	recurring Request f	or Fiscal Yea	r 2022-20	23							
	Type of Funding	J 14			Amount							
	Operations				Alli	-						
	Fixed Capital Outlay					<u>0</u> 500,000	+					
	Total State Funds					500,000						
1.	Total Project Cost f	or Fiscal Year 2022	2-2023 (includ	ing matc	ning funds ava	allable for this proj	ect)					
	Type of Funding			Α	mount	Percentage						
	Total State Funds R		500,000	33%	_							
	Matching Funds	ching Funds					1					
	Federal State (excluding the amount of this request)			0		0%	1					
					0							
	Local				0	0%	†					
	Other				1,000,000	67%	_					
Total Project Costs for Fiscal Year 2022-2023					1,500,000	100%						
8.	Has this project pro	eviously received s	tate funding?	No								
	Fiscal Year	Amo	unt		Specific	Vetoed]					
	(уууу-уу)	Recurring	Nonrecurrir	ng Ap	propriation #							
9.	Is future funding lil	kelv to be requested	d?	No								
	•]					
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 req	uesting this project	t received an	v federal	assistance rel	ated to the COVID-	19 pandemic?					
. •				,								
	Yes											
	If yes, indicate the	amount of funds re	eceived and v	vhat the f	unds were use	ed for.						



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\$199,000 in PPP over PPP 1 & 2 (two years); We also received \$15,000 in EIDL We used the funded to pay our staff.

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	These funds will help support the construction of a new facility that will allow us to expand our care for injured wildlife as well as educate the public on best management practices to avoid these injuries and coastal management issues.	500,000					
Total State Funds Requested (m	ust equal total from question #6)	500.000					

12. Program Performance

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

Pelican Harbor continues to grow, currently we treat 2,500 native wildlife patients of 125+ different species ranging from hummingbirds to pelicans and bald eagles. We have treated over 9,000 brown pelicans and over 37,000 patients total, with a 50%+ release rate back into the wild to breed and enhance local wildlife populations. This appropriation will help fund the new facility that will allow us to continue to treat these patients in a safe environment.

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

The public will receive a free green space/park to recharge in nature 365 days a year, as well as multiple environmental education exhibits, exposure to education ambassador animals. Most importantly, all native wildlife patients brought in by the public will receive professional medical care free of charge from our team of veterinarians and staff.

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

The total project is \$11,500,000. The direct services provided to the public from this funding request will help with the construction of a new facility as well as the completion of a nature park, education center, wildlife hospital, manatee viewing location and Tequesta Indian archaeological preserve with exhibits.

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

The entire South Florida region and visitors.

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

We will see a increase in community involvement in little river cleanup efforts, better care for more wildlife and education to the public on best management practices involving the environment.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties



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for failing to meet deliverables or performance measures provided for the contract?

If deliverables are not met (i.e.construction of a native wildlife hospital and environmental education center) the FDEP will issue or reclaim the funds.

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.

This is a non-profit facility



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14. Rec	14. Requestor Contact Information									
a. F	irst Name	Christopher		Last Name	Boykin					
b. C	rganization	Pelican Harbor Seabird Station, Inc.								
c. E	-mail Address	christopher@pelicanharbor.org								
d. P	hone Number	(786)942-9156 Ext.								
15. Recipient Contact Information										
a. C	a. Organization Pelican Harbor Seabird Station, Inc.									
b. Municipality and County Miami-Dade										
c. O	c. Organization Type									
	For Profit Entity	Entity								
Ø	Non Profit 501(c	501(c)(3)								
	Non Profit 501(c	ofit 501(c)(4)								
	Local Entity	∃ntity								
	□University or College									
	□Other (please specify)									
d. F	irst Name	Christoph	ner	Last Name	Boykin					
e. E	-mail Address	christopher@pelicanharbor.org								
f. P	hone Number									
16. Lobbyist Contact Information										
a. N	lame	Melissa Joiner Ramba								
b. F	irm Name	Floridian Partners LLC								
c. E	-mail Address	Melissa@flapartners.com								
d. P	hone Number	ber (850)681-0024								