



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2285

1. **Project Title** Art and History Museums - Maitland - Structural Rehabilitation2. **Senate Sponsor** Randolph Bracy3. **Date of Request** 12/16/20194. **Project/Program Description**

The A&H's Maitland Art Center was founded as an art colony in 1937 by visionary American artist and architect, André Smith (1880-1959). It is the first National Historical Landmark named in Central Florida. Although Smith was an architect, the construction standards used for this facility fall short of modern standards. The result is several structural components and the art applied to them must be stabilized to prevent damage to the irreplaceable artifacts.

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

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

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)	250000	50.0 %
Matching Funds		
Federal	250,000	50 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	500,000	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		

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

If yes, indicate nonrecurring amount per year.



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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	The funds will be used for construction and construction management.	250,000
Total State Funds Requested (must equal total from question #6)		250,000



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11. Program Performance

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

Preserving a designated historical facility in Maitland (Central Florida). Protecting a historical asset that is significant to tourism related business in downtown Maitland.

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

Structural rehabilitation and stabilization of walls and structures within the art center complex as well as civil engineering improvements to improve stormwater management to prevent future damage.

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

Protecting a historical asset that is significant to tourism related business in downtown Maitland.

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

Appreciators of art and history.

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

Protection of a historical asset in Central Florida. Improvements and upgrades will meet criteria established by the National Historical Society.

- 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?

The city is under court order to upgrade historical marker. Standard contract penalties will be sufficient.



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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.**

City of Maitland

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.