

LFIR # 2018

| | | | ne Davis Ar | | | | |
|--|--|---|----------------------------|---|---------------------------|----------------------------|--|
| Senate Sponsor | Lizbeth Benacquisto | | | | | | |
| Date of Request | 12/11/2019 | | | | | | |
| Project/Program | Description | | | | | | |
| the historic stone face been maintained and | or restoration of the historic 1933 ade and cracking exterior, repaint is in desparate need of cleaning, years as a Post Office, the extericture. | t, and sea , repaintin | al appropriate and in some | areas. The e | ntire exter air. Becau | ior of th se of de | ne historic building has ecades of deferred |
| State Agency to State Agency con | receive requested funds | Depa | artment of S | tate | | | |
| | | | Year 2020- | 2021 | | | |
| Type of Fundir | onrecurring Request for Fiscal Year 2020-2021 G Amount | | | | | | |
| Operations | | | | 000 | | | |
| | | | | | 1 | | |
| Fixed Capital O | utlay | | | 500,000 | | | |
| Fixed Capital O Total State Fur | • | | | 500,000 | | | |
| Total State Fur | nds Requested st for Fiscal Year 2020-20 | 021 (ind | cluding ma | 500,000 tching fu | | | e for this project) |
| Total State Fur Fotal Project Co Type of Funding | nds Requested st for Fiscal Year 2020-20 | | | 500,000 tching fu | Percei | ntage | e for this project) |
| Total State Fur Total Project Co Type of Fundin Total State Fund | nds Requested st for Fiscal Year 2020-20 g ds Requested (from question | | cluding ma | 500,000 tching fu | Percei | | e for this project) |
| Total State Fur Fotal Project Co Type of Funding | nds Requested st for Fiscal Year 2020-20 g ds Requested (from question | | cluding ma | 500,000 tching fu | Percei | ntage | e for this project) |
| Total State Fur Fotal Project Con Type of Funding Total State Fund Matching Fund Federal | nds Requested st for Fiscal Year 2020-20 g ds Requested (from question | on #6) | cluding ma | 500,000 tching fu nt 500000 | Percei | ntage | e for this project) |
| Total State Fur Fotal Project Con Type of Funding Total State Fund Matching Fund Federal | nds Requested st for Fiscal Year 2020-20 g ds Requested (from questic | on #6) | cluding ma | 500,000 tching fu nt 500000 | Percei | 0.0 % | e for this project) |
| Total State Funding Total State Funding Total State Fund Matching Fund Federal State (excluding | nds Requested st for Fiscal Year 2020-20 g ds Requested (from questic | on #6) | cluding ma | 500,000 tching funt 500000 00 | Percei | 0.0 % 0 % | e for this project) |
| Total State Fundant Total State Fundant State Fundant Federal State (excluding Local Other | nds Requested st for Fiscal Year 2020-20 g ds Requested (from questic | on #6) | Amou | 500,000 tching funt 500000 00 00 00 | Percei 100 | 0.0 % 0 % 0 % 0 % | e for this project) |
| Total State Fundant Total State Fundant State Fundant Fundant Federal State (excluding Local Other Total Project Collas this project | nds Requested st for Fiscal Year 2020-20 g ds Requested (from questic s the amount of this reques | on #6) | Amou | 500,000 tching fu nt 500000 00 00 00 500,000 | Percei | 0 % 0 % 0 % 0 % | e for this project) |
| Total State Fundant Project Control State Fundant Project Control State Fundant Federal State (excluding Local Other Total Project Control Pro | nds Requested st for Fiscal Year 2020-20 g ds Requested (from questic s the amount of this reques osts for Fiscal Year 2020 previously received state | on #6) on #6) on #6) on #6) on #6) on #6) | Amou | 500,000 tching fu nt 500000 00 00 00 500,000 | Percei 100 | 0.0 % 0 % 0 % 0 % 0 % 0 % | |

500,000

If yes, indicate nonrecurring amount per year.



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

| Spending Category | Description | Amount |
|--|---|---------|
| Administrative Costs: | | |
| Executive Director/Project Head Salary and Benefits | | |
| | | |
| Other Salary and Benefits | | |
| | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Operational Costs: Oth | er | |
| Salary and Benefits | | |
| | | |
| Expense/Equipment/ Travel/Supplies/Other | | |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Fixed Capital Construc | tion/Major Renovation: | |
| Construction/Renovation/ Land/Planning | Cleaning, repair, repainting of delicate historic facade/exterior, repainting historic loggia, repainting sides and back of building, and repair the historic exterior lighting fixtures. | 500,000 |
| Engineering | | |
| Total State Funds Re | equested (must equal total from question #6) | 500,000 |



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| Program Performanc | е |
|--|---|
|--|---|

| 1. | Program Performance | | | | |
|----|---|--|--|--|--|
| a. | What specific purpose or goal will be achieved by the funds requested? | | | | |
| | Funds would allow for the exterior restoration of the historic 1933 former Post Office, now the Sidney & Berne Davis Art Center. The entire exterior of the historic building is in desparate need of cleaning, repainting, and in some cases repair. After decades of deferred maintenance from its years as a Post Office the exterior has started to crumble, jeoporizing historic features and allowing for weather intrusion into the structure. | | | | |
| b. | What activities and services will be provided to meet the intended purpose of these funds? | | | | |
| | Professional preservation and restoration will be utilized to restore the historic building, compliant with the State of Florida Historic Preservation Office. | | | | |
| C. | What direct services will be provided to citizens by the appropriation project? | | | | |
| | The funding request is for fixed capital outlay. No direct services are being provided to citizens. | | | | |
| d. | Who is the target population served by this project? How many individuals are expected to be served? | | | | |
| | The Sidney & Berne Davis Art Center serves citizens and visitors of Lee County and beyond. | | | | |
| e. | What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? | | | | |
| | Exterior restoration of the Sidney & Berne Davis Art Center will enrich the cultural experience in Southwest Florida, improve local economic activity, and preserve local historical resources. | | | | |
| f. | 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? | | | | |
| | Repayment of award. | | | | |



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| 1 [| ne building is owned | d by the City of Fort Myers. | Fiorida Arts, Inc., noids a | 99 year lease to the building. |
|-----|--|------------------------------|-----------------------------|--------------------------------|
| | | | | |
| Re | equestor Contact | Information | | |
| a. | First Name | James | Last Name | Griffith |
| b. | Organization | Florida Arts, Inc. | | |
| c. | E-mail Address | jim@sbdac.com | | |
| d. | Phone Number | (239)333-1933 | Ext. | |
| Re | ecipient Contact | Information | | |
| a. | Organization | Florida Arts, Inc. | | |
| b. | Municipality and | County Lee | | |
| C. | Organization Typ | pe | | |
| | O For-profit E | ntity | | |
| | Non-Profit 5 | 501(c) (3) | | |
| | O Non-Profit 5 | 501(c) (4) | | |
| | Local Entity | , | | |
| | University of the control of the | or College | | |
| | Other (plea | se specify) | | |
| d. | First Name | James | Last Name | Griffith |
| e. | E-mail Address j | im@sbdac.com | | |
| f. | Phone Number | (239)3331933 | | |
| Lo | obbyist Contact I | nformation | | |
| a. | Name | None | | |
| b. | Firm Name | None | | |
| | E-mail Address | | | |