

LFIR # 1934

1. Project Title	Florida Restaurant & Lodging Association In-state Tourism Marketing Campaign					
2. Senate Sponsor	Jay Trumbull					
3. Date of Request	02/21/2023					
4. Project/Program De	escription					
coordinated marketing requires a private marketing	ng, media and ever atching program an	its program to pror d shall be conduct	a Restaurant and Lode note Florida tourism by ed throughout the stat on, Inc., for the purpos	y residents of the st e, as approved by a	ate. This campaign and monitored by Visit	
5. State Agency to red	ceive requested fu	nds Departm	nent of Business and F	Professional Regula	tion	
State Agency conta	icted? Yes					
		for Final Year 20	222 2024			
6. Amount of the Noni	recurring Request	TOT FISCAL TEAT 20	J23-2U24 		ı	
Type of Funding			Amount			
Operations				1,000,000		
Fixed Capital Outlay Total State Funds I				1,000,000		
Total State I ulius I	requesteu			1,000,000		
7. Total Project Cost f	or Fiscal Year 202	3-2024 (including	matching funds ava	ilable for this proje	ect)	
	equested (from que	estion #6)	1,000,000	50%		
Total State Funds Requested (from question #6) 1,000,000 50% Matching Funds						
Federal			0	0%		
State (excluding the amount of this request)			0	0%		
Local			0	0%		
Other	Other			50%		
Total Project Costs	for Fiscal Year 20)23-2024	2,000,000	100%		
8. Has this project pre	eviously received	state funding?	Yes			
Fiscal Year	Amo	ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
2022-23		2,000,00	0 2153A	Yes		
9. Is future funding lik	cely to be requeste	ed?	Yes			
a. If yes, indicate nonrecurring amount per year.			1,000,000			
b. Describe the source of funding that can be used in lieu of state funding.						
NA						
10. Has the entity req	uesting this project	et received any fo	deral assistance rela	ated to the COVID-	19 nandemic?	
	uesting tills projet	or received any le	uciai assistante lela	ited to the COVID-	19 panucinio:	
No						



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If yes, indicate the amount of funds received and what the funds were used for.	

Complete questions 11 and 12 for Fixed Capital Outlay Projects

1. Status of Construction	
a. What is the current phase of the project?	
OPlanning ODesign OConstruction	
b. Is the project "shovel ready" (i.e permitted)?	
c. What is the estimated start date of construction?	
d. What is the estimated completion date of construction?	
2. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility to receive, directly or indirectly relationship between the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the owners of the facility and the entire relationship between the entire relat	

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Basic expenses such as staff travel, promotional items, printing, booth rental, equipment rental, office supplies.	50,000
Consultants/Contracted Services/Study	Marketing, public relations, administrative funding, support for events. This has a 1:1 match with private funds.	950,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6) 1,000,000		

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Funds are transferred from the Hotels and Restaurants Trust Fund to Visit Florida to contract with the Florida Restaurant and Lodging Association to develop a coordinated marketing, media and events program to promote Florida tourism to residents of the state. The campaign requires a private matching program and is conducted throughout the state, as approved by and monitored by Visit Florida and the Florida Restaurant and Lodging Association, Inc., for the purpose of promoting tourism.

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b. What activities and services will be provided to meet the intended purpose of these funds?



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Activities include	(but are not limited to): arts	s, cultural, hist	torical, agricultural and equ	ine events.
c. What direct ser	rvices will be provided to	citizens by t	he appropriation project?	?
Services for citize	ens include (but are not limi	ted to) recrea	tion and education.	
d. Who is the targ	get population served by	this project?	How many individuals a	re expected to be served?
The project has s	tatewide impact, with empl	nasis on rural	and small communities.	
e. What is the exp be measured?	pected benefit or outcome	e of this proj	ect? What is the methodo	ology by which this outcome will
The project will pa immediate job opp	artner with local communition	es to increase Iral experienc	e tourism, increase econom es.	ic activity, create specific and
			g agency may consider in es provided for the contr	n addition to its standard penaltie act?
Failure to meet de specified payment		inancial cons	equences including withhol	ding of funding or reduction in
15. Requester Contac	t Information			
a. First Name	Carol	Last Name	Dover	
b. Organization	Florida Restaurant and Lodging Association			
c. E-mail Address	cdover@frla.org			
d. Phone Number	(850)224-2250	Ext.		
16. Recipient Contact	Information			
a. Organization	Florida Restaurant and L	odging Assoc	iation	
b. Municipality and	d County Statewide			
c. Organization Ty	ре			
□For Profit Entity	,			
□Non Profit 501(d	c)(3)			
☑Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	ollege			
□Other (please s	pecify)			
d. First Name	Carol	Last Name	Dover	
e. E-mail Address	cdover@frla.org			
f. Phone Number	(850)224-2250			



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a. Name	None
b. Firm Name	None
c. E-mail Address	
d. Phone Number	