

**LFIR # 3153** 

| 1. Project Title                                  | Fort Kirkland Arc                                 | haeological Study                           | у  |  |                   |  |  |
|---|---|---|--|--|-------------------|--|--|
| 2. Senate Sponsor                                 | Doug Broxson                                      |   |  | ,                                      |                   |  |  |
| ·   |   |   |  |  |                   |  |  |
| 3. Date of Request                                | 12/08/2023  |   |  |  |                   |  |  |
| 4. Project/Program D                              | escription  |   |  |  |                   |  |  |
| modern day Okaloo soldiers who occup              | osa County, the Cree<br>ied the fort prior to its | ks captured the fo<br>s capture still resid | hed his troops south, a<br>rt and burned it down.<br>e in Okaloosa County<br>fort is located, and cr | The family names of today. The purpose | of those American |  |  |
| 5. State Agency to re                             | eceive requested fu                               | nds Departm                                 | nent of State  |  |                   |  |  |
| State Agency cont                                 | acted? No   |   |  |  |                   |  |  |
|   |   | for Final Voor 20                           | 24 2025  |  |                   |  |  |
| 6. Amount of the Nor                              | recurring Request                                 | Tor Fiscal Year 20                          | J24-2025<br>   |  |                   |  |  |
| Type of Funding                                   |   |   |  | unt                                    |                   |  |  |
| Operations Fixed Capital Outla                    | V.  |   |  | 250,000                                |                   |  |  |
| Total State Funds                                 | •   |   |  | 250,000                                |                   |  |  |
|   | •   |   |  |  |                   |  |  |
| 7. Total Project Cost                             | for Fiscal Year 2024                              | 1-2025 (including                           | matching funds ava  Amount   |  | ect)              |  |  |
|   | Type of Funding                                   |   |  | Percentage                             |                   |  |  |
| Matching Funds                                    | Requested (from que                               | Stion #6)                                   | 250,000  | 100%                                   |                   |  |  |
| Federal   |   |   |  | 0%                                     |                   |  |  |
|   | State (excluding the amount of this request)      |   |  | 0%                                     |                   |  |  |
| Local   |   |   | 0  | 0%                                     |                   |  |  |
| Other   | Other   |   |  | 0%                                     |                   |  |  |
| <b>Total Project Cost</b>                         | s for Fiscal Year 20                              | 24-2025                                     | 250,000  | 100%                                   |                   |  |  |
| 8. Has this project p                             | reviously received s                              | state funding?                              | No   |  |                   |  |  |
| Fiscal Year                                       | Amo   | unt   | Specific   | Vetoed                                 |                   |  |  |
| (уууу-уу)   | Recurring   | Nonrecurring                                | Appropriation #  |  |                   |  |  |
|   |   |   |  |  |                   |  |  |
| 9. Is future funding li                           | ikely to be requeste                              | d?  | Yes  |  |                   |  |  |
| a. If yes, indicate nonrecurring amount per year. |   |   | ongoing  |  |                   |  |  |
| b. Describe the so                                | ource of funding tha                              | t can be used in                            | lieu of state funding.   |  |                   |  |  |
| Department of Sta                                 | ite Grants, federal gra                           | ants  |  |  |                   |  |  |
|   | _   |   | danal aggictores   | 40d 40 4bc 000/10 4                    | 10 man dam!-0     |  |  |
| 10. Has the entity red                            | questing this projec                              | t received any fe                           | derai assistance rela  | ited to the COVID-1                    | 9 pandemic?       |  |  |
| Yes   |   |   |  |  |                   |  |  |



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

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| inplete que                                       | estions in a                 | nd 12 for Fixed Capi        | tai Outiay | Projects |
|---|------------------------------|-----------------------------|------------|----------|
| Status of Const<br>a. What is the c               | ruction<br>urrent phase of t | the project?                |            |          |
| Planning  | Design                       | Construction N/A            |            |          |
| b. Is the project "shovel ready" (i.e permitted)? |                              |                             | No         |          |
| c. What is the es                                 | stimated start da            | ate of construction?        |            |          |
| d. What is the e                                  | stimated comple              | etion date of construction? |            |          |

### 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/<br>Other           |  | 0       |  |  |
| Consultants/Contracted Services/Study                 |  | 0       |  |  |
| Operational Costs: Other                              |  |         |  |  |
| Salary and Benefits                                   |  | 0       |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other           | Travel costs, equipment,, and other supplies for UWF Archaeology to complete archaeological study. | 100,000 |  |  |
| Consultants/Contracted<br>Services/Study              | Study costs  | 150,000 |  |  |
| Fixed Capital Construction/Major Renovation:          |  |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0       |  |  |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 250,000 |  |  |

#### 14. Program Performance

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

During the Second Seminole War, Andrew Jackson marched his troops south, and after abandoning Fort Kirkland in modern day Okaloosa County, the Creeks captured the fort and burned it down. The family names of those American soldiers who occupied the fort prior to its capture still reside in Okaloosa County today. The purpose of the funds is to research historical background, survey the land where the fort is located, and create a historical landmark in honor of those families.

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



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The study will engage university students and faculty, as well as the local families who are connected to the heritage of Fort Kirkland. Funds will serve to survey the land and create an action plan for seeking out federal funds through the National Park Service and National Register of Historic Places in preserving a vital part of early Northwest Florida history.

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

Access to newly found historical sites, access to experiential learning for UWF students, and adding to Northwest Florida's history tourism.

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

University and college students, general population interested in Florida history, the families of the soldiers who occupied the fort, and historical tourists who visit Northwest Florida to study its rich history.

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

Northwest Florida's cultural and historical significance is rich but oftentimes overlooked. By researching and surveying the land where Fort Kirkland is located, historical context and experiences can be fostered. Number of visitors per year will be used to measure the outcome of the project. It will also provide UWF archaeology students and faculty the opportunity to study and memorialize a significant Northwest Florida historical event. And by creating a registered historic landmark, this will ensure the land and history are preserved.

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?

Failure to meet deliverables will result in a return of funds to adminstering agency. 15. Requester Contact Information Last Name | Saunders a. First Name Dr. Martha President, University of West Florida b. Organization c. E-mail Address | msaunders@uwf.edu **d. Phone Number** (850)474-2200 Ext. 16. Recipient Contact Information a. Organization University of West Florida b. Municipality and County | Escambia c. Organization Type □For Profit Entity □Non Profit 501(c)(3) □Non Profit 501(c)(4) □Local Entity ☑University or College

□Other (please specify)

Ramie

d. First Name

Last Name Gougeon



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| e. E-mail Address      | rgougeon@uwf.edu      |  |
|------------------------|-----------------------|--|
| f. Phone Number        | (850)474-2200         |  |
| 17. Lobbyist Contact I | nformation            |  |
| a. Name                | Rachel Witbracht      |  |
| b. Firm Name           |                       |  |
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