



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Sankofa Black Cultural Tourism Enhancement

2. **Senate Sponsor:** Randolph Bracy

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

The Sankofa Black Cultural Tourism Enhancement Project will support infrastructure needs of new and existing African American History museums and festivals throughout the state of Florida thereby increasing cultural tourism in an expanding market.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of State

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
2,500,000	500,000	3,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	500,000	14.3%
Other	0	0.0%
TOTAL	500,000	14.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,500,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2016-17

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

3,000,000

11. Program Performance:

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

Facilities will receive funds to provide for the maintenance and expansion of historical structures, development, marketing and implementation of cultural festivals and the digitization of museum holdings to ensure longevity and access to historical information.

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

Facilities will be able to compete and expand their offerings. This will expand the State's cultural tourism reach. Ten museums and nine festivals participated in the 2016-17 Sankofa Project. Requested funds will allow for more existing and some new organizations to be served.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Twenty organizations will receive funds to cover salary and benefits.	1,000,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Technology, marketing, and promotional materials will be funded for twenty organizations.	1,000,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Contracted services will be engaged to digitize collections, develop and install pertinent exhibits, and support cultural programming for each organization.	500,000
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Structural changes will be funded as needed for each organization.	500,000
TOTAL		3,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Educational offerings on African American history will be enhanced and tax revenues for the State will be increased by attracting an expanding cultural tourism market.

e. Who is the target population served by this project? How many individuals are expected to be served?

The target population includes students, tourists, and residents who are interested in a more inclusive presentation of American History including a demographic that is often overlooked.

f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

Increased admissions for African American History museums and festivals will result from the Sankofa Project. Outcomes will be measured by analysis of revenue, staffing, program offerings, and visitor evaluations.

g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?

A clawback of funds should be considered for organizations that fail to meet deliverable or performance measures.



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12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

PAST Incorporated, governed by a board of directors

13. Requestor Contact Information:

a. **Name:** Geraldine F. Thompson

b. **Organization:** The Association to Preserve African American Society, History and Tradition Incorporated

c. **Email:** PASTinc@outlook.com

d. **Phone Number:** (407)245-7535

14. Recipient Contact Information:

a. **Organization:** PAST, Inc.

b. **County:** Orange

c. **Organization Type:**

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. **Contact Name:** Elizabeth R. Thompson

e. **E-mail Address:** PASTinc@outlook.com

f. **Phone Number:** (407)245-7535

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** None

b. **Firm:** None

c. **Email:**

d. **Phone Number:**