



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** African American History Museum at the Historic Roosevelt High School

2. **Senate Sponsor:** Bobby Powell

3. **Date of Submission:** 11/14/2017

4. **Project/Program Description:**

Expanding of s. 1003.42(2)(h), F.S., this facility aims to become a living entity of that curriculum requirement. Locating this museum in a historically Black community with ties going back nearly 100 years is just the first step. With some exhibits already procured to help create the focus for the museum, upon completion, the museum will be a yearly trip for tens of thousands of students in Palm Beach County, the Treasure Coast, and all of South Florida. The museum will have displays showing the history of the African people, their struggles faced both in Africa and through the slave trade to North America. With a long history in Florida, this community supported museum will also be able to focus on the history of African Americans both locally and in throughout Florida. Not only will students be visiting, but this will serve as a museum to educate the entire public and serve as a place for meetings and lifelong education programs.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of State

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	350,000	350,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	10,000,000	96.6%
Other	0	0.0%
TOTAL	10,000,000	96.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 10,350,000



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### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		350,000	350,000

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

The funds will allow a steering committee comprised of the school district and locally elected and community leaders to establish the architectural and interior design of the facility as well as establishing exhibits. This will include contracting with engineering firms, architects, nationally recognized consultants and legal review to create initial plans and subsequent changes that may be needed. Consultants to provide national level input as well as travel to other similar museums to study and work with other staff on creating learning experiences and administrative practices.

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

Consultants to provide national level input as well as travel to other similar museums to study and work with other staff on creating learning experiences and administrative practices.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	N/A	50,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	N/A	100,000
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	N/A	200,000
TOTAL		350,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

The planning phase of this project will allow for community input by citizens on their expectations for the museum as well as create a continued dialogue by all stakeholders to ensure the museum reaches its full potential.

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

The beneficiaries will be Palm Beach and surrounding county students in K-12 as well as college students, adults and out of town visitors. Once operational the museum will be an annual destination for students as well as a center for lifelong learning lectures and programs. Of note, the National Museum of African American History and Culture had 350,000 visitors in the first 2 months of 2017.

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

The Museum will be part of a broader educational campus that includes a school created for career development in areas such as engineering and architecture and a workforce training center to help with continued job in high growth employment sections.

**g. 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 in the contract?**

Potential change in management/administrative leaders as well as a change in the eventual board members.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Palm Beach County School District



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### 13. Requestor Contact Information:

- a. **Name:** Dr. Robert Avossa
- b. **Organization:** Palm Beach County School District
- c. **Email:** Avossa.RM@palmbeachschools.org
- d. **Phone Number:** (561)649-6833

### 14. Recipient Contact Information:

- a. **Organization:** Palm Beach County School District
- b. **County:** Palm Beach
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) School District
- d. **Contact Name:** Dr. Debra Robinson
- e. **E-mail Address:** Debra.robinson@palmbeachschools.org
- f. **Phone Number:** (561)434-8139

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** Andrew Watt
- b. **Firm:** School District of Palm Beach County
- c. **Email:** Andrew.watt@palmbeachschools.org
- d. **Phone Number:** (561)951-1139