

LFIR # 1850

1.	Project Title	Historic Woman	n's Club Improv	ements	S			
2.	Senate Sponsor	Lori Berman						
3.	Date of Request	2/24/2025						
4.	Project/Program De	escription						
	Beach. Enhancing th strengthen the Cente charitable, education in Boynton Beach list	e infrastructure of er's commitment to al, and private eve ted on the Nationa a well-preserved h	the Center is endered by being recognicents. The Centered Register of Hotelstoric centered	essentia zed as er will d istoric	al for maintaining its a cherished historic celebrate its 100th a Places. These impre	s cultural heritage. T c landmark dedicate Inniversary in 2025 ovements are expe	and the City of Boynton This initiative will and exclusively to and is the only building cted to boost tourism to strategy by attracting	
5.	State Agency to rec	eive requested fu	unds Dep	oartmei	nt of State			
	State Agency conta	cted? No						
	Amount of the Nonre		t for Fiscal Ye	ar 202	5-2026			
	Type of Funding				Amo	ount		
	Operating					0		
	Fixed Capital Outlay				350,000			
Total State Funds Requested					350,000			
7 -	Total Project Cost fo	or Fiscal Year 202	25-2026 (inclu	dina m	natching funds ava	ilable for this proi	ect)	
Г	Total Project Cost fo	or Fiscal Year 202	25-2026 (inclu	ding m			ect)	
Г	Type of Funding		`	ding m	Amount	Percentage	ect)	
	Type of Funding Total State Funds Re		`	ding m			ect)	
	Type of Funding Total State Funds Re		`	ding m	Amount 350,000	Percentage 50%		
	Type of Funding Total State Funds Re Matching Funds Federal	equested (from qu	estion #6)	ding m	Amount 350,000	Percentage 50%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from qu	estion #6)	ding m	Amount 350,000	Percentage 50% 0% 0%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from qu	estion #6)	ding m	Amount 350,000 0 0 350,000	Percentage 50% 0% 0% 50%		
	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from que amount of this req	estion #6) uest)	ding m	Amount 350,000 0 0 350,000 0	Percentage 50% 0% 0% 50% 0%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local	equested (from que amount of this req for Fiscal Year 2	estion #6) [uest] 2025-2026 state funding		Amount 350,000 0 0 350,000	Percentage 50% 0% 0% 50%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	amount of this req	estion #6) [uest] 2025-2026 state funding		Amount 350,000 0 0 350,000 700,000 No Specific	Percentage 50% 0% 0% 50% 0%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	amount of this req	estion #6) uest) 2025-2026 state funding nce:	? [Amount 350,000 0 350,000 0 700,000	Percentage 50% 0% 0% 50% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	equested (from que amount of this req for Fiscal Year 2 eviously received most recent insta	estion #6) uest) 025-2026 state funding nce:	? [Amount 350,000 0 0 350,000 700,000 No Specific	Percentage 50% 0% 0% 50% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n	equested (from que amount of this req for Fiscal Year 2 eviously received most recent insta	estion #6) (025-2026 state funding nce: Nonrecurr	?	Amount 350,000 0 0 350,000 700,000 No Specific	Percentage 50% 0% 0% 50% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the notes of the project of the proj	amount of this requested (from quested (from quested (from quested amount of this requested for Fiscal Year 2 eviously received most recent instated Am Recurring	estion #6) 2025-2026 state funding nce: Nonrecurr quested?	?	Amount 350,000 0 350,000 700,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n Fiscal Year (yyyy-yy) Is future-year funding a. If yes, indicate no	amount of this requested (from quested (from quested (from quested from quested for Fiscal Year 2 eviously received most recent insta Am Recurring from Recurring from quested	estion #6) (025-2026 state funding nce: Nonrecurr quested? unt per year.	? [Amount 350,000 0 350,000 700,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%		
8.	Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pre If yes, provide the n Fiscal Year (yyyy-yy)	amount of this requested (from quested (from quested (from quested from quested for Fiscal Year 2 eviously received most recent insta Am Recurring from Recurring from quested	estion #6) (025-2026 state funding nce: Nonrecurr quested? unt per year.	? [Amount 350,000 0 350,000 700,000 No Specific Appropriation #	Percentage 50% 0% 0% 50% 100%		



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Cons	truction					
a. What is the c	urrent phase of t	he project?				
Planning	O Design	Construction N/	A			
b. Is the project	: "shovel ready" ((i.e permitted)?	No			
c. What is the e	stimated start da	te of construction?	10/01/2025			
d. What is the e	stimated comple	tion date of construction?	06/30/2026			
e. What funding	ı stream will be u	sed for ongoing operations	and maintenance	of the project?		
Maintenance and annual operation costs will be part of the City's Operational Budget.						
		o receive, directly or indirectry or the facility and the en		tal outlay funding. Include th		
City of Boynton	City of Boynton Beach.					

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction.	350,000
Total State Funds Requested (m	ust equal total from question #6)	350,000

13. Program Performance

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

The specific purpose of the requested funding is to preserve the cultural heritage of the Woman's Club through infrastructure improvements.

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



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The project will help protect the Historical Architecture and Local History of Old Florida and the City of Boynton Beach. The activities and services will include workshops and educational programs; which will enhance the area's economic activity and tourism.

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

The updates will directly benefit citizens by enhancing recreational experiences, improving access to education, and increasing economic activity through tourism. This project will protect the building from the elements and strengthen it during storms. It will ensure the public has a historical building to visit and enjoy for many years to come by providing much-needed upgrades.

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

General population approximately 85,000. The citizens of the City of Boynton Beach and neighborhood areas.

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

The benefit of the project is to preserve the historical architecture and local history of Old Florida and Boynton Beach. This initiative will enhance the venue's status as a cherished landmark for charitable, educational, and private events, while also serving as an educational hub with workshops and exhibits. By improving the site, we expect to increase tourism, attracting visitors interested in history and art. To evaluate effectiveness, we will measure response times, communication effectiveness, coordination, technology performance, resource utilization, and feedback from the City's management and other municipalities using our services.

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?

Failure to meet the deliverables should result in returning the funds to the State if the funding is not expended within the time stated on the contract.

14.	this project related to mitigation, response, or recovery from a natural disaster? No						
а	a. If Yes, what phase best describes the project?						
ı	Mitigation (reducing or eliminating potential loss of life or property)						
I	Response (addressing the immediate and short-term effects of a natural disaster)						
ı	Recovery (assisting communities return to normal operations, including rebuilding damaged infastruc	cture)					
k	ame of the natural disaster (or Executive Order # for events not under a federal declaration):						
15.	s the entity applied for or received federal assistance for this project?						
	Yes, Applied						
	Yes, Received						
	No						
	No, but intends to apply						
a	yes, provide the FEMA project worksheet ID#:						

b. Provide the total project cost listed on the FEMA project worksheet:



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16. Has the entity app	lied for or received state a	assistance for this pr	oject (other than this reque	est)?
☐ Yes, Applied				
☐ Yes, Received				
□ No				
□ No, but intends to	o apply			
a. If yes, specify the Commerce):	program and state agend	cy (ex. Local Govern	ment Emergency Bridge Lo	an, Depar
7. Requester Contact	Information			
a. First Name	Mirna I	Last Name Crompton	n	
b. Organization	City of Boynton Beach			
c. E-mail Address	cromptonm@bbfl.us			
d. Phone Number	(561)742-6087	Ext.		
8. Recipient Contact a. Organization b. Municipality and	City of Boynton Beach County Palm Beach			
c. Organization Ty	oe .			
□For Profit Entity				
□Non Profit 501(c	(3)			
□Non Profit 501(d	(4)			
☑Local Entity				
□University or Co	llege			
☐Other (please sp	_			
d. First Name	Mirna	Last Name Crompton	n	
e. E-mail Address	cromptonm@bbfl.us			
f. Phone Number	(561)742-6087	Ext.		
9. Lobbyist Contact I	nformation			
a. Name	Mathew Forrest			
b. Firm Name	Ballard Partners			



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c. E-mail Address	mat@ballardpartners.com	
d. Phone Number	(561)253-3232	

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