

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lowry Park Zoo Manatee Hospital
2. Date of Submission: 10/24/2017
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, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		500,000	500,000		500,000	500,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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? Fish and Wildlife Conservation Commission
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Expenses will not be reimbursed.

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:

- 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. Is there a registered lobbyist working to secure funding for this project?

- 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:

- 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)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- 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 services to the State of Florida by treating injured and sick manatees, listed as threatened under the Federal Endangered Species Act. For the past 3 years, the legislature has approved, and the Governor has approved 2.5M (1M in each of FY 2015-16 and FY 2016-17, 500k in FY 2017-18) in non reoccurring GR for the life support system upgrades. The current request for 500k 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)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	Provide manatee critical care, protect water quality, educate more than 1M zoo visitors.	500,000
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (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; Fish and Wildlife Conservation Commission partnership; Hillsborough Cultural Asset Preservation Program for ancillary projects.

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, improve water quality in the exhibit, reduce maintenance requirements, and provide a better environment for the animals.

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

No

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit

<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Allow 1M zoo visitors to annually experience the manatees close up.	Monitor water clarity for optimal viewing.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Annually, more than 140,000 students on field trips and 1500 children in zoo camps and zoo pre school view the manatees up close.	Audited attendance from school districts; zoo camps pre-school registrations.
<input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality	Sick, injured, orphaned manatees receive critical care and healthy manatees are released back into the population.	FWC documentation of manatee releases.
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Construction and other jobs during the project phases.	Evaluate number of jobs provided.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		

<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input checked="" type="checkbox"/> Improve wastewater management	Reduce burden to sanitary sewer	Meter flow to sanitary sewer
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input checked="" type="checkbox"/> Other (Please describe): Provide crital and rehabilitative care to manatees	Number of sick, orphaned manatees treated.	Medical records of manatees treated.

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	500,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. 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	500,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No