

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Bascom Farms/Sturgeon Aquafarms

2. Date of Submission: 11/14/2019

3. House Member Sponsor: Brad Drake

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Project Request Worksheet to develop your request:

| FY: | Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> | | | Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i> | | |
|--------------------|---|-------------------------------|---|---|---------------------------------|--|
| | Column: A | Column: B | Column: C | Column: D | Column: E | Column: 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: | | | | | 1,800,000 | 1,800,000 |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? No

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.

Reimbursement of funds back to state.

6. Requester:

- a. Name: Stephen Campos
- b. Organization: Bascom Farms/Sturgeon Aquafarms
- c. Email: scampoos@markys.com
- d. Phone #: (561)212-7799

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Stephen Campos
- b. Organization: Bascom Farms/Sturgeon Aquafarms
- c. Email: scampoos@markys.com
- d. Phone #: (561)212-7799

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

- a. Name: Ron Book
- b. Firm: Ron L. Book, P.A.
- c. Email: rana@rlbookpa.com
- d. Phone #: (850)224-3427

9. Organization or Name of entity receiving funds:

- a. Name: Bascom Farms/Sturgeon Aquafarms
- b. County (County where funds are to be expended): Jackson
- c. Service Area (Counties being served by the service(s) provided with funding): Jackson

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?

Funding is for replenishment of aquaculture brood stock and for repair and/or replacement of farming infrastructure demolished due to severe damages from Hurricane Michael. The Sturgeon Aquafarm in Bascom, FL in Jackson County, is the single & only farming aquafarm in the USA to be licensed and authorized by the U.S. Fish & Wildlife Services to grow, harvest, and export beluga sturgeon. SAF became the first & only facility in the world to obtain a permit exemption for the trade in the U.S.

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 checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Partial replenishment of inventory of fish and broodstock | 1,100,000 |
| <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 | Repair and/or replacement of aquafarm infrastructure demolished due to severe damages from Hurricane Michael. | 700,000 |

| | | |
|-------|--|-----------|
| TOTAL | | 1,800,000 |
|-------|--|-----------|

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:

Community letters of support

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

No

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 type="checkbox"/> Enrich cultural experience | | |
| <input checked="" type="checkbox"/> Improve agricultural production/promotion/education | Partial replenishment of inventory of fish and broodstock | Maintenance and monitoring of aquafarm. |
| <input type="checkbox"/> Improve quality of education | | |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | | |
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) | | |
| <input type="checkbox"/> Improve transportation conditions | | |
| <input checked="" type="checkbox"/> Increase or improve economic activity | Revive sturgeon aquafarm damaged and/or destroyed by Hurricane Michael recreating jobs and industry | Employment by Sturgeon Aquafarm |
| <input type="checkbox"/> Increase tourism | | |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | Revive sturgeon aquafarm damaged and/or destroyed by Hurricane Michael recreating farming jobs and industry, construction and permanent jobs. | Employment by Sturgeon Aquafarm |
| <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 type="checkbox"/> Improve wastewater management | | |
| <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 type="checkbox"/> Other (Please describe): | | |

19. Provide the total cost of the project for FY 2020-21 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: | 1,800,000 | 67.0% | 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: | 886,435 | 33.0% | Yes |
| TOTAL | 2,686,435 | 100% | |

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

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M