

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Tampa Museum of Art - Community Connections - Art Education for Alzheimer's and Mental Health

2. Date of Submission: 10/31/2019

3. House Member Sponsor: Jackie Toledo

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>	<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:					207,000	207,000

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 Health

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.

Return of funds.

6. Requester:

- a. Name: Michael Tomor
- b. Organization: Tampa Museum of Art
- c. Email: Michael.Tomor@TampaMuseum.org
- d. Phone #: (813)421-8383

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

- a. Name: Michael Tomor
- b. Organization: Tampa Museum of Art
- c. Email: Michael.Tomor@TampaMuseum.org
- d. Phone #: (813)421-8383

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

- a. Name: Amy Maguire
- b. Firm: Shumaker Advisors
- c. Email: amaguire@shumakeradvisors.com
- d. Phone #: (727)656-8413

9. Organization or Name of entity receiving funds:

- a. Name: Tampa Museum of Art Foundation
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Pasco, Pinellas

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?

Connections is a mental health care engagement program for adults in our community. In-gallery conversations are facilitated by trained university students who use museum works of art as a launching point for attendees to share personal stories. The program is a three-hour session developed for both the patient and their care provider. Through various collaborative partnerships throughout Tampa bay the Connections program will be the largest visual art health integration service in Florida.

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 checked="" type="checkbox"/> b. Other Salary and Benefits	Pay university students who will receive hands on experience and research experience. Additionally, the salary of the supervisor will be offset.	65,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	While the museum pays the overhead for the exhibits, supplies for the program are required. It is important to note that for every \$2 of income the museum recieves from visitor traffic, \$63 are spent per person for quality exhibits and education.	39,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Nationally, the research on the outcomes of these services are paramount. We would like to bring that data to Florida. An expert consultant will be hired.	28,000

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	Portion of expansion costs dedicated to Connections.	75,000
<b>TOTAL</b>		<b>207,000</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:

Tampa Museum of Art Board of Directors, University of South Florida and Tampa Bay Foundation for Mental Health.

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:

Yes, nationally there are studies that illustrate the value of mental health art healing and programming.

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?

Connections was piloted in the fall of 2015. College students from USF and UT play an integral role in the administration. The Museum partners with 17 organizations for 54 sessions attended by 527 adults, making Connections an integral part of Museum programming. In 2019, the TMA offered a third semester of training classes over the summer for an additional 20 university students.

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

Provide art interaction healing therapy to adults with PTSD, Parkinson's, Alzheimer's and other conditions of the brain. Three hour session for patients and their care providers to enjoy and embrace the Museum's artwork and its therapeutic purposes.

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): caregivers, those suffering from PTSD, Alzheimer's, dementia, Parkinson's

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 checked="" type="checkbox"/> Improve physical health	Through interactive activities, participants walk through the museum.	Quarterly reports and surveys.
<input checked="" type="checkbox"/> Improve mental health	The program is built from a nationally recognized curriculum that has proven results on improving the mental health of participants suffering from above mentioned brain dysfunctions.	Quarterly reports and caregiver surveys.
<input checked="" type="checkbox"/> Enrich cultural experience	The art pieces used in the curriculum are designed to increase participants knowledge and healing through culture.	Quarterly reports.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Art education is woven into the curriculum to produce education	Quarterly reports.

	targeted to this population.	
<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	By paying the pre-med students they may be more engaged to stay in the community. Additionally, this program supports those suffering from these conditions as it seeks to keep them integrated in our community.	Annual report.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Hiring instructors and college students	Annual report.
<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:	207,000	85.2%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	36,000	14.8%	Yes
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
<b>TOTAL</b>	<b>243,000</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