

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1656

1. Project Title Pelican Harbor Seabird Station Phase 2

2. Senate Sponsor Alexis Calatayud

**3. Date of Request** 11/14/2023

#### 4. Project/Program Description

Pelican Harbor continues to grow, currently we treat 2,250 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 42,000 patients total, with a 60%+ 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.

5. State Agency to receive requested funds

Fish and Wildlife Conservation Commission

| State Agency | contacted? | No |
|--------------|------------|----|
|--------------|------------|----|

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operations                  | 0       |
| Fixed Capital Outlay        | 750,000 |
| Total State Funds Requested | 750,000 |

#### 7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

| Type of Funding                                | Amount    | Percentage |
|--|-----------|------------|
| Total State Funds Requested (from question #6) | 750,000   | 43%        |
| Matching Funds                                 |           |            |
| Federal  | 0         | 0%         |
| State (excluding the amount of this request)   | 0         | 0%         |
| Local  | 0         | 0%         |
| Other  | 1,000,000 | 57%        |
| Total Project Costs for Fiscal Year 2024-2025  | 1,750,000 | 100%       |

8. Has this project previously received state funding? No

| Fiscal Year | Amount    |              | Specific        | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |
|             |           |              |                 |        |

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.



### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

#### 11. Status of Construction

a. What is the current phase of the project?

| O Planning        | 💽 Design          | Construction          | 🔘 N/A |       |  |
|-------------------|-------------------|-----------------------|-------|-------|--|
| b. Is the project | "shovel ready" (  | i.e permitted)?       |       | Yes   |  |
| c. What is the es | stimated start da | te of construction?   |       | 12/23 |  |
| d. What is the es | stimated comple   | tion date of construc | tion? | 12/24 |  |

12. List 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

#### 13. Details on how the requested state funds will be expended

| Spending Category   | Description  | Amount  |
|---|--|---------|
| Administrative Costs:   |  |         |
| Executive Director/Project Head<br>Salary and Benefits          |  | 0       |
| Other Salary and Benefits                                       |  | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other                     |  | 0       |
| Consultants/Contracted<br>Services/Study                        |  | 0       |
| Operational Costs: Other  |  |         |
| Salary and Benefits   |  | 0       |
| Expense/Equipment/Travel/Supplies/<br>Other                     |  | 0       |
| Consultants/Contracted<br>Services/Study                        |  | 0       |
| Fixed Capital Construction/Majo                                 | r Renovation:  |         |
| Construction/Renovation/Land/<br>Planning Engineering           | These funds will help support the construction of a new facility that will<br>allow us to expand our care for injured wildlife as well as educate the<br>public on best management practices to avoid these injuries and<br>coastal management issues. | 750,000 |
| Total State Funds Requested (must equal total from question #6) |  |         |

#### 14. 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?



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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 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 relclaim the funds.

#### **15. Requester Contact Information**

| •                                     |  |           |        |  |
|---------------------------------------|--|-----------|--------|--|
| a. First Name                         | Christopher  | Last Name | Boyki  |  |
| b. Organization                       | Pelican Harbor Seabird Station, Inc.                 |           |        |  |
| c. E-mail Address                     | christopher@pelicanharbo                             | or.org    |        |  |
| d. Phone Number                       | (786)942-9156 <b>Ext.</b>                            |           |        |  |
| 16. Recipient Contact                 | 16. Recipient Contact Information                    |           |        |  |
| a. Organization                       | a. Organization Pelican Harbor Seabird Station, Inc. |           |        |  |
| b. Municipality and County Miami-Dade |  |           |        |  |
| c. Organization Type                  |  |           |        |  |
| □For Profit Entity                    |  |           |        |  |
| ☑Non Profit 501(c)(3)                 |  |           |        |  |
| □Non Profit 501(c                     | 2)(4)  |           |        |  |
| □Local Entity                         |  |           |        |  |
| □University or College                |  |           |        |  |
| □Other (please specify)               |  |           |        |  |
| d. First Name                         | Christopher  | Last Name | Boykin |  |
| e. E-mail Address                     | christopher@pelicanharbo                             | or.org    |        |  |



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| f. Phone Number | (786)942-9156 |
|-----------------|---------------|
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#### 17. Lobbyist Contact Information

b. Firm Name

Floridian Partners LLC

c. E-mail Address Melissa@flapartners.com

Melissa Joiner Ramba

**d. Phone Number** (850)681-0024