

LFIR # 2794

1. Project Title	Shuttered Movie	e Theaters Progran	n			
2. Senate Sponsor	Jim Boyd					
3. Date of Request	02/01/2022					
4. Project/Program De	escription					
industry for jobs. The program that will allo theaters," which mea	e intent of this fund ow entities that qua ans a permanent ir	ling request is for t lify to get up to \$1 adoor or drive-in th	vie theatre industry. Te he Department of Econ 0,000 per screen. The p eater venue, regularly o motion pictures for publ	omic Opportunity to program is intended open to the general	institute a grant to be used by "movi	
5. State Agency to red			ment of Economic Oppo			
State Agency conta	cted? Yes	<u> </u>				
6. Amount of the Nonr	ecurring Request	t for Fiscal Year 2	2022-2023			
Type of Funding			Amo	unt		
Operations				7,500,000		
Fixed Capital Outlay			0			
Total State Funds F	Requested		7,500,000			
7. Total Project Cost for Type of Funding	or Fiscal Year 202	22-2023 (including	g matching funds avai		ect)	
Total State Funds R	equested (from qui	estion #6)	7,500,000	Percentage 100%		
Matching Funds	equested (ITOTT qui		7,300,000	10070		
Federal			0	0%		
State (excluding the	amount of this req	uest)	0	0%		
Local			0	0%		
Other			0	0%		
Total Project Costs	for Fiscal Year 2	022-2023	7,500,000	100%		
8. Has this project pre	eviously received	state funding?	No			
Fiscal Year		ount	Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding lik	ely to be request	ed?	No			
a. If yes, indicate n	onrecurring amou	ınt per year.				
			lieu of state funding			
h Describe the see	n ce oi iuliulilu lii	ai can be used III	neu or state funding.			
b. Describe the sou						
			ederal assistance rela			



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

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	These funds will go directly to the movie theater owners so that they can re-launch and keep this important Florida industry alive and thriving.	7,500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	7,500,000

12. Program Performance

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

To maintain Florida jobs and mitigate the catastrophic economic impact caused by COVID-19.

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

These funds will be used to keep Floridians employed and to keep theaters open as Floridians get back to the movies in a post-pandemic world.

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

These funds will be used to keep Floridians employed.

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

There will be hundreds of eligible applicants for these funds. There are over 50,000 Floridians that are employed by movie theaters or as a result of their businesses.

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

The goal is to keep theaters open and the people employed. The State can work with the National Association of Theater Owners to determine how many theaters remain open following the granting of this request.

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?

The Department of Economic Opportunities can promulgate rules and consequences of breaking those rules pursuant to this item.



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13.	The owners of the facility to receive, directly	or indirectly, an	y fixed capital	outlay funding.	Include the
	relationship between the owners of the facilit	ty and the entity	•		

These dollars are not for fixed capital outlay.



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14.	Requestor Contact	Information					
	a. First Name	Belinda	Last Name	Judson			
	b. Organization	National Association of Theater Owners of Florida					
	c. E-mail Address	bvj@natodc.com					
	d. Phone Number	(850)445-4599 Ext .					
15.	15. Recipient Contact Information						
	a. Organization	Department of Economic Opportunity					
	b. Municipality and County Statewide						
	c. Organization Type						
	□For Profit Entity	□For Profit Entity					
	□Non Profit 501(c	ofit 501(c)(3)					
	□Non Profit 501(c	01(c)(4)					
	□Local Entity	у					
	□University or College						
	☑Other (please specify) State						
	d. First Name	Dane	Last Name	Eagle			
	e. E-mail Address	Dane.Eagle@deo.my					
	f. Phone Number	(850)245-7298					
16.	16. Lobbyist Contact Information						
	a. Name	Brady J. Benford					
	b. Firm Name	Ballard Partners					
	c. E-mail Address	brady@ballardpartners.com					
	d. Phone Number	(850)577-0444					