1. **Title of Project**: Augusta Savage Complex Community Improvements

2. **Senate Sponsor**: Audrey Gibson

3. **Date of Submission**: 02/14/2019

4. **Project/Program Description**:
   Provides for the expansion of the public facilities at the Augusta Savage Complex to provide for the Augusta Savage Library, permanent home for the food pantry, Head Start program, and a community facility to include a special events area, reception area and a theatre performing arts area.

5. **State Agency to receive requested funds**: Department of Economic Opportunity

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>700,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>3,300,000</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>4,000,000</strong></td>
</tr>
</tbody>
</table>

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>4,000,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>4,000,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

8. **Has this project previously received state funding?** No

9. **Is future-year funding likely to be requested?** No

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

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Provide for the expansion of the public facilities at the complex to provide for the Augusta Savage Library, permanent home for the food pantry, Head Start program, and a community facility to include a special events area, reception area and a theatre performing arts area.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Tutoring, educational programs, and artistic expressions of students

c. What are the direct services to be provided to citizens by the appropriations project?
   See Item "b" above.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Persons with poor physical health, economically disadvantaged, at-risk youth, the developmentally disabled, preschool students, grade school students, and high school students. Target population would exceed 800 persons.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Improve physical health, measure utilization of the programs, Methodology - track attendance. Enrich cultural experience, Measure improved grades, Methodology - track performance with schools. Improve quality of education, Measure - the number of individuals utilizing tutoring opportunities, Methodology - track numbers. Increase tourism, Measure the number of individuals attending theatre performances, Methodology - attendance records and admission fees.

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?
   Standard 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.
City of Green Cove Springs, FL

13. **Requestor Contact Information:**
   a. **Name:** L. Steve Kennedy
   b. **Organization:** City of Green Cove Springs, FL
   c. **E-mail Address:** skennedy@greencovesprings.com
   d. **Phone Number:** (904)297-7500 Ext. 3312

14. **Recipient Contact Information:**
   a. **Organization:** City of Green Cove Springs, FL
   b. **County:** Clay
   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:** L. Steve Kennedy
   e. **E-mail Address:** skennedy@greencovesprings.com
   f. **Phone Number:** (904)297-7500 Ext. 3312

15. **Lobbyist Contact Information**
   a. **Name:** Joe Mobley
   b. **Firm Name:** The Fiorentino Group
   c. **E-mail Address:** jmobley@thefiorentinogroup.com
   d. **Phone Number:** (904)866-3122