



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1389

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. Project/Program Description

The Cuban Club Building requires tuck pointing on exposed brick and mortar, a process never done on the 106-year-old building. Also, replacement of exterior wood and cornice is needed, as a 30-foot tear from a wind storm has compromised the cornice. Repair and replacement of parapet wall on deteriorating sections, including fabricating and installing balustrades are needed to match original on the 4th floor terraces and roof. Additionally, 12 five-globe Ybor lights need to be manufactured, installed and provided power, the removal and re-manufacturing of Juliet balconies that are hazardous, and clean and install new handrails on terrace. Finally, an update and upgrade theatre wiring is needed as the wiring is old and insulated with cloth.

5. **State Agency to receive requested funds**
- State Agency contacted?**

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	2,500,000	100%

8. **Has this project previously received state funding?**

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**
- a. **If yes, indicate nonrecurring amount per year.**
- b. **Describe the source of funding that can be used in lieu of state funding.**
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10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**



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Yes

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

Shuttered Venue Operators Grant - \$253,302.53 for payroll, utilities and building improvements

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

August 2023

d. What is the estimated completion date of construction?

July 2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Cuban Club Foundation Inc., a 501 (c) (3). The board is made up of non compensated volunteers. No board member will receive any fixed capital outlay funding.

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		0
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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Tuck pointing of exposed brick and mortar; preparing and painting building; replacing exterior wood where needed; replacing cornice; repairing/replacing parapet wall; fabricating and installing balustrades to match original; manufacturing/installing 12 five-globe Ybor lights; power for Ybor lights; cleaning and installing railings on terrace; removing and re-manufacturing Juliet balconies; updating and upgrading theatre wiring.	2,500,000
Total State Funds Requested (must equal total from question #6)		2,500,000

14. Program Performance

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



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

The Foundation will hire an architect, engineer and contractor to make the improvements and repairs that are within the scope of the project. All work will be permitted, approved by the Barrio Latino Commission and when complete, inspected.

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

The repair of the Cuban Club will ensure its activity as a venue for a variety of events such as concerts, performances, art and commercial exhibits, political rallies and gatherings, non-profit fund raisers, weddings and other events along with attracting a wide spectrum of tourist visitors. The repairs to the building will also create immediate construction jobs. The County request our building as a hurricane shelter and distribution center.

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

While the construction project doesn't serve individuals or a target population the building is visited and used by close to 50,000 people a year.

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

The repairs will encourage and promote more use of the building as a convention/events center, a tourist attraction, a concert facility and as a storm shelter and distribution center during hurricanes. Our success will be measured by an increase in events and attendance. Increased use will also cause an increase in remitted sales and a jump in parking fees at neighboring City of Tampa Parking Garages and street parking.

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 Contracting Agency should not distribute any funds until the Cuban Club Foundation has proven that it has met or exceeded all deliverables. Non-performance would exclude the project from state funding.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

For Profit Entity

Non Profit 501(c)(3)

Non Profit 501(c)(4)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number