



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1712

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Funds are for the design and construction of 5,200 sq. ft. concrete block building for historical museum exhibits, fossils, and artifacts; office space; and storage. The building will be located on county-owned property adjacent to the existing Cracker Trail Museum. The current facility is not adequate to display donated historical artifacts, fossil finds, and exhibits that are related to the history of Hardee County and the area that includes Peace River. The expansion allows the museum to properly accommodate educational groups, visitors, and patrons to safely learn, view, and experience the history of this area and the state. This project is located in a rural area of opportunity.

5. **State Agency to receive requested funds**

**State Agency contacted?**  Yes

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	150,000
<b>Total State Funds Requested</b>	<b>150,000</b>

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>150,000</b>	<b>100%</b>

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

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

**If yes, indicate the amount of funds received and what the funds were used for.**

\$5 million; public programs; individual assistance for rent/mortgage/utility; small business assistance to help cover employee wages, vendor bills, rent/mortgage payments, PPE; community partners food security/mitigation that were issued in the form of grants to qualifying non-profits and religious organizations providing critical services to the community; expenses associated with telework, PPE, physical modifications to facilities; and expenses relating to public safety employees.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	contractual design and construction services	150,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>150,000</b>

**12. Program Performance**

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

The goal is to design and construct a 5,200 square foot facility to properly display and house historical museum artifacts, fossils, and exhibits including storage and office space to safely accommodate educational groups, visitors, and the citizenry.

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

Contractual design and construction services through the county's procurement policy and procedures. A completed set of construction plans and construction of the improvements, as designed.

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

The direct services to citizens include an improved educational opportunity at the historical museum facility for visitors, residents, students, and individuals to safely learn and view historical exhibits, artifacts, fossils, and displays pertaining to the history of the state and Peace River and Hardee County areas.

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

The target population is tourists, visitors, the citizenry, educational groups, youth groups, children, etc. The museum is expected to serve more than 12,000 individuals.

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



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An improved and expanded historical Cracker Trail Museum and Pioneer Village that safely accommodates and provides adequate space for groups to safely experience, view, and learn about historical artifacts, events, exhibits, and displays of the state and Peace River and Hardee County areas. Tracking of attendees, visitors, and groups and increased revenues in this area that is designated as a rural area of opportunity.

**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 the contract?**

Non-payment of invoices until milestones achieved; implementation of corrective action plan.

**13. 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.**

Hardee County is the owner and the entity.



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#### 14. Requestor Contact Information

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

#### 15. 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

#### 16. Lobbyist Contact Information

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