

Operations

Fixed Capital Outlay

**Total State Funds Requested** 

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

**LFIR # 2368** 

1,000,000

1,000,000

1. Pro	ject Title	Kilroy Monitoring System	s in the Indi	an River Lago	on			
2. Sen	ate Sponsor	Gayle Harrell						
3. Dat	e of Request	12/15/2023						
4. Pro	ject/Program De	escription						
s3.3 Mai of s con alm	st. The lagoon is fillion, supporting critical water quoradic sampling ditions, and wate ost constantly. St	goon (IRL) is a diverse, sha an important economic reso ng 15,000 full and part-time uality parameters effecting p . Kilroys have been installed r depth, and can accommod ationing additional Kilroys a uting the most pollution and	ource to the jobs and proposition measured to measured to key dischall the control of the contro	state, providir oviding recrea asurement ch e flow speed, nal instruments arge points in t	ng a total estin tional opportu ange during d flow direction, s to monitor of the IRL will all	nated annua nities for 11 laily cycles, water temp ther water qu	al econom million p reducing erature, v uality par	nic value of eople annually the usefulness wave rameters
5. Sta	te Agency to rec	eive requested funds	Departme	nt of Environm	nental Protecti	on		
Stat	e Agency conta	cted? Yes						
6. Amo	ount of the Nonr	ecurring Request for Fisc	al Year 202	4-2025				
Тур	e of Funding				Amount			

### 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)	1,000,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	250,000	20%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,250,000	100%

8. Has this project previously received state funding?

Yes	
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Fiscal Year	Amo	ount	Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	250,000	1,000,000	1266	No	

9. Is future funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

1,000,000

b. Describe the source of funding that can be used in lieu of state funding.

ORCA avails itself of grant funds from the water management districts and local governments when available.



Yes

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

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0

0

0

300,000

660,000

1,000,000

If yes, indicate the amount of	funds received and what the funds were used for.	
In 2020, we received \$196,270 supported by grants and/or cor	O. Used to cover the salary of our full-time employees who were not stracts for a 24-week period.	
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 N/A	
b. Is the project "shovel read	y" (i.e permitted)?	
c. What is the estimated start	date of construction?	
d. What is the estimated com	pletion date of construction?	
	y to receive, directly or indirectly, any fixed capital outlay funding. mers of the facility and the entity.	Include the
13. Details on how the requested	d state funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Review of data and providing direction for the ORCA team	40,000
Other Salary and Benefits		

### 14. Program Performance

Planning Engineering

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

**Fixed Capital Construction/Major Renovation:** 

Consultants/Contracted

Consultants/Contracted

**Operational Costs: Other** 

Construction/Renovation/Land/

Services/Study

Services/Study

Salary and Benefits

Other

Other

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

Total State Funds Requested (must equal total from question #6)

Engineering, Field Technicians and supporting staff

for nutrient analysis, lab analysis, equipment maintenance

Construct additional systems for deployment, repair parts, chemicals



Loss of funding for the project.

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Continue to maintain existing Kilroy monitoring systems and expand monitoring systems in the IRL LOB area. Data from this project will allow agencies, counties and cities to assess compliance with established TMDLs and make informed decisions for compliance and other matters affecting waters of the Indian River Lagoon.

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

Expand monitoring systems and continued upkeep and maintenance of deployed real time water quality monitoring systems in 5 counties along the Indian River Lagoon.

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

Data from the Kilroy Monitoring systems will be available through ORCA's web page - www.teamorca.org.

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

Agencies, counties and cities to assess compliance and make informed decisions for managing the waters of their respective areas as well as NGO's, classrooms, and private citizens interested in water quality.

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

Provide real time data on Indian River Lagoon water quality for agencies, local governments, classrooms and citizens.

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?

15. Requester Contact Information						
a. First Name	Warren		Last Name	Falls		
b. Organization	Ocean Research and Conservation Association, Inc. (ORCA)					
c. E-mail Address	wfalls@te	wfalls@teamorca.org				
d. Phone Number	(772)562	-9052	Ext.			
16. Recipient Contact	16. Recipient Contact Information					
a. Organization	a. Organization Ocean Research and Conservation Association, Inc. (ORCA)					
b. Municipality and County Indian River						
c. Organization Type						
□For Profit Entity	□For Profit Entity					
☑Non Profit 501(d	☑Non Profit 501(c)(3)					
□Non Profit 501(d	□Non Profit 501(c)(4)					
□Local Entity	□Local Entity					
□University or College						
□Other (please sp	□Other (please specify)					
d. First Name	Warren		Last Name	Falls		



**d. Phone Number** (866)960-5939

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

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wfalls@teamorca.org				
(===)====				
(772)562-9052				
17. Lobbyist Contact Information				
a. Name Frank S. Bernardino				
b. Firm Name Anfield Consulting				
noreen@anfieldflorida.com				