

LFIR # 2105

1.	Project Title	Historic Manhatt	an Casino Renova	ations			
2.	Senate Sponsor	Darryl Rouson					
3.	Date of Request	1/31/2025					
4.	Project/Program D	escription					
	22nd Street South, a American communit acclaimed entertain segregation. The Ma 2011. Several private feedback session ar	also known as The lay, and the Manhatta ers including Louis a anhattan Casino clo te operators have le and per input from sta	Deuces. 22nd Strean Casino served an Casino served and the Armstrong, Duke I beed in 1968 and heased the space, wakeholders, is now	City-owned and -opera eet South was the Main as the community's dan Ellington, Count Basie, (as been leased by priva ith the last lease ending fully renovating the fac- listory of the Manhattan	Street of St. Peters ce hall and cultural Cab Calloway, and ate operators since g in 2022. The City to create an af	sburg's historic African- I center, hosting more during the City reopened it in held a community	
5.	State Agency to re	ceive requested fu	ınds Departr	ment of Commerce			
	State Agency conta	acted? No					
6.	Amount of the Non	recurring Request	for Fiscal Year 2	025-2026			
	Type of Funding			Amou	unt		
	Operating			0			
	Fixed Capital Outlay			1,050,000			
	Total State Funds	Requested			1,050,000		
7 .	Total Project Cost f	or Fiscal Vear 202	5-2026 (including	ı mətchina funds əvəi	lable for this proje	act)	
7.	•	or Fiscal Year 202	5-2026 (including	g matching funds avai		ect)	
7.	Type of Funding		`	Amount	Percentage	ect)	
7. '	Type of Funding Total State Funds R		`			ect)	
7.	Type of Funding Total State Funds R Matching Funds		`	Amount 1,050,000	Percentage 27%	ect)	
7.	Type of Funding Total State Funds R Matching Funds Federal	equested (from que	estion #6)	Amount 1,050,000	Percentage 27% 0%	ect)	
7. '	Type of Funding Total State Funds R Matching Funds Federal State (excluding the	equested (from que	estion #6)	Amount 1,050,000	Percentage 27% 0% 0%	ect)	
7.	Type of Funding Total State Funds R Matching Funds Federal	equested (from que	estion #6)	Amount 1,050,000	Percentage 27% 0%	ect)	
7.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other	equested (from que amount of this requ	estion #6)	Amount 1,050,000 0 2,850,000 0	Percentage 27% 0% 0% 73% 0%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local	equested (from que amount of this requested Year 20 eviously received	estion #6) uest) 025-2026 state funding?	Amount 1,050,000 0 2,850,000	Percentage 27% 0% 0% 73%	ect)	
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	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	equested (from que amount of this request s for Fiscal Year 20 eviously received most recent instar	estion #6) uest) 025-2026 state funding? nce:	Amount 1,050,000 0 2,850,000 0 3,900,000	Percentage 27% 0% 0% 73% 0% 100%	ect)	
	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the	equested (from que amount of this requested Year 20 eviously received most recent instar	estion #6) uest) 025-2026 state funding? nce:	Amount 1,050,000 0 2,850,000 0 3,900,000 No Specific	Percentage 27% 0% 0% 73% 0% 100%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу)	equested (from que e amount of this request s for Fiscal Year 20 eviously received most recent instar Amo	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring	Amount 1,050,000 0 2,850,000 0 3,900,000 No Specific Appropriation #	Percentage 27% 0% 0% 73% 0% 100%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу)	equested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instar Amore Recurring	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring	Amount 1,050,000 0 2,850,000 0 3,900,000 No Specific	Percentage 27% 0% 0% 73% 0% 100%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (уууу-уу)	equested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instar Amore Recurring	estion #6) uest) 025-2026 state funding? nce: ount Nonrecurring	Amount 1,050,000 0 2,850,000 0 3,900,000 No Specific Appropriation #	Percentage 27% 0% 0% 73% 0% 100%	ect)	
8.	Type of Funding Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project profit yes, provide the Fiscal Year (yyyy-yy) Is future-year funding a. If yes, indicate n	equested (from quested amount of this requested for Fiscal Year 20 eviously received most recent instartions are recent instarting likely to be requested amount of this requested for Fiscal Year 20 eviously received most recent instarting amount of this requested for Fiscal Year 20 eviously received most received most recent instarting amount of this requested for Fiscal Year 20 eviously received most rec	estion #6) Destion #6)	Amount 1,050,000 0 2,850,000 0 3,900,000 No Specific Appropriation #	Percentage 27% 0% 0% 73% 0% 100%	ect)	



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Const	truction			
a. What is the cu	urrent phase of t	he project?		
Planning	O Design		N/A	
b. Is the project	"shovel ready"	(i.e permitted)?	Yes	
c. What is the es	stimated start da	te of construction?	06/01/2025	
d. What is the es	stimated comple	tion date of construction	n? 02/28/2026	
e. What funding	stream will be u	sed for ongoing operation	ons and maintenance	of the project?
City's General F	Revenue Fund an	d event rental revenue.		
		o receive, directly or inding rs of the facility and the		tal outlay funding. Include the
The City of St.	Petersburg is the	owner and recipient of the	e funds.	

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	Total preliminary cost estimate based on Advanced Schematic Design Documents, including soft costs, is \$4.8 million. State funding would be used for a portion of construction.	1,050,000
Total State Funds Requested (m	ust equal total from question #6)	1,050,000

13. Program Performance

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

Residents surrounding the Historic Manhattan Casino and visitors will be able to use this asset, and its improved presence will become.

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



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٦	The funds from this project will go to pay for construction services to renovate the the facility.	
C.	What direct services will be provided to citizens by the appropriation project?	
	The funds from this project will go to pay for construction services to renovate the facility and rest ommunity asset.	tore its status as a
d.	. Who is the target population served by this project? How many individuals are expected	to be served?
re re to	The immediate target population are those who live along the deuces corridor where the Manhatt enovations and subsequent space will provide walkable jobs, new catering business opportunitie estaurants, and patronage to nearby shops from attendees at events held at the Manhattan. The penjoyed by residents across the city and the county who will attend events in the space. Expect round 800 per booking with ongoing ripple effects.	s for nearby project will also be able
e.	What is the expected benefit or outcome of this project? What is the methodology by wh	ich this outcome will
be	e measured?	
C	This project will be a source of economic growth and development for the community and provide ollaboration, and event space; strengthening the social fabric for the community. This will be meand usage of the space.	e additional meeting, asured by attendees,
f.	What are the suggested penalties that the contracting agency may consider in addition to	its standard penalties
fo	or failing to meet deliverables or performance measures provided for in the contract?	
F	Return of funds to the state.	
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No	
a. I	f 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 in	nfastructure)
b. l	Name of the natural disaster (or Executive Order # for events not under a federal declaration	on):
15. Ha	as the entity applied for or received federal assistance for this project?	
	Yes, Applied	
	Yes, Received	
	No	
	No, but intends to apply	
a. I	f yes, provide the FEMA project worksheet ID#:	
	Annual management of the second of the secon	
b. I	Provide the total project cost listed on the FEMA project worksheet:	_

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 age	ncy (ex. Loca	al Government Emergend	y Bridge Loan, Department
17. Requester Contact	t Information			
a. First Name	David	Last Name	Thompson	
b. Organization	City of St. Petersburg			
c. E-mail Address	David.Thompson@stpete	e.org		
d. Phone Number	(727)558-8464	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	City of St. Petersburg ch County Pinellas pe c)(3) c)(4)			
□Other (please sp		7		1
d. First Name	Elizabeth		Herendeen]
e. E-mail Address	_]
f. Phone Number	(727)892-5065	Ext.		
19. Lobbyist Contact I				
a. Name b. Firm Name	Laura E. Boehmer			
c. E-mail Address	The Southern Group boehmer@thesoutherngroup.com			
d. Phone Number		тоир.сопт		



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