



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1843

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Further develop, enhance and expand innovative science-based coral restoration technologies that have demonstrated success, allow for physical coral habitat restoration work to be completed, provide ex-situ life support systems for threatened coral types, increase genetic diversity for reproduction and out-planting. The funding is also for developing additional strategically located in-situ and ex-situ coral nurseries for increasingly efficient and efficient coral reef habitat restoration.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	80%
Matching Funds		
Federal	250,000	10%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	10%
Total Project Costs for Fiscal Year 2026-2027	2,500,000	100%

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	2016A	No

9. Is future-year 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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction ☐ 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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. 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		
Salary and Benefits	Scientists, technicians and intern salaries and benefits to conduct coral research, maintain coral gene bank and restoration nurseries, and conduct multi-species coral habitat restoration work, with increased focus on resiliency to disease and high-water temperature events.	1,000,000
Expense/Equipment/Travel/Supplies/Other	Operation and maintenance of existing Summerland Key, Key Largo, and Islamorada ex-situ coral nurseries and existing in-situ coral nurseries, along with expansion of new coral nurseries/restoration (i.e. Mote agreements w/ Pennekamp Coral Reef and MacArthur Beach State Parks), and extreme event recovery infrastructure that are all strategically located for efficiency and partnerships.	1,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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



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

Expand science-based technology to enhance resilient coral restoration and increase survival, develop strategically located nurseries for efficient and effective restoration along entire FL reef tract, educate the public and visitors on value of coral reefs, and expedite recovery from extreme temperature and disease events, while establishing contingencies for future extreme environmental events.

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

Florida's coral reefs are the third largest living reef on the planet. The direct services of restored coral reefs are their numerous ecological, aesthetic, economic and cultural functions - providing habitats for over 6,000 marine species, attracting 16 million visitors per year, and supports over 71,000 local jobs, drawing \$6.3 billion to Florida economy.

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

All Florida residents and visitors, specifically commercial and recreational fishing, diving, restaurant, hotel and tourism industries. Millions of individuals are expected to be served.

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

Restored coral reefs benefiting Florida's coastal ecology and economy. FWC grant agreement deliverables will ensure outcomes are achieved.

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 in the contract?

Grant agreement penalties will include Financial Consequences percentages and withholding Reimbursement for anything not accomplished.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

a. If Yes, what phase best describes the project?

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:



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b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- ☐ For Profit Entity
- ☒ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information



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a. Name	<input type="text" value="David A. Shepp"/>
b. Firm Name	<input type="text" value="The Southern Group"/>
c. E-mail Address	<input type="text" value="shepp@thesoutherngroup.com"/>
d. Phone Number	<input type="text" value="(850)671-4401"/>

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.