



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2214

1. **Project Title** Bush House Restoration and Preservation - Crestview

2. **Senate Sponsor** George Gainer

3. **Date of Request** 01/03/2020

4. **Project/Program Description**

Renovation and restoration of the historic Bush House located in downtown Crestview.

5. **State Agency to receive requested funds** Department of State

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	000
Fixed Capital Outlay	250,000
Total State Funds Requested	250,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	250000	71.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	100,000	29 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	350,000	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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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		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of existing historic building	250,000
Total State Funds Requested (must equal total from question #6)		250,000



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11. Program Performance

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

The Bush House will be renovated to preserve its historic significance and, in the process, will be brought up to current building code standards. The house will be used as a local history museum, maintained by the local Historic Preservation Board; have offices for Main Street Crestview; and will be used by Elder Services of Okaloosa County.

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

Local museum, local elder services, Main Street Crestview event planning.

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

Local museum, local elder services, Main Street Crestview event planning.

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

All ages and demographics in the City of Crestview and surrounding areas will benefit from the extended use of the building.

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

The number of visitors to the museum will be tracked as well as participation in any events

- 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?

The City of Crestview Community Redevelopment Agency would include liquidated damages in the contract for renovations.



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12. **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.**

The City of Crestview is the owner of the facility. The Community Redevelopment Agency is a dependent district of the City of Crestview.

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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)
 - ☒ Local Entity
 - ☐ University or College
 - ☐ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.