



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1283

1. **Project Title** Florida Holocaust Memorial at the Capitol2. **Senate Sponsor** Kevin Rader3. **Date of Request** 11/12/20194. **Project/Program Description**

During the 2016 legislative session, legislation was passed requiring the creation and construction of a Holocaust Memorial at the Capitol (see s. 265.005, F.S).

5. **State Agency to receive requested funds** Department of Management ServicesState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	1,000,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	100,000		No

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

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1283

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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design and Construction will be done pursuant to contract with first-rate professionals.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1283

11. Program Performance

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

To comply with the legislative mandate (s. 265.005, F.S.) to create a Memorial to recognize and commemorate the millions of people, including 6,000,000 Jews, murdered by the Nazis and to honor the survivors. Florida has the second largest number of survivors in the country.

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

The Memorial will be a significant way, in which, Florida recognizes the need to commemorate the victims and survivors of the Holocaust.

- c. What direct services will be provided to citizens by the appropriation project?

All the visitors to the Capitol will have an opportunity to observe the Memorial, recognize and commemorate the millions of people, including 6,000,000 Jews, murdered by the Nazis and honor the survivors. It will be an educational site for students to learn about this tragic period in human history.

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

All citizens who visit the Capitol.

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

The Memorial will help ensure that the lessons of the Holocaust will never be forgotten.

- 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?

N/A



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1283

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

DMS

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.