



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2123

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The project aims to enhance production/filming capacity, expand access for hearing-impaired viewers through closed captioning, extend the internship/apprenticeship program, and support workforce development and job placement for media and film students. The project also includes marketing of Tampa Bay Arts & Education (TBAE) programming.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

Type of Funding	Amount
Operating	850,000
Fixed Capital Outlay	0
Total State Funds Requested	850,000

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)	850,000	58%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	622,920	42%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,472,920	100%

8. **Has this project previously received state funding?** No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** No

a. **If yes, indicate nonrecurring amount per year.**

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

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

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	Internship/apprenticeship stipends, advisor stipends	50,000
Expense/Equipment/Travel/Supplies/Other	Film/production equipment, marketing, workforce development event support	600,000
Consultants/Contracted Services/Study	Closed captioning, app development, workforce event planning	200,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		850,000

13. Program Performance

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

The project will provide media production training, enhance cultural programming, and increase accessibility for hearing-impaired individuals.

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

Operate two 24-hour educational cable TV stations, produce over 100 original television programs, and develop a TV streaming app.

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



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Provide targeted programming to increase awareness in arts, education, culture, and media workforce development.

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

Elderly persons, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, physically disabled individuals, estimated population served: Over 800 individuals

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

Improved Education: Increase awareness of high-quality educational programming (Survey tracking)
 Economic Growth: Create three full-time positions in video production and social media marketing (Payroll reports)
 Cultural Awareness: Enhance understanding of Tampa Bays cultural heritage (Survey tracking, streaming data), Public Safety: Raise awareness of internet scams targeting senior citizens (survey tracking, programming engagement)

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?

Reversion of funds back to the state.

14. Is this 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 infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. 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)?

- Yes, Applied
- Yes, Received
- No



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No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

18. 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

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

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