



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1466

1. Title of Project: Florida Holocaust Memorial at the State Capitol

2. Senate Sponsor: Kevin Rader

3. Date of Submission: 02/04/2019

4. Project/Program Description:

During the 2016 legislative session, legislation was passed requiring the creation and construction of a Holocaust Memorial at the Capitol (see s. 265.005, F.S).

5. State Agency to receive requested funds : Department of Management Services

State Agency Contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020

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

7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
Total Project Costs for Fiscal Year 2019-2020	500,000	100.0%

8. Has this project previously received state funding? Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2016-17		100,000		No

9. Is future-year funding likely to be requested? No

10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		



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Consultants/Contracted Services/Study	All design and construction will be done pursuant to a contract with necessary professionals.	500,000
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		500,000

11. Program Performance:

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

The legislative mandate to erect a Memorial will be fulfilled.

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

The Memorial will be a significant way, in which, Florida recognizes the need to commemorate the victims and survivors of the Holocaust.

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

All the visitors to the Capitol will have an opportunity to observe the Memorial, recognize and commemorate the millions of people, including 6,000,000 Jews, murdered by the Nazis and honor the survivors. It will be an educational site for students to learn about this tragic period in human history.

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

All citizens who visit the Capitol.

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

The Memorial will help ensure that the lessons of the Holocaust will never be forgotten.

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 in the contract?

N/A

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.

DMS

13. Requestor Contact Information:

a. Name: Steve Uhlfelder

b. Organization: volunteer who has spearheaded the effort to get the memorial



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c. **E-mail Address:** steve@sulaw.net

d. **Phone Number:** (850)980-6435

14. Recipient Contact Information:

a. **Organization:** volunteer who has spearheaded the effort to get the memorial

b. **County:** Leon

c. **Organization Type:**

For Profit

Non Profit 501(c) (3)

Non Profit 501(c) (4)

Local Entity

University or College

Other (Please specify) DMS

d. **Contact Name:** Steve Uhlfelder

e. **E-mail Address:** steve@sulaw.net

f. **Phone Number:** (850)980-6435

15. Lobbyist Contact Information

a. **Name:** None

b. **Firm Name:** None

c. **E-mail Address:**

d. **Phone Number:**