



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3582

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To further support and expand shellfish aquaculture activities along Florida's Gulf Coast by providing funding for research, development, and expansion of oyster and clam hatchery and nursery programs.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operations	3,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>3,000,000</b>

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)	3,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>3,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
				No

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.

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

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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Individual nursery and hatchery operations may have received funds under various programs (SBA, USDA programs) related to COVID-19 federal assistance if they chose to apply. Applicants for this grant program will be asked if they received COVID funds.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. 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?

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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Fee to the Florida Shellfish Aquaculture Association to provide technical assistance and convene industry stakeholders to evaluate and make recommendations to DACS for grants.	10,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Grants will be available to assist with initial startup or expansion costs for aquaculture shellfish hatcheries and nurseries including innovative proposals and research which will increase the overall availability of seed in the state.	2,990,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

### 14. Program Performance

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

To further support and expand shellfish aquaculture activities along Florida's Gulf Coast by providing funding for research, development, and expansion of oyster and clam hatchery and nursery programs.



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

Owners of AQ Lease permits will be able to apply for one-time grant funding that will support hatchery and nursery research, development, or expansion.

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

Researchers, existing nursery and hatchery operations, and aquaculture farmers in general will be able to use these funds to expand oyster and clam seed availability, which will have the net effect of increasing the amount of fresh seafood available to consumers in the state and create jobs.

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

Shellfish nurseries and hatcheries and farmers, 101-200

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

Improve agricultural production- There is currently a high demand for shellfish "seed" which farmers must purchase each year for planting. The demand exceeds the market supply, and as the aquaculture industry faces more frequent and stronger hurricanes, warm seas, and other issues that affect product, having reliable access to good quality seed is important. Improve fish and wildlife quality- shellfish farms promote marine biodiversity, improve water quality and clarity, and mitigate upland sources of nutrients. The presence of shellfish in water bodies is often used as a key component of restoration efforts. More clams and oysters in the water will result in cleaner water. Clams and oysters are a key part of resiliency efforts in coastal communities, can help prevent erosion associated with sea level rise. Farmers are required by statute to report their yields to DACS, and nurseries and hatcheries are also required to report data. We are able to measure the outcome by tracking this.

**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?**

Return of funds

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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



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Other (please specify) State Agency

**d. First Name**  **Last Name**   
**e. E-mail Address**   
**f. Phone Number**

#### 17. Lobbyist Contact Information

**a. Name**   
**b. Firm Name**   
**c. E-mail Address**   
**d. Phone Number**