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The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: African Museum of Arts and Culture

Senate Sponsor: Daphne Campbell
 Date of Submission: <u>11/12/2017</u>

4. Project/Program Description:

The African Museum of Arts and Culture (AMAC) Center is expected to house the largest collection of African Arts and Artifacts outside of the African continent. The AMAC center would serve as a repository of contemporary arts from the Diaspora including exhibits from the Caribbean, Latin America, Europe, Asia, North America and 'BlackArt' from the local community. The land for this project has been donated by the Miami Dade County Government and the requested funding is strictly for the construction and building of the facility. An important mission of the AMAC center is to provide a platform for educating our local community and our children about African/African American history.

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? <u>Department of State</u>
- 6. Amount of Non-recurring Requested for fiscal year 2018-19:

| Amount Requested for Operations | Amount Requested for | Total Amount of |
|---------------------------------|----------------------|-----------------------|
| | Fixed Capital Outlay | Requested State Funds |
| | 10,000,000 | 10,000,000 |

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

| Туре | Amount | Percent |
|--|---------|---------|
| Federal | 0 | 0.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 350,000 | 3.4% |
| Other | 0 | 0.0% |
| TOTAL | 350,000 | 3.4 % |

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



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- 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) 2
- 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: | Α | В | С |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | 500,000 | 500,000 |

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

Yes

a. If yes, indicate non-recurring amount per year.

\$2,000,000.00

11. Program Performance:

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

Construction of a multi-purpose center to serve as a museum and hub for teaching African/African American history

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

Building and construction, repository of arts and artifacts, education and performing arts programming

c. How will the funds be expended?

| Spending Category | Description | Amount |
|--|-------------|--------|
| Administrative Costs | | |
| ☐Executive Director/Project Head Salary and Benefits | | |
| □Other Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

| ☐Consultants/Contracted Services/Study | | |
|--|---------------------------------------|------------|
| Operational Costs | | |
| ☐Salary and Benefits | | |
| □Expense/Equipment/Travel/Supplies/Other | | |
| ☐Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation | | |
| ☑Construction/Renovation/Land/Planning Engineering | Building and Construction Services | 10,000,000 |
| TOTAL | | 10,000,000 |

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

<u>Educational, cultural and performing arts programming for the children in the Miami Gardens, Miami Dade</u> and the South Florida community

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

The primary beneficiary are the students of Miami Dade School District and approximately 350,000 individuals.

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

Development of the only African Museum in Miami Dade County and the exposure of school age children in the South Florida community to African/African American content in support of the State of Florida mandate to infuse African/African American content in school curricula. The success of the initiative would be determined by both quantitative (daily log of students, visitors and tourist) and qualitative (interviews and testimonials of students, visitors and tourists)

- 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?

 Repayment of funds and forfeiture of future opportunities for receipt of state funds
- 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.

To be Determined

- 13. Requestor Contact Information:
 - a. Name: Erhabor Ighodaro
 - b. Organization: African Museum of Arts Culture



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

c. Email: <u>lghodaro2012@gmail.com</u>d. Phone Number: (305)343-5006

14. Recipient Contact Information:

a. Organization: African Museum of Arts Culture

b. County: Miami-Dadec. Organization Type:

O For Profit

● Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Entity

O University or College

O Other (Please specify)

d. Contact Name: Erhabor Ighodaro

e. E-mail Address: lghodaro2012@gmail.com

f. Phone Number: (305)343-5006

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

a. Name: None **b. Firm:** None

c. Email:

d. Phone Number: