



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2927

**1. Project Title**

**2. Senate Sponsor**

**3. Date of Request**

**4. Project/Program Description**

The City of Delray Beach is requesting funding to enhance conditions at Spady Cultural Heritage Museum. This facility, which is owned and the grounds maintained by the city, is a museum of African-American history housed in the former home of the late Solomon David Spady, a prominent African-American educator and community leader in Delray Beach from 1922 to 1957. The property has seen an increase in visitors including tourists, researchers, locals, and area students. As the only facility of its kind in Palm Beach County, the museum and marketplace showcase the contributions of members of the African Diaspora in Florida and the U.S. The Spady Cultural Heritage Museum, Inc., which operates the facility, hosts a number of events and fundraisers throughout the year. However, with limited space for attendees, the museum is limited in its fundraising efforts. Additionally, the museum is extremely limited on storage space and the aging home that houses the museum is in need of repairs.

**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	0
Fixed Capital Outlay	75,000
<b>Total State Funds Requested</b>	<b>75,000</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)	75,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	75,000	50%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>150,000</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.**



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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.

## 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		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Constructing a covered outdoor pavilion in order to expand the available activities for the museum as well as a storage area to safely house permanent museum collections when not on display. Repairs to the historic home include replacement of aged wood as well as stucco repair to protect the historic home. Improved signage also will be provided.	75,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>75,000</b>

14. Program Performance

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



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The city and Spady Cultural Heritage Museum, Inc., seek to construct a covered outdoor pavilion in order to expand the available activities for the museum as well as a storage area to safely house permanent museum collections when not on display. Repairs to the historic home include replacement of aged wood as well as stucco repair. Improved signage also will be provided.

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

Additional visitors including elderly, physically disabled, and school students from preschool through university will have an increased opportunity to visit the facility to learn from and enjoy the cultural resources contained therein.

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

Construction of a covered outdoor pavilion, storage facility, replacement of aged wood, and stucco repair to protect the historic home. Improved signage also will be provided.

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

Target populations include elderly persons, persons with poor physical health, physically disabled persons, preschool students, grade school students, high school students, and university/college students in addition to the general population.

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

The expected outcome is to attract increased visitorship to the facility. This will be measured by keeping a visitor log and by increased revenues.

**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?**

Should the project fail to be constructed, any funds received shall be returned.

**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)
- Non Profit 501(c)(4)
- Local Entity
- University or College



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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**