

LFIR # 3392

1. Project Title	Florida Restaura Campaign	ant & Lodging A	ssoc	iation In-State Touris	m Marketing	
2. Senate Sponsor	Jay Trumbull					
3. Date of Request	01/08/2024					
4. Project/Program De	escription					
This project allows \ marketing, media an matching program ar Restaurant & Lodgin	d events program t nd is conducted thr	o promote Flori	da to te, a	s approved by and m	the state. The cam	paign has a private
5. State Agency to rec State Agency contacts. 6. Amount of the Nonr	cted? Yes			ent of Business and F	rofessional Regula	ition
Type of Funding	Type of Funding			Amo	unt	
Operations				7•	1,000,000	
Fixed Capital Outlay					0	
Total State Funds R	Requested				1,000,000	
Type of Funding	aguastad (from gua	oction #6)		Amount	Percentage 50%	
Total State Funds Re	equested (from que	estion #6)		1,000,000	50%	
Matching Funds						
Federal				0	0%	
State (excluding the	amount of this requ	uest)		0	0%	
Local				0	0%	1
Other				1,000,000	50%	
Total Project Costs	for Fiscal Year 20	024-2025		2,000,000	100%	
8. Has this project pre	eviously received	state funding?		Yes		
Fiscal Year (yyyy-yy)		ount		Specific Appropriation #	Vetoed	
2023-24	Recurring 0	Nonrecurrin	_	2206A	No	
ZUZJ-Z4	0	1,000	,000		INU	I
9. Is future funding lik	ely to be requeste	ed?		No		
a. If yes, indicate no	onrecurring amou	int per year.				
b. Describe the sou	_		in lie	eu of state funding.		
10. Has the entity requ	uesting this proje	ct received any	fed	eral assistance rela	ted to the COVID-	19 pandemic?



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If yes, indicate	the amount of fu	nds received and what the funds were used for.
Complete que	estions 11 a	nd 12 for Fixed Capital Outlay Projects
1. Status of Cons	truction urrent phase of t	ne project?
Planning	O Design	○ Construction ○ N/A
b. Is the project	"shovel ready"	i.e permitted)?
c. What is the e	stimated start da	te of construction?
d. What is the e	stimated comple	tion date of construction?
		receive, directly or indirectly, any fixed capital outlay funding. 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	Basic expenses such as staff travel, promotional items, printing, booth rental, equipment rental, office supplies.	50,000
Consultants/Contracted Services/Study	Marketing, public relations, administrative funding, support for events. This has a 1:1 match with private funds.	950,000
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 (must equal total from question #6) 1,000,000		

14. Program Performance

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

Funds are transferred from the DBPR Hotels and Restaurants Trust Fund to Visit Florida to contract with the Florida Restaurant & Lodging Association to develop a coordinated marketing, media and events program to promote Florida tourism to residents of the state. The campaign has a private matching program and is conducted throughout the state, as approved by and monitored by Visit Florida and the Florida Restaurant & Lodging Association for the purpose of promoting tourism.

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



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Based on funding	g. Activities include (but ar	e not limited to): arts, cultural, historical, a	gricultural and equine events.
c. What direct se	rvices will be provided to	o citizens by	the appropriation project?	?
Services for citize	ens include (but are not lin	nited to) recrea	ation, education and promot	ing the hospitality industry.
d. Who is the targ	get population served by	this project?	How many individuals a	e expected to be served?
>800				
e. What is the explored be measured?	pected benefit or outcon	ne of this proj	ect? What is the methodo	ology by which this outcome will
private match of p	support the tourism and horogram dollars demonstrations to available through letter	tes support fro	om organizations and entitie	during off season months. The es across the state. Additionally,
f. What are the su	uggested penalties that t	he contractin	g agency may consider ir	addition to its standard penaltie
for failing to mee	t deliverables or perforn	nance measui	res provided for the contr	act?
Failure to meet d specified paymen		financial cons	equences including withhol	ding of funding or reduction in
15. Requester Contac	ct Information			
a. First Name	Carol	Last Name	Dover	
b. Organization	Florida Restaurant & Lodging Association			
c. E-mail Address	CDover@frla.com			
d. Phone Number	(850)224-2250	Ext.		
16. Recipient Contact	t Information			
a. Organization	Florida Restaurant & Lo	dging Associa	tion	
b. Municipality an	d County Statewide			
c. Organization Ty	уре			
□For Profit Entity	/			
□Non Profit 501((c)(3)			
□Non Profit 501((c)(4)			
□Local Entity				
□University or Co	ollege			
☑Other (please s	specify) 501(c)(6)			
d. First Name	Carol	Last Name	Dover	
e. E-mail Address	CDover@frla.com			
f. Phone Number	(850)224-2250			



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