

**LFIR # 1672** 

| 1. Project Title        | Italian Club of Tampa - I                             | Restoration & Code Compliance Initiative                                                                                                                                    |                          |
|-------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 2. Senate Sponsor       | Danny Burgess                                         |                                                                                                                                                                             |                          |
| 3. Date of Request      | 2/10/2025                                             |                                                                                                                                                                             |                          |
| 4. Project/Program Des  | cription                                              |                                                                                                                                                                             |                          |
| United States (ref: To  | ny Pizzo), organized on A<br>nmunity. The major aspec | landmark and the oldest Italian American Organizat<br>April 4, 1894, is in need of further preservation work<br>ct of this request is to stabilize the building (built in 1 | in order to maintain our |
| 5. State Agency to rece | eive requested funds                                  | Department of State                                                                                                                                                         |                          |
| State Agency contac     | ted? No                                               |                                                                                                                                                                             |                          |
| 6. Amount of the Nonre  | curring Request for Fisc                              | cal Year 2025-2026                                                                                                                                                          |                          |

| Type of Funding             | Amount  |
|-----------------------------|---------|
| Operating                   | 136,416 |
| Fixed Capital Outlay        | 376,745 |
| Total State Funds Requested | 513,161 |

#### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding                                | Amount  | Percentage |
|------------------------------------------------|---------|------------|
| Total State Funds Requested (from question #6) | 513,161 | 100%       |
| Matching Funds                                 |         |            |
| Federal                                        | 0       | 0%         |
| State (excluding the amount of this request)   | 0       | 0%         |
| Local                                          | 0       | 0%         |
| Other                                          | 0       | 0%         |
| Total Project Costs for Fiscal Year 2025-2026  | 513,161 | 100%       |

### 8. Has this project previously received state funding? If yes, provide the most recent instance:

| Fiscal Year | Amo       | ount         | Specific        | Vetoed |  |
|-------------|-----------|--------------|-----------------|--------|--|
| (уууу-уу)   | Recurring | Nonrecurring | Appropriation # |        |  |
| 2023-24     | 0         | 1.000.000    | 3237            | Yes    |  |

| _  | _    | _           |         |          | _    |            |
|----|------|-------------|---------|----------|------|------------|
| 9. | Is ' | future-vear | fundina | likely t | o be | requested? |

Yes

Yes

a. If yes, indicate nonrecurring amount per year.

2,000,000

#### b. Describe the source of funding that can be used in lieu of state funding.

The club has exhausted all sources of funding from other sources. We have been unsuccessful in obtaining State Grant assistance for the last 4 years and we now find ourself in desperate need of funds to stabilize the structure.



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#### Complete questions 10 and 11 for Fixed Capital Outlay Projects

| 10. Status of Construction                                                                                                          |                   |                               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|
| a. What is the current phase of the project?                                                                                        |                   |                               |
| ○ Planning                                                                                                                          |                   |                               |
| b. Is the project "shovel ready" (i.e permitted)?                                                                                   | No                |                               |
| c. What is the estimated start date of construction?                                                                                | 08/01/2025        |                               |
| d. What is the estimated completion date of construction?                                                                           | 12/31/2025        |                               |
| e. What funding stream will be used for ongoing operations                                                                          | and maintenance o | f the project?                |
| None                                                                                                                                |                   |                               |
|                                                                                                                                     |                   |                               |
| 11. List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the entire |                   | I outlay funding. Include the |
| Italian Club Building & Cultural Trust Fund, Inc.                                                                                   |                   |                               |

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

| Spending Category                                                       | Description                                                           | Amount  |  |  |  |  |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------|---------|--|--|--|--|
| Administrative Costs:                                                   |                                                                       |         |  |  |  |  |
| Executive Director/Project Head Salary and Benefits                     | Project Management / Supervision                                      | 38,100  |  |  |  |  |
| Other Salary and Benefits                                               |                                                                       | 0       |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             | As needed copy services, phone charges, computer and printing charges | 750     |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                | Construction oversight                                                | 2,900   |  |  |  |  |
| Operational Costs                                                       |                                                                       |         |  |  |  |  |
| Salary and Benefits                                                     |                                                                       | 0       |  |  |  |  |
| Expense/Equipment/Travel/Supplies/<br>Other                             | Mobilization, Staging, Scaffolding & Expendable Supplies              | 7,666   |  |  |  |  |
| Consultants/Contracted<br>Services/Study                                | Architectural and engineering services                                | 87,000  |  |  |  |  |
| Fixed Capital Construction/Major Renovation:                            |                                                                       |         |  |  |  |  |
| Construction/Renovation/Land/<br>Planning Engineering                   | Upgrade Electrical Service & Replace Fire Alarm / Suppression System. | 376,745 |  |  |  |  |
| Total State Funds Requested (must equal total from question #6) 513,161 |                                                                       |         |  |  |  |  |

#### 13. Program Performance

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

The Italian Club Building, a registered historic landmark, and the oldest continually operating Italian American Organization of its type in the United States (ref: tony Pizzo), organized on April 4, 1894, is in need of further preservation work in order to maintain our mission within the community. The major aspect of this request is to stabilize the building (built in 1918) and bring the building into compliance with current building codes.

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



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As a historic landmark our building is open to the public for daily tours, as well as for community and cultural events. We are host to the center stage for Ybor City's Fiesta Day celebration showcasing Tampa's rich Latin Heritage. We host the Italian American Golf Invitational (celebrating its 46th year) with proceeds benefiting local Tampa Bay Charities.

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

We conduct tours for school aged children as well as providing space for continuing education classes. We host Italian language classes, cooking classes, culturally specific events and historical presentations. We also work with other local 501c3s who utilize our club to host events that better the community through their own endeavors.

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

There is no specific target. We are a facility that is open to all of the communioty. We regularly welcome over a thousand guests each month between events, activities and tours.

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

As the oldest Italian American Organization of its type in the nation, the funds are critical to ensuring that our physical building is preserved so that we can maintain our mission to serve our community as a cultural icon to all those immigrant families that helped build our community.

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?

| If t              | he project cannot be completed in a timely manner, state funding should be surrendered.                  |
|-------------------|----------------------------------------------------------------------------------------------------------|
| ls ti             | nis project related to mitigation, response, or recovery from a natural disaster? No                     |
| a. If `           | Yes, what phase best describes the project?                                                              |
|                   | Mitigation (reducing or eliminating potential loss of life or property)                                  |
|                   | Response (addressing the immediate and short-term effects of a natural disaster)                         |
|                   | Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure) |
| b. Na             | ame of the natural disaster (or Executive Order # for events not under a federal declaration):           |
|                   |                                                                                                          |
|                   |                                                                                                          |
| Has               | the entity applied for or received federal assistance for this project?                                  |
|                   | the entity applied for or received federal assistance for this project?  Tes, Applied                    |
| □ Y               | , ,                                                                                                      |
| □ Y               | res, Applied res, Received                                                                               |
| □ Y<br>□ Y<br>□ N | res, Applied res, Received                                                                               |

16. Has the entity applied for or received state assistance for this project (other than this request)?



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| ☐ Yes, Applied                                                                                                                                                                         |                                                                                         |                |              |            |             |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------|--------------|------------|-------------|-------------------|
| ☐ Yes, Received                                                                                                                                                                        |                                                                                         |                |              |            |             |                   |
| □ No                                                                                                                                                                                   |                                                                                         |                |              |            |             |                   |
| ☐ No, but intends to                                                                                                                                                                   | o apply                                                                                 |                |              |            |             |                   |
| a. If yes, specify the Commerce):                                                                                                                                                      | e program and state ager                                                                | ncy (ex. Loca  | al Governmen | t Emergenc | y Bridge Lo | an, Department of |
| 17. Requester Contact                                                                                                                                                                  | t Information                                                                           |                |              |            |             |                   |
| a. First Name                                                                                                                                                                          | Donald                                                                                  | Last Name      | Bodie        |            |             |                   |
| b. Organization                                                                                                                                                                        | Italian Club Building & Cu                                                              | ltural Trust F | und, Inc.    |            |             |                   |
| c. E-mail Address                                                                                                                                                                      | mark@italian-club.org                                                                   |                |              |            |             |                   |
| d. Phone Number                                                                                                                                                                        | (813)248-3316                                                                           | Ext.           |              |            |             |                   |
| 18. Recipient Contact a. Organization b. Municipality and c. Organization Ty  □For Profit Entity □Non Profit 501(d □Non Profit 501(d □Local Entity □University or Co □Other (please sp | Italian Club Building & Cu Inc.  d County Hillsborough  pe  c)(3) c)(4)  bllege pecify) |                |              |            | 1           |                   |
| d. First Name                                                                                                                                                                          | Donald                                                                                  | Last Name      | Bodie        |            |             |                   |
| e. E-mail Address                                                                                                                                                                      |                                                                                         | ]              |              |            | ]           |                   |
| f. Phone Number                                                                                                                                                                        | (813)248-3316                                                                           | Ext.           |              |            |             |                   |
| 19. Lobbyist Contact I                                                                                                                                                                 |                                                                                         |                |              | 1          |             |                   |
| a. Name                                                                                                                                                                                | Travis S. Mitchell                                                                      |                |              | ]          |             |                   |
| b. Firm Name                                                                                                                                                                           | Louis Betz & Associates I                                                               |                |              | ]          |             |                   |
| c. E-mail Address                                                                                                                                                                      | travismitchell6@gmail.cor                                                               | n              |              |            |             |                   |



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.