

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: PIAG Museum - Art for the Community
2. Date of Submission: 11/13/2019
3. House Member Sponsor: Kionne McGhee
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: | | | | | 360,870 | 360,870 |

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.
Withholding of funds

6. Requester:

- a. Name: Mireya Perez Power
- b. Organization: PIAG MUSEUM
- c. Email: marthapower@mac.com
- d. Phone #: (305)443-0770

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

- a. Name: Mireya Perez Power
- b. Organization: PIAG MUSEUM
- c. Email: marthapower@mac.com
- d. Phone #: (305)443-0770

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: PIAG MUSEUM
- b. County (County where funds are to be expended): Statewide, Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide, 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 community's satisfaction is our main goal. Our mission is to engage as many people possible in the community with artistic activities whether the beneficiary is an observer or a creator. The phrase, "If People don't go to the Museum, the museum will go to the people" is our main concept, this way we will reach hundreds or thousands of people in each event. We will also give artists chance to exhibit because of their art quality and not their extensive resume.

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 type="checkbox"/> b. Other Salary and Benefits | | |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other | Space rental, storage, office supplies, equipment, permits, audit, accountant, website hosting, website design, utilities | 19,828 |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study | Bookkeeping, office assistant, Executive Director | 95,600 |
| Operational Costs: | | |
| <input type="checkbox"/> e. Salaries and Benefits | | |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other | Printing, travel, marketing, gas, transportation art, space rental for exhibition, program supplies | 67,394 |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study | Instructors, art assistants, Exec Director, Senior Coordinator, Creative Director, Project Coordinator, | 178,048 |

| | | |
|---|-------------------------------------|---------|
| | Musician, Coordinator, photographer | |
| Fixed Capital Construction/Major Renovation: | | |
| <input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 360,870 |

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:

We have many documents (support letters) from past community events and organizations which demonstrates our hard work and success on what we do.

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?

Our mission and goal of engaging as many people as possible in the community with artistic activities whether the beneficiary is an observer or a creator, will take us places through the communities of Florida while advancing public appreciation of art at schools, universities, and special events.

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

Art workshops, art forums, art exhibits, school visits & activities and community events. Outreach programs to involve participants, bringing new ideas into play helping them to understand the true meaning of art, the messages they can portray with creativity and the benefits art has to offer.

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): Artists and the community in public events

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 checked="" type="checkbox"/> Improve mental health | Art can help children be better students and improve quality of life to seniors. Art helps with stress, anxiety, and concentration. | Art has been proven to reduce stress. |
| <input checked="" type="checkbox"/> Enrich cultural experience | The community will be exposed to different art media either by being the one that visit the exhibition or by the one that participate in the art. | Letters of support, comments from artists, visitors, etc. Letters from school students saying that it was the best experience ever. Number of target population. |
| <input type="checkbox"/> Improve agricultural production/promotion/education | | |
| <input checked="" type="checkbox"/> Improve quality of education | The arts don't just develop a child's creativity, the skills they learn because of them spill over into academic achievement, young people wh | School grades. It is proven the arts improves academic achievement. |
| <input checked="" type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality | Our projects "Earth & Water" and "Paint and Plant" are meant to create awareness of the need to protect our environment. | Letters of support |
| <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: | 360,870 | 100.0% | N/A |
| 2. Federal: | 0 | 0.0% | No |
| 3. State: (Excluding the requested Total Amount in #4d, | 0 | 0.0% | No |

| | | | |
|-----------|---------|------|----|
| Column F) | | | |
| 4. Local: | 0 | 0.0% | No |
| 5. Other: | 0 | 0.0% | No |
| TOTAL | 360,870 | 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