

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Holocaust Memorial Miami Beach
2. Date of Submission: 10/29/2019
3. House Member Sponsor: Michael Grieco  
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? 2019-20
- 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 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	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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:	66,501		66,501	66,501	333,499	400,000

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 Education
  - 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.  
The projects will not be funded if deliverables are not met.

6. Requester:

- a. Name: Sharon Horowitz
- b. Organization: Holocaust Memorial Committee, Inc.
- c. Email: shorowitz@gmjf.org
- d. Phone #: (305)538-1663

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

- a. Name: Sharon Horowitz
- b. Organization: Holocaust Memorial Committee, Inc.
- c. Email: shorowitz@gmjf.org
- d. Phone #: (305)538-1663

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

- a. Name: Bernie Friedman
- b. Firm: Becker & Poliakof
- c. Email: bfriedman@bplegal.com
- d. Phone #: (954)985-4180

9. Organization or Name of entity receiving funds:

- a. Name: Holocaust Memorial Committee, Inc.
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade

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?

The Holocaust Memorial Miami Beach will create and implement innovative programming for students grades 5-12 and college, centered around key issues including combating intolerance, hatred and racism, as well as citizenship responsibilities. It accomplishes this mission via its permanent on-site exhibit, free and open to the public 365/year; community programs, year round events and educational opportunities for students, the local community and tourists worldwide.

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	The Project Head (Education Coordinator) is a full time position and is responsible for all the programs organized and conducted under the auspices of this grant.	70,166
<input checked="" type="checkbox"/> b. Other Salary and Benefits	The Program Coordinator is involved in helping organize and facilitate all of the programs which will be funded via this grant.	30,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	The programs and projects that will be implemented require travel and use of office supplies.	3,000
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	All of the programs listed require equipment rental, marketing	125,333

	campaigns, travel budgets, sound systems rental, and office supplies. The visual arts project entails camera equipment and lights rental.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	The Teacher Education Seminars, Holocaust Education Week and Holocaust Community projects require the hiring of Holocaust Scholars, guest speakers and specialists to best present the new, innovative programming that will be created. The Student Visual Arts project will require filmmakers, scholars, and documentary film editors to fully realize its success. Extra Security are contracted for some events as well.	105,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>333,499</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:

Greater Miami Jewish Federation, City of Miami Beach, Florida Education Task Force

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?

Yes

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

Programs and resources Holocaust Visual Arts Project, Documentary Streaming Project, Holocaust Education Week, Teacher Seminar Institute, Community-wide Holocaust Commemorations, and a combined education experience of visiting the memorial serve students, teachers, and floridians from all social and economic backgrounds.

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

Educating more than 10,000 students about the Holocaust via visits to the Memorial, Providing professional development seminars for educators who teach thousands of youth, educational resources for all 67 school districts in Florida and their teachers, as well as a place where tens of thousands of citizens can come, reflect and be inspired. The Holocaust Memorial is the number one museum tourism attraction in Miami Beach.

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): Adult learners, Elderly, Holocaust Survivors, Local citizens and tourists worldwide

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	Programs such as the Student Visual Arts Program, Teacher Seminars and Holocaust Education Week require the hiring of Holocaust scholars, guest speakers, college instructors, film makers and editors.	Classroom visits and/or program assessment surveys will be conducted for to determine if the tours are meeting educational goals and objectives and to assist in determining additional programming needs. Surveys will be conducted

		with all participants.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Using the Holocaust as the catalyst, the Holocaust Memorial concentrates on lessons centered on the importance of living in a democratic society, civil rights, basic freedoms and citizenship responsibilities. The importance of learning and connecting to the past to provide insight into the challenges of today is emphasized.	Classroom visits and/or program assessment surveys will be conducted to determine if the tours are meeting educational goals and objectives and to assist in determining additional programming needs. Interviews and as well as written and on-line surveys with participants will be conducted.
<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:	333,499	83.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	66,501	16.6%	No
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>400,000</b>	<b>100%</b>	

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