

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1072** 

1. Project Title	Improvements fo	r the Winter Spring	gs Performing Arts Foo	undation				
2. Senate Sponsor	Jason Brodeur							
3. Date of Request	11/08/2023							
4. Project/Program D	escription							
serve the Central FI	orida community as der to fulfill our miss	a stage for culturation, we must conti	al enrichment through a	artistic exhibitions a	e performing arts and to nd theatrical ms. We are in need of a			
5. State Agency to re-	ceive requested fu	nds Departm	nent of Education					
State Agency conta	acted? No							
6. Amount of the Non	recurring Request	for Fiscal Year 20	024-2025					
Type of Funding			Amo	unt				
Operations				186,000				
Fixed Capital Outlay	1			0				
<b>Total State Funds</b>	Requested		186,000					
7. Total Project Cost f	or Fiscal Year 2024	1-2025 (including	matching funds avai	ilable for this proje	ect)			
Type of Funding			Amount	Percentage				
Total State Funds R	equested (from que	stion #6)	186,000	100%				
Matching Funds		T						
Federal			0	0%				
•	State (excluding the amount of this request)			0%				
Local			0	0%				
Other  Total Project Costs	s for Fiscal Year 20	24-2025	0 <b>186,000</b>	0% <b>100%</b>				
				10070				
8. Has this project pro	eviously received s	state funding?	No					
Fiscal Year	Amo		Specific Appropriation #	Vetoed				
(уууу-уу)	Recurring	Nonrecurring	Appropriation #					
9. Is future funding lil	kely to be requeste	d?	No					
a. If yes, indicate n								
	_		lieu of state funding.					
	<b></b>							
10. Has the entity req	uestina this projec	t received any fe	deral assistance rela	ted to the COVID-	19 pandemic?			
No No	accoming time project	Joon tou unly lo			. o panaonno i			
	amount of funds r	eceived and wha	t the funds were use	d for				
n yes, mulcale lile	annount of fullus I	Cocived alla Wila	t the fullus well use	u 101.				



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Status of Constru	ction				
a. What is the curr	ent phase of the	he project?			
Planning	O Design	○ Construction ○ N/A	A		
b. Is the project "s	shovel ready" (	i.e permitted)?	No		
c. What is the esti	mated start da	te of construction?			
d. What is the esti	mated complet	tion date of construction?			
. List the owners o	of the facility to	receive, directly or indirec	tly, any fixed o	apital outlay fur	nding. Include the

13. 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	30 Microphones \$57,000; 1 Soundboard \$17,000; 6 Speakers \$12,000; 2 Dressing Room Monitors \$2,000; 30 In Ear Mixers \$25,000 and reconfiguring seating solution \$70,000 and foam insulation over our steel ceiling to reduce echo and feedback during a production. This expenditure will also cut down energy costs for the building significantly. Electrical work in support of lighting the stage @\$3,000.	186,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
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)	186,000

#### 14. Program Performance

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



☑Non Profit 501(c)(3)

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Our mission is to provide access, training, and education to students of all ages in all aspects of the performing arts and

	performances. In a new sound syste	order to fulf	ill our mission, w	e must contii							
	b. What activities	and servi	ces will be prov	ided to mee	t the inte	ended	l purpose	of the	ese fund	s?	
Performing arts education via classes, rehearsals and productions.  c. What direct services will be provided to citizens by the appropriation project?											
	An improved over	all experie	nce for the citize	ns in which w	e serve.						
d. Who is the target population served by this project? How many individuals are expected to be serve								ed?			
	Our target populat economically disact university / college	dvantaged	l includes: elderly youth, developm	y, individuals entally disab	with poo led, phys	r men sically	ital and pl disabled,	hysical prescl	health, a nool, grad	at risk youth de school, l	n, high school,
	e. What is the exp be measured?	ected ben	efit or outcome	of this proj	ect? Wha	at is t	he metho	odolog	y by wh	ich this ou	tcome will
	The programs that fun environment to include diverse lite performance with a participating in our analysis, character measured by: Increengagement and recentral Florida. Str	explore the rary classing age approper programs. It developmessed stances.	neir individuality a cs, contemporary priate material an , students receive nent and research nina and overall We will continue	and work as a y forms of da d content wh e an in-depth n on each an fitness level. to expand ou	a team. Wance and read read read read read read read rea	Ve are music group true Englis produce trams	e exposing all theater to the litter to the	g the correct and merature storical are involved	ommunity nany diffe es underly educatio olved in. confiden	y to produce rent forms ying purpos on by explore. Outcomes need incide the contract of the co	tions that of vocal se. By ring through s will be rease
	f. What are the surfor failing to meet	•								its standa	ard penalties
	If we are fortunate penalty for Winter	e enough to Springs Pe	o be awarded do erforming Arts Fo	llars to purch undation wo	ase a nevuld be ret	w sou turning	ind syster g the dolla	n and s ars awa	seating fo	or our patro good faith.	ns, the
15.	Requester Contact	t Informati	ion								
	a. First Name	Shanda		Last Name	Batchelo	or					
	b. Organization	The Wint	er Springs Perfo	rming Arts Fo	undation	1					
	c. E-mail Address	shanda@	winterspringsart	s.org							
	d. Phone Number	(407)421	-7134	Ext.							
16.	Recipient Contact	Information	on								
	a. Organization	The Winte	er Springs Perfoi n	mring Arts							
	b. Municipality and	d County	Seminole								
	c. Organization Ty	ре									
	□For Profit Entity										



17.

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

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□Non Profit 501(c)(4)									
□Local Entity									
□University or College									
□Other (please specify)									
d. First Name	Shanda	Last Name	Batchelor						
e. E-mail Address	shanda@winterspringsarts.org								
f. Phone Number	(407)421-7134								
Lobbyist Contact Information									
a. Name	Kimberlee Ann Strong								
b. Firm Name	McKinnonStrong LLC								
c. E-mail Address	kim@mckinnonstrong.com								
d Phone Number	(407)610-1711								