

LFIR # 2644

1. Project Title	Protect Wild Dolphins Alliance Statewide Disaster Planning & Recovery for Marine Mammal Facilities		

2. Senate Sponsor Ana Maria Rodriguez

**3. Date of Request** 12/29/2023

### 4. Project/Program Description

1) Enhance regional response capabilities when mass or large whale strandings take place in a region identified by NOAA as a "Hotspot" for such magnitude events; 2) Support FWCC to provide timely response and ability to triage and rehabilitate Florida Manatee within the local region where incidents occur; 3) Provide means of protecting seven regional facilities from external threats, and provide a safe, reliable means of evacuating animals and staff in advance of catastrophic weather events. 4) Integrate with educational institutions and increase public awareness to protect vital State natural resources. 5) Provide otherwise unobtainable management yield to State and Federal resource agencies.

5. State Agency to receive requested funds

Department of Environmental Protection

State Agency contacted?

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

No

Type of Funding	Amount
Operations	550,000
Fixed Capital Outlay	0
Total State Funds Requested	550,000

### 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)	550,000	67%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	265,000	33%
Total Project Costs for Fiscal Year 2024-2025	815,000	100%

### 8. Has this project previously received state funding? No

ount	Specific

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.

Specialty License Plate funding from the Protect Marine Wildlife plate. Additional funding will be provided by corporate sponsorships, philanthropic giving and government grants (e.g., NFWF, NOAA Fisheries, etc).



### 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**

Construction

### 11. Status of Construction

a. What is the current phase of the project?

	🔵 Plan	ning	🔵 De	sign		Construct	ic
b.	Is the p	oroject	"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.

N/A

### 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	Program Manager salary and benefits to conduct acquisition, maintenance, deployment and operation of rescue response and recovery assets within Monroe County. Program Manager will also coordinate with all state and federal agencies, as well as all regional stakeholders to optimize utilization of equipment, materials and supplies.	50,000
Expense/Equipment/Travel/Supplies/ Other	Equipment includes acquisition of a custom designed marine mammal ambulance to transport/evacuate marine animals (manatee, whales, dolphins); 4WD First Responder Pick-Up Truck; Rescue Boat and Trailer; Capture/Recovery Net; Emergency Triage Pool w/Portable Filtration/Pump and Generator; Oil Booms for all Monroe marine mammal facilities.	500,000
Consultants/Contracted Services/Study	No contractors or consultants will be utilized.	0
Fixed Capital Construction/Major	Renovation:	
Construction/Renovation/Land/ Planning Engineering		0



LFIR # 2644

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

550,000

### 14. Program Performance

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

Funding will develop pro-active means and methods to successfully protect numerous Monroe County based marine themed zoological facilities, authorized for 'public display' of rare, endangered, threatened, and protected species. Same funding will also provide necessary resources to rescue and provide critical care capacity for sick or injured marine mammals (e.g., manatee, whales, dolphins), in an area where no such facilities exist. A primary goal is to increase public awareness about Florida Conservation programs and increase cooperation and collaborations with state and federal agencies (e.g., FWC, UFWS, NPS, NOAA).

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

Activities include the design, acquisition, and implementation of (2) specialized vehicles; (1) net capture vessel; (1) rescue net, oil booms, triage pool and life support systems. Services to include the coordination, maintenance, and use of strategically located resources, as well as coordinating efforts and training with each regional stakeholder, FWC and NOAA Fisheries. Services will also include public awareness campaigns to educate the public and visitors on environmental conservations practices and policy.

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

As 'Sentinels of Ocean and Human Health', wild dolphins, manatee and whales are living barometers of environmental health on which all of Florida's economy depends. Presently, there are no critical care 'triage' facilities to offer care and assistance to sick or injured animals, and limited means to transport animals to other facilities 8-10 hours distant. Further, there are (7) Keys coastal facilities that house priceless zoological collections, employee hundreds of staff and educate and inspire millions of tourists about Florida's vital natural resources. In the event of a hurricane, oil spill or the need to evacuate or temporarily house animals these direct services would provide valuable resources to aid the County's proactive disaster plans.

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

Target population includes residents and visitors to Monroe County, FL. Additional services are provided to state (FWC) and federal (NOAA) agencies, as well as the staff, and zoological collection consisting of more than one hundred rare/endangered, threatened and protected species.

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

#### be measured?

Development of a Pro-Active Disaster Preparation and Recovery Plan will aid and help protect seven Monroe County tourism facilities, hundreds of staff and more than one hundred endangered, threatened, and protected species. Additional benefits are provided to FWC Manatee Recovery Program and NOAA Fisheries Marine Mammal Health and Stranding Response Network, as well as numerous regional stakeholders and out of network partners. Outcomes will be measured by post implementation surveys with all beneficiary organizations, agencies, and individuals.

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?

Funding would be withheld via a grant agreement with FWC for deliverables not achieved.

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

a. First Name	Stephen	Last Name	McCulloch
b. Organization	Protect Wild Dolphins Allia	ance, Inc.	
c. E-mail Address	dolphinrescue@yahoo.co	m	
d. Phone Number	(772)234-0070	Ext.	

**16. Recipient Contact Information** 



LFIR # 2644

a. Organization	Protect V	Vild Dolphins Allia	ance, Inc.					
b. Municipality and	d County	Statewide						
c. Organization Type								
□For Profit Entity								
☑Non Profit 501(d	☑Non Profit 501(c)(3)							
□Non Profit 501(	c)(4)							
□Local Entity								
□University or Co	llege							
□Other (please s	□Other (please specify)							
d. First Name	Stephen		Last Name	McCulloch				
e. E-mail Address	dolphinre	escue@yahoo.co	m					
f. Phone Number	(772)234	-0070						
17. Lobbyist Contact	nformatio	on						
a. Name	None							
b. Firm Name								
c. E-mail Address								
d. Phone Number								