



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Acquisition of Florida Quilt Museum Building

2. **Senate Sponsor:** Wilton Simpson

3. **Date of Submission:** 01/29/2018

4. **Project/Program Description:**

The Florida Quilt Museum is located in Trenton. It is in Trenton's oldest commercial building - a restored 1910 dry goods store, adjacent to the city's historic turn of the century railroad depot. The museum serves as the headquarters for the Florida Quilt Trail. The funding request is seeking funds to help acquire the building.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of State

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

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
	270,000	270,000

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	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 270,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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:			

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?

Acquisition of the building housing the museum to ensure continued success of the museum.

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

Acquisition of the building housing the museum to ensure continued success of the museum.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Acquisition of building	270,000
TOTAL		270,000

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

Acquisition of the building will ensure that the museum continues to be available to the citizens and visitors interested in quilting and history, and those attending the annual quilt festival.

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

The citizens of Gilchrist County and all Floridians and tourists interested in quilting and Florida history.

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

Maintenance of a historical property, measured by visitor data.

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?

The standard penalties are sufficient.

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.

Suwannee Valley Quilt Shoppe

13. Requestor Contact Information:

- a. **Name:** Gabrielle Redfern
- b. **Organization:** Florida Quilt Museum Board
- c. **Email:** svquiltchat@gmailcom
- d. **Phone Number:** (352)316-3656

14. Recipient Contact Information:

- a. **Organization:** Florida Quilt Museum Board
- b. **County:** Gilchrist
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)



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d. Contact Name: Gabrielle Redfern

e. E-mail Address: svquiltchat@gmailcom

f. Phone Number: (352)316-3656

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: