

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Goldsboro West Side Community Historical Association
2. Date of Submission: 10/22/2019
3. House Member Sponsor: David Smith
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 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> | 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: | | | | | 195,000 | 195,000 |

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? 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.
The organization will adhere to all rules and guidelines by the State of Florida and take corrective action as needed.

6. Requester:

- a. Name: Pasha Baker
- b. Organization: Goldsboro West Side Community Historical Association, Inc.
- c. Email: posh@goldsboromuseum.com
- d. Phone #: (813)787-5949

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

- a. Name: Pasha Baker
- b. Organization: Goldsboro West Side Community Historical Association, Inc.
- c. Email: posh@goldsboromuseum.com
- d. Phone #: (813)787-5949

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Goldsboro West Side Community Historical Association, Inc.
- b. County (County where funds are to be expended): Seminole, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Seminole, Volusia

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 specific purpose is to meet historical & cultural, serving as the anchor, as it relates to programming, internship programs, heritage tourism, educational enhancements and serve the general public. These funds allow us to be a resource for institutions, individuals, and agencies to preserve and promote the history of the region to benefit all of the community and beyond.

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 | Central administration and three regional site liaisons expense: contract fees to oversee and provide on going administrative and technical assistance to network museums. | 60,000 |
| <input type="checkbox"/> b. Other Salary and Benefits | | |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Office needs, planning meeting, costs for workshops, on site technical assistance to sites included as historical African American amendments including: museums, parks, and other historical treasures. | 10,000 |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Subject matter experts to include researchers, planners, tourism program professional, communications and technology | 35,000 |
| Operational Costs: | | |
| <input checked="" type="checkbox"/> e. Salaries and Benefits | 2/3 Interns; stipends paid and expense allowances to serve as | 12,000 |

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| | docents, assist, write marketing/promotions and collections management. | |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Computers, software, scanners, copier, and other needs to carry out the mission/purpose. | 25,000 |
| <input type="checkbox"/> g. Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Upgrade structure of Welcome Center to include: stabilization, permanent exhibit, enhancement of the Heritage & Art Garden, and provide small direct grants to other African American Museums & sites in the region based on documented need. | 53,000 |
| TOTAL | | 195,000 |

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): Organization Owned

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:

Congresswoman Stephanie Murphy letter 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?

Yes

16a. Please Describe:

The Economic Impact Study 2018 produced by FSU Center for Economic Forecasting & Analysis (CEFA) and Federal Survey Institute of Museum and Libraries Report. The report documents a clear benefit to the state's revenue and service to the communities.

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?

Activities and Services to be provided include: Planning a comprehensive regional program to research, preserve, and to educate about the African American presence and contributions to the development of Seminole and Volusia county.

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

Direct services to citizens include: Tourism ready venues to visit and appreciate the history and to learn of those who contributed to the development of that history.

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): All seeking historical information and physical holdings of African American history & culture.

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 | 100 Exhibits Fabricated; 25,000 visitors; 75 Events | Audience and Production Data |
| <input checked="" type="checkbox"/> Improve agricultural production/promotion/education | The intended results of The Garden will a (1) To cultivate at-risk youth (2) To feed at least 10, 000 (3) To aid and influence economic development | Crop production and program statistics |

| | | |
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| | in our community. | |
| <input checked="" type="checkbox"/> Improve quality of education | 200 heritage lessons; programs | The number of programs produced/participant surveys |
| <input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | The Goldsboro Heritage & Art Garden produces organic crops and reduces carbon emissions as the crops are given to the local community in walking distance. | Crop production and program statistics |
| <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 | \$43,549,290 jobs, business spending, and income | Surveys/invoices/financial reports |
| <input checked="" type="checkbox"/> Increase tourism | 100 off site tours conducted | Survey visitations/tour participation tools |
| <input checked="" type="checkbox"/> Create specific immediate job opportunities | 1,493 jobs created/retained | HR Records and reports |
| <input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency | 69, 405,139 | HR Records and vendor files |
| <input type="checkbox"/> Reduce recidivism | | |
| <input type="checkbox"/> Reduce substance abuse | | |
| <input checked="" type="checkbox"/> Divert from Criminal/Juvenile justice system | The Goldsboro Heritage & Art Garden diverts at-risk youth through the planting and giving of crops. | HR Records and vendor files |
| <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: | 195,000 | 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 | 195,000 | 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