



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Progressive Firefighters Historic Museum and Community Center

2. **Senate Sponsor:** Oscar Braynon

3. **Date of Submission:** 01/08/2018

4. **Project/Program Description:**

Progressive Firefighters Historic Museum and Community Center will be designed with the entire community in mind. This is a place where schools, children, young people, senior citizens and others may come to utilize all the resources that are provided. This unique center will provide computers, books, and other amenities for use by all who may need them. Mentoring and tutoring programs along with meeting rooms, a banquet hall and more will also be available.

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
788,938	2,000,000	2,788,938

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):** 2,788,938

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?

The building of a historic museum and community center.

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

Education, tutoring, and mentoring of the community, as well as a tourist attraction.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Reports to Board of Directors. Manages day-to-day operations. Fundraising, marketing, and programming.	48,682
<input checked="" type="checkbox"/> Other Salary and Benefits	Curator - Archivist - Account Clerk/Receptionist	104,920
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Legal fees, equipment rental, and maintenance, supplies, travel, and professional services.	86,000



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<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Grant Writer - writes and develops grant proposals.	33,475
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Floor Staff Mgr., Exhibit Designer, Building and Ground Staff, and Gift Shop Manager and Clerk	124,161
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Accounting fees, payroll services, office furniture and equip., telephone/internet, postage and shipping, computers, etc,	391,700
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	\$100 per sq ft - for multipurpose room w/ kitchen, two classrooms, two offices, a gym, gift shop, media center, and swimming pool.	2,000,000
TOTAL		2,788,938

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

A media center equipped with 15- 20 computers for those that don't have the use of a computer at home. Multipurpose room with a kitchen that can be used for banquets, weddings, business events, PFA annual giveaway events and more. A gym, swimming pool for swimming classes year round and a gift shop. Fire safety service classes.

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

Our youth especially at-risk and inner city youth, senior citizens, tourists and others. More than 800 individuals per year.

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

Increased and improved economic activity, job opportunities, increased self-sufficiency, diversion from the criminal/juvenile justice system, increased tourism, enriched cultural experiences, and historical knowledge. Also a dramatic decrease in the number of drownings in our children.



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- 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?

The highest penalty required by law.

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.

Entity will be overseen by the Board of Directors from the Progressive Firefighters Association Charities, Inc.

13. Requestor Contact Information:

- a. Name: Keith Bell
- b. Organization: Progressive Firefighters Association Charities, Inc
- c. Email: PFA26@comcast.net
- d. Phone Number: (305)688-3473

14. Recipient Contact Information:

- a. Organization: Progressive Firefighters Association Charities, Inc
- b. County: Miami-Dade
- 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: Keith Bell
- e. E-mail Address: PFA26@comcast.net
- f. Phone Number: (305)688-3473

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone Number: