



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Carter G. Woodson African American Museum

2. **Senate Sponsor:** Darryl Rouson

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

The Carter G. Woodson Museum is a former community center for a public housing project in the center of St. Petersburg's historic African American district. As such, it has an incredibly rich history serving the community. It has been transitioned to a museum that served as an educational facility over the past ten years and most recently the building was purchased by the City of St. Petersburg with the express intent of operating it as a museum. The primary purpose is to convert the facility into a functioning museum.

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
	1,000,000	1,000,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0%

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed?
 e. Complete the following Worksheet.

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?

No

11. Program Performance:

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

To build out the Museum into a functioning museum facility.

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

Historic exhibits, events, and school educational programs

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 checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Capital equipment to operate as a museum to include secure storage for art and artifacts, as well as a hanging system, exhibit cases, and other museum-related equipment.	150,000
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Expansion to include 4,000 square foot addition that will include public gallery space, storage, and facilities for education, including a classroom.	850,000
TOTAL		1,000,000

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

Citizen and student access to museum exhibits and programs

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

The Museum will expand its public artifact holdings for future generations and for historical preservation. The Museum will implement educational programming in the classroom to include after-hours care and programming as well as additional summer camps and activities. Increase general tourism to the Deuces Live! Mainstreet district which is being positioned as an historic African-American arts district of which the Museum is a key leader.

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

A Registration system for artifacts will be implemented by the Museum and tracked through the addition of artifacts. The number of school children attending structured programming is tracked on a daily basis and will be reported on annually. Tourism numbers are tracked by the Museum as well as tours to the African-American Heritage Trail which runs through the district.

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?

Construction contract penalties

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.

The City of St. Petersburg



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13. Requestor Contact Information:

- a. **Name:** Richard Kriseman, Mayor
- b. **Organization:** City of St. Petersburg
- c. **Email:** Richard.kriseman@stpete.org
- d. **Phone Number:** (727)893-7201

14. Recipient Contact Information:

- a. **Organization:** City of St. Petersburg/Carter G. Woodson Museum
- b. **County:** Pinellas
- 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:** Wayne Atherholt, Dir. Mayor's Office of Cultural
- e. **E-mail Address:** Wayne.atherholt@stpete.org
- f. **Phone Number:** (727)551-3250

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

- a. **Name:** Jeff Sharkey
- b. **Firm:** Capitol Alliance Group
- c. **Email:** jeff@capitolalliancegroup.com
- d. **Phone Number:** (850)443-3355