Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lowry Park Zoo Manatee Hospital

2. Date of Submission: <u>01/11/2017</u>3. House Member Sponsor: Jake Raburn

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

 If answer to 4a is "NO" skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring.)		
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring Request (Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)
Input Amounts:		1,000,000			1,000,000	1,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No 5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Fish and Wildlife Conservation Commission

- 6. Requester:
 - a. Name: Lawrence Killmar, Ph.D.
 - b. Organization: Lowry Park Zoological Society of Tampa, Inc
 - c. Email: Larry.Killmar@LowryParkZoo.org
 - d. Phone #: (813)935-8552
- 7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):
 - a. Name: Lawrence Killmar, Ph.D.
 - b. Organization: Lowry Park Zoological Society of Tampa, Inc
 - c. Email: Larry.Killmar@LowryParkZoo.org
 - d. Phone #: (813)935-8552
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: Kimberly Case
 - b. Firm: Holland & Knight LLP
 - c. Email: Kimberly.Case@hklaw.com
 - d. Phone #: (850)425-5603
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: Lowry Park Zoological Society of Tampa, Inc.
 - b. County (County where funds are to be expended): Hillsborough
 - c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit

 - O Non Profit 501(c) (4)
 - O Local Government

0	Univer	sity or College
0	Other ((Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Lowry Park Zoo provides a service to the State of Florida by treating injured and sick manatees. The manatee is listed as endangered under the federal Endangered Species Act.

For the past two years, the Legislature has appropriated, and the Governor has approved \$2 million (\$1,000,000 each year) in non-recurring GR for the Life Support System upgrades. The current request of \$1,000,000 in non-recurring GR will allow the Zoo to complete this important project.

12. Provide specific details on how funds will be spent. (Select all that apply)

Newsonia Specific details of the Specific Specif				
Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter "0" if request is zero for the category		
Administrative Costs:				
□a. Executive Director/Project Head Salary and Benefits				
□b. Other Salary and Benefits				
□c. Expense/Equipment/Travel/Supplies/Other				
□d. Consultants/Contracted Services/Study				
Operational Costs:				
☐e. Salaries and Benefits				
☐f. Expenses/Equipment/Travel/Supplies/Other				
☐g. Consultants/Contracted Services/Study				
Fixed Capital Construction/Major Renovation:				
☑h. Construction/Renovation/Land/Planning Engineering	Provide manatee critical care, conserve water, educate 1M	1,000,000		

	residents/visitors	
TOTAL		1,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if "h. Fixed Capital Outlay" was not selected, question 13 is not applicable)

OFor Profit

⊙Non Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

Hillsborough County delegation priority project; Florida Fish and Wildlife Conservation Commission partnership; Hillsborough County Cultural Asset Preservation Program support for ancillary projects (replace underwater viewing windows; repair and resurface Hospital critical care and rehab pool surfaces); State of Florida Oceanaria Fund. Numerous private donors.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? Yes
 - 16a. Please Describe:

PCA Global completed a Field Assessment Report on 4/29/14 and a Schematic Design Report on 2/24/16 to identify, prioritize and sequence renovations necessary to upgrade the manatee Life Support System (LSS), improve the quality of water in the exhibit, reduce maintenance requirements, and provide a better environment for the animals in the Manatee Hospital.

17. Will the requested funds be used directly for services to citizens?

<u>No</u>

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit	
□Improve physical health			
□Improve mental health			
☑Enrich cultural experience	Allow access to manatee viewing	Creating clear water for optimal viewing	
□Improve agricultural production/promotion/education			
☑Improve quality of education	More than 140,000 students from all of the state of Florida will benefit.	Audited attendance from school districts.	
☑Enhance/preserve/improve environmental or fish and wildlife quality	Release healthy manatees into the wild population.	FWC documentation of manatee releases.	
□Protect the general public from harm (environmental, criminal, etc.)			
□Improve transportation conditions			
☑Increase or improve economic activity	The zoo has an annual economic impact of \$50M. The manatee hospital will increase attendance and revenue.	Audited financials.	
☑Increase tourism	Manatees can only be seen few places in the world. Lowry Park Zoo is the only non-profit manatee hospital in the world.	Auditing percentage increase of tourists in market.	
☑Create specific immediate job opportunities	Project will create construction and other jobs during project phases.	Evaluate number of jobs provided.	

□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
☑Improve wastewater management	Reduce burden to sanitary sewer	Meter flow to sanitary sewer
☑Improve stormwater management	Reduce burden to drain system	Reduce burden.
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
☑Other (Please describe): Provide critical care to Federally protected Florida manatees.	Number of sick, injured, orphaned manatees treated.	Medical records of manatees treated.

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations Project Request:	1,000,000	100.0%	N/A
2. Federal:	0	0.0%	No
State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,000,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? $\underline{\text{No}}$