



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** American Craftsman Museum, Inc.

2. **Senate Sponsor:** Jeff Brandes

3. **Date of Submission:** 01/02/2018

4. **Project/Program Description:**

The construction of the Museum of the American Arts and Crafts Movement [MAACM] in downtown St. Petersburg, Florida, will be completed in 2019. All funds awarded to the MAACM by the Appropriations Project Request will be used according to the guidelines in the construction phase of the project to help defray costs associated with upgraded materials, hurricane hardening, engineering, and amenities. Groundbreaking for the construction of the museum began in May 2017. The total budget is \$90,000,000.

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 Economic Opportunity

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
	2,000,000	2,000,000

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	6,500,000	7.2%
Other	81,500,000	90.6%
TOTAL	88,000,000	97.8 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 90,000,000

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?

Yes

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

\$2,000,000

11. Program Performance:

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

Assist with the construction of a statewide asset that will be home to the largest Arts and Crafts Collection in the world.

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

The MAACM is forecasting stabilized annual attendance to be 150,000 persons. Based upon input from a comparable/competitive local attraction/museum profile, an estimate of 40 percent of the MAACM stabilized visitor demand will be from outside of the regional market and require overnight accommodations for their visits. MAACM will create 68 direct and indirect full time jobs annually and more than \$2.6 million in direct and indirect wages and benefits annually related to building employment and operating expenditures which provides measurable benefits to job seekers.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
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	All funds awarded to the MAACM by the Appropriations Project Request will be used according to the guidelines in the construction phase of the project to help defray costs associated with upgraded materials, hurricane hardening, engineering, and amenities.	2,000,000
TOTAL		2,000,000

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

Educational, tourism, and cultural services will be provided in addition to economic development and job creation.

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

Estimated attendance per year is over 150,000 people - both tourists and local residents.

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

MAACM will create 68 direct and indirect full time jobs annually and more than \$2.6 million in direct and indirect wages and benefits annually related to building employment and operating expenditures which provides measurable benefits to job seekers.

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?



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Reversion of funds

- 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.**

American Craftsman Museum, Inc., 501(c)3

- 13. Requestor Contact Information:**

- a. **Name:** Tom Magoulis
- b. **Organization:** American Craftsman Museum, Inc.
- c. **Email:** tmagoulis@museumaacm.org
- d. **Phone Number:** (727)943-9900

- 14. Recipient Contact Information:**

- a. **Organization:** American Craftsman 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:** Tom Magoulis
- e. **E-mail Address:** tmagoulis@museumaacm.org
- f. **Phone Number:** (727)943-9900

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

- a. **Name:** Laura Boehmer
- b. **Firm:** Southern Strategy Group
- c. **Email:** boehmer@sostrategy.com
- d. **Phone Number:** (727)686-0924