

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Lincolnville African American Museum and Cultural Center
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Cyndi Stevenson  
Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. 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*
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

| FY:                | Input Prior Year Appropriation for this project<br>for FY 2019-20<br><i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i> |                               |                                                                                           | Develop New Funds Request<br>for FY 2020-21<br><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<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><br><i>(Will equal non-vetoed amounts provided in Column A)</i>                        | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring plus Recurring Base Funds</b><br><br><i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i> |
| Input Amounts:     |                                                                                                                                                         |                               |                                                                                           |                                                                                                                 | 1,000,000                              | 1,000,000                                                                                                                                                                           |

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? Department of State
  - 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.  
State withholding of payment.

6. Requester:

- a. Name: Floyd Phillips
- b. Organization: Lincolntonville African American Museum and Cultural Center
- c. Email: lmccstaug@gmail.com
- d. Phone #: (904)824-1191

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

- a. Name: Floyd Phillips
- b. Organization: Lincolntonville African American Museum and Cultural Center
- c. Email: lmccstaug@gmail.com
- d. Phone #: (904)824-1191

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

- a. Name: Joe Mobley
- b. Firm: The Fiorentino Group
- c. Email: joe@thefiorentinogroup.com
- d. Phone #: (904)358-2757

9. Organization or Name of entity receiving funds:

- a. Name: Friends of Lincolntonville, Inc.
- b. County (County where funds are to be expended): St. Johns
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

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?

Preserve, upgrade and renovate the Excelsior Building, the first African American High School in St. Johns County, built in 1925 as home of the Lincolntonville Museum, that has operated in the building since 2007. Sustaining the museum preserves the rich heritage of Lincolntonville, a quickly gentrifying community, as a heritage site, museum and community event space.

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

| Spending Category                                                                          | Description                                                                                                                                    | Nonrecurring<br>(Should equal 4d, Col. E) Enter "0" if<br>request is zero for the category |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Administrative Costs:                                                                      |                                                                                                                                                |                                                                                            |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | Museum Executive Director, Events Coordinator, Communications director and Associate director, Educational Programs Director                   | 180,000                                                                                    |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | Educational programs consultant                                                                                                                | 45,000                                                                                     |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             | Audio Visual equipment and an integrated computer network server. Table and chairs                                                             | 15,000                                                                                     |
| <input type="checkbox"/> d. Consultants/Contracted Services/Study                          |                                                                                                                                                |                                                                                            |
| Operational Costs:                                                                         |                                                                                                                                                |                                                                                            |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                               | Facilities Manager: General ongoing maintenance and upkeep of building and grounds. Set up and breakdown event spaces for programs and events. | 35,000                                                                                     |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other            | Point of Sale Equipment and integrated computer network server. Table and chairs Stage Lighting and                                            | 28,000                                                                                     |

|                                                                                          |                                                                          |                  |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------|
|                                                                                          | sound equipment Janitorial equipment and supplies                        |                  |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study             | Sound and lighting engineer to design and operate system                 | 40,000           |
| Fixed Capital Construction/Major Renovation:                                             |                                                                          |                  |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Architectural Services, building preservation, up grades and renovations | 657,000          |
| <b>TOTAL</b>                                                                             |                                                                          | <b>1,000,000</b> |

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:

Letters of support from Mayor, city commission, Police Chief, other local community organizations

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:

Architectural review and assessment of building repairs need with quotes from a local preservation and building contractor.

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Historic building preservation, continued operation of a heritage museum that provides 450 plus years of history to students and tourist.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Historic tours, educational and cultural programs

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

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                               | Increase cultural and heritage programs about the contributions of African Americans throughout history through interactive exhibits, heritage reenactments, lectures and live cultural arts performances. | Conduct exit surveys                                                                                 |
| <input type="checkbox"/> Improve agricultural production/promotion/education                 |                                                                                                                                                                                                            |                                                                                                      |
| <input checked="" type="checkbox"/> Improve quality of education                             | Offer comprehensive workshops on history and culture of African American to address education benchmarks in history, literature and the arts that show diversity as history.                               | Host student and teacher group tours for lectures, workshops and cultural programs. Survey attendees |
| <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 type="checkbox"/> Increase or improve economic activity                   |  |  |
| <input type="checkbox"/> Increase tourism                                        |  |  |
| <input type="checkbox"/> Create specific immediate job opportunities             |  |  |
| <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: | 1,000,000 | 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                                                             | 1,000,000 | 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