

LFIR # 1792

1. Project Title	Zoo Miami Manatee Critical Care/Oceania Expansion	
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2. Senate Sponsor Alexis Calatayud

3. Date of Request 11/27/2023

4. Project/Program Description

Zoo Miami, in conjunction with FWC, proposes to build an on-site manatee rescue, rehabilitation, and release critical care center. Currently, there are only three manatee critical care centers in the United States, with the closing one being in Orlando. For injured or sick manatees, this means they must be transported over several hours before receiving appropriate medical care. With the success of Zoo Miami's Sea Turtle Hospital opened last year, the team here has the unique experience of planning, designing, constructing, and opening a brand new medical care facility for local imperiled wildlife species. We will use this experience to ensure a new manatee facility will be effective in providing essential emergency medical care and long-term treatment, as well as powerful guest engagement and educational experiences for youth.

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 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,371,500
Total State Funds Requested	1,371,500

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)	1,371,500	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,371,500	50%
Total Project Costs for Fiscal Year 2024-2025	2,743,000	100%

8. Has this project previously received state funding?

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

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 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 O Design O Construction O N/A

- b. Is the project "shovel ready" (i.e permitted)?
- c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

No

04/31/2027

12/31/2028

Zoo Miami Foundation is a 501(c)(3) nonprofit organization.

13. 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	Funds will be spent on services required to plan, design, and permit the construction of the new Zoo Miami Manatee Critical Care a& Rehab Facility. Estimated timeline for this phase of the project is 27 months, 8 months for initiation and scoping, 16 months for design, and 3 months for permitting.	1,371,500
Total State Funds Requested (m	ust equal total from question #6)	1,371,500

14. Program Performance

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



The funds would support the planning phase of the manatee critical care facility. The is the first phase of a multi-year project culminating in a \$15 million+ state-of-the-art facility dedicated to saving manatees.

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

Upon completion, Zoo Miami will have the capability to transport, house, care for, and release sick and injured manatees. Medical services include capabilities to perform advanced medical examinations, necessary surgical procedures, ad individualized dietary plans to treat manatees affected by boat strikes, fishing entanglements, disease, and other maladies.

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

Florida manatees are considered a keystone species, instrumental in maintaining the ecosystem of our bays and beaches. Preserving these areas for the public to enjoy is critical to South Florida's perception and tourism. On-site, citizens will get to see and learn about manatees, the dangers they face, and things they can do to help save the species.

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

General public in the South Florida region Zoo Miami's guests, numbering 1 million+ per year

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

be measured?

Rescue, rehabilitation, and release of numerous manatees in South Florida. The methodology for measuring outcomes will include manatee intake records, number of successful releases, and recorded contacts with FWC 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?

Nonpayment until deliverables are met

15. Requester Contact Information

a. First Name	Jose	Last Name	Romano
b. Organization	Zoo Miami Foundation		
c. E-mail Address	jromano@zoomiami.org		
d. Phone Number	(305)255-5551	Ext.	

16. Recipient Contact Information

a. Organization Zoo Miami Foundation, Inc.

b. Municipality and County | Miami-Dade

c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

 \Box Non Profit 501(c)(4)

□Local Entity

□University or College



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□Other	(please	specify)
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d. First Name	Jose	Last Name	Romano
e. E-mail Address	jromano@zoomiami.org		
f. Phone Number	(305)255-5551		

17. Lobbyist Contact Information

a. Name	Avery R Lopez	
b. Firm Name	The Southern Group	
c. E-mail Address	lopez@thesoutherngroup.com	
d. Phone Number	(850)671-4401	