

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida African American Heritage Preservation Network
2. Date of Submission: 10/24/2019
3. House Member Sponsor: Ramon Alexander  
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:		475,000	475,000		500,000	500,000

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.  
Loss of funding

6. Requester:

- a. Name: Althemese Barnes
- b. Organization: Florida African American Heritage Preservation Network
- c. Email: abarnes2619@mail.com
- d. Phone #: (850)766-4266

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

- a. Name: Althemese Barnes
- b. Organization: Florida African American Heritage Preservation Network
- c. Email: abarnes2619@mail.com
- d. Phone #: (850)766-4266

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: Florida African American Heritage Preservation Network
- b. County (County where funds are to be expended): Statewide
- 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?

The specific purpose is to serve the 32+ Network museums/sites that support Florida statewide cultural and historical programs and initiatives in areas of, technology upgrades, internship programs, professional development and tourism. These funds allow the FAAPHN to be a resource for institutions, individuals, and agencies where the intellectual property, oral histories, artifacts and/or cultural treasures are needed to carry out major State goals and objectives.

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.	73,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Office needs, network field meeting costs for workshops, on-site technical assistance	7,250
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Technicians, specific subject/skill consultants	57,750
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Network Interns; stipends paid and expense allowances to regular docents and volunteer FAAHPN Museum Directors.	95,150

<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Grants: exhibits/tech/events/collections (additional \$25,000 increase to fulfill requests for the installation of state historic markers at eligible museum locations and increase in fund allowances resulting from two new network museums; professional development	254,850
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Research, public relations/communications/marketing	12,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>500,000</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:

During FY 2018-2019 FAAHPN Executive Directors and Staff attended three field session workshops (total of 115 individuals in Bartow FL-February; Punta Gorda FL-May and Gainesville FL-November); provided written surveys of accomplishments and needs for compilation into the annual Economic Impact Report (copy is provided to legislators during session) and provide numerous emails documenting benefit of the Network.

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:

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 to Network Executive Directors and staff include: technology and equipment acquisitions, content and exhibit development, preservation of documents and artifacts, internships, three (3) field sessions for professional development, marketing, traveling exhibits and living history presentations.

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 of communities across Florida and to learn of those who contributed to the development of that history; the existence of centers to visit to conduct research and enhance skills in historic preservation, places to archive personal collections and venues to host cultural events within their home space(s) and jobs, internship and volunteer opportunities in a museum.

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 and needing historical information and services indigenous or within the intellectual

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	186 Exhibits Fabricated; 386,653 visitors; 560 events	Audience and Production Data
<input type="checkbox"/> Improve agricultural production/promotion/education		

<input checked="" type="checkbox"/> Improve quality of education	480 Heritage lessons; programs	# of programs produced/participant surveys
<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	\$43,549,290 jobs, business spending and income	Survey/invoices/financial reports
<input checked="" type="checkbox"/> Increase tourism	240 off-site tours conducted	Survey visitations/tour participant 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 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:	500,000	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
<b>TOTAL</b>	<b>500,000</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