



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2435

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Enrich Cultural experience:  
Students will gain a greater understanding of the cultural, historical, and archaeological heritage of the Big Bend region and their relationship with that heritage through direct participation in hands-on educational programs both in the field and the classroom.

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	400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>400,000</b>

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)	400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>400,000</b>	<b>100%</b>

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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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## 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Administrative expenses will be provided by Healthyways, Inc - including support staff, classroom facilities, office facilities, exhibit space, utilities, and liability \$160,000.00	160,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Brochures, handouts, classroom supplies, and equipment (10 portable laptop computer)- \$50,000.00 Transportation and crew of educational traveling exhibits - \$20,000.00 Production of Educational videos - \$20,000.00	90,000
Consultants/Contracted Services/Study	Contracted Researchers, educators, and support team - \$150,000.00	150,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>400,000</b>

### 14. Program Performance

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



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The Aucilla Research Institute will provide historical and archaeological education programs and opportunities to a region of Florida which is traditionally underserved for such programs. These programs and opportunities have been tested on a pilot scale with private funding, including student participation in historical archaeological fieldwork, the creation of programs for home-schooled students, and the development of oral history programs and research with local communities.

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

Educational programs which have been developed over two years of field educational projects will be expanded and further developed for each of the educational districts in the area to be served noted above. These programs will include materials, tools, and field projects designed for the students of the region and available for classroom teachers to use upon request to ARI.

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

Field educational projects, as well as classroom programs, will be provided directly to students within this region by archaeologists and other scientists from ARI. Online information and programs will also be created and posted to the Aucilla Research Institute website and made available to educators and staff, as well as homeschool teachers, for continuing use.

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

PreK, grade school, and high school students, as well as home school students and at risk students, who have little or no access to such programs.

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

Enrich Cultural experience:  
Students will gain a greater understanding of the cultural, historical, and archaeological heritage of the Big Bend region and their relationship with that heritage through direct participation in "hands-on" educational programs both in the field and the classroom.

**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 Aucilla Research Institute, in the event of willful failure to meet the deliverables outlined (i.e., the development of historical and archaeological education programs for Taylor, Madison, Jefferson, Leon and Wakulla Counties), will return unexpended funds to the state and provide a statement of the circumstances surrounding such failure if needed.

#### 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)



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- ☐ 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**