

# The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

**LFIR # 2127** 

| 1. Pr     | oject Title                                    | The Pinellas Scient                       | ence Center          |   |                      |                          |
|-----------|--|---|----------------------|---|----------------------|--------------------------|
| 2. Se     | enate Sponsor                                  | Darryl Rouson                             |                      |   |                      |                          |
| 3. Da     | ate of Request                                 | 2/17/2025                                 |                      |   |                      |                          |
| 4. Pr     | oject/Program D                                | escription                                |                      |   |                      |                          |
| de<br>fai | ecades, serving as                             | many as 22,000 ch                         | ildren per year. Rea | was the premier sci<br>activating it will enabl<br>ding community con | e new generations    | of Pinellas children and |
| 5. St     | ate Agency to re                               | ceive requested fu                        | nds Departme         | ent of State  |                      |                          |
| Sta       | ate Agency conta                               | acted? No                                 |                      |   |                      |                          |
|           |  | recurring Request                         | for Fiscal Voor 202  | 95_2026   |                      |                          |
|           |  |   | ioi riscai reai 202  |   |                      | 1                        |
| _         | pe of Funding                                  |   |                      | Amo   |                      |                          |
|           | perating                                       |   |                      |   | 500,000              | 1                        |
|           | xed Capital Outlay                             |   |                      |   | 2,000,000            |                          |
| 10        | otal State Funds                               | Requestea                                 |                      |   | 2,500,000            |                          |
| 7. To     | tal Project Cost f                             | or Fiscal Year 202                        | 5-2026 (including n  | natching funds ava  | ilable for this proj | ect)                     |
|           | pe of Funding                                  |   |                      | Amount  | Percentage           |                          |
|           | Total State Funds Requested (from question #6) |   |                      | 2,500,000   | 100%                 |                          |
| M         | atching Funds                                  |   |                      |   |                      |                          |
|           | ederal   |   |                      | 0   | 0%                   |                          |
|           | State (excluding the amount of this request)   |   |                      | 0   | 0%                   | 1                        |
|           | ocal   |   |                      | 0   | 0%                   | 1                        |
| Ot        | ther   |   |                      | 0   | 0%                   |                          |
| To        | otal Project Costs                             | s for Fiscal Year 20                      | 25-2026              | 2,500,000   | 100%                 |                          |
|           |  | eviously received s<br>most recent instan | •                    | Yes   |                      |                          |
|           | Fiscal Year                                    | Amo                                       | unt                  | Specific  | Vetoed               |                          |
|           | (уууу-уу)                                      | Recurring                                 | Nonrecurring         | Appropriation #   |                      |                          |
| 20        | )24-25   | 0   | 2,500,000            | 3266A   | No                   |                          |
|           | •  | ing likely to be requon                   |                      | No  |                      |                          |
|           | -  | _   |                      | eu of state funding.  |                      | ]                        |



10. Status of Construction

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| a. What is the current phase of the project? |                          |              |       |  |  |  |
|--|--------------------------|--------------|-------|--|--|--|
| Planning                                     | <ul><li>Design</li></ul> | Construction | O N/A |  |  |  |
| b. Is the project                            | Yes                      |              |       |  |  |  |
| c. What is the es                            | 4/1/2025                 |              |       |  |  |  |

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.

10/31/2026

Facility is currently owned by the City of St. Petersburg who is in the process of selling it to St. Peter for STEAM, LLC for the express purpose of re-activating the Science Center.

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

d. What is the estimated completion date of construction?

| 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<br>Services/Study                        |   | 0         |  |  |
| Operational Costs   |   |           |  |  |
| Salary and Benefits   |   | 0         |  |  |
| Expense/Equipment/Travel/Supplies/Other                         |   | 0         |  |  |
| Consultants/Contracted<br>Services/Study                        |   | 0         |  |  |
| Fixed Capital Construction/Majo                                 | r Renovation:   |           |  |  |
| Construction/Renovation/Land/<br>Planning Engineering           | Funding will be used for preservation of the existing, historically protected structure and construction of a new building to support new building codes, grading the land, landscaping the historic garden and repaying the parking lot. | 2,500,000 |  |  |
| Total State Funds Requested (must equal total from question #6) |   |           |  |  |

### 13. Program Performance

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

To provide an opportunity for engaging, hands-on emerging technology and science programs that educate and prepare students for the jobs of tomorrow. While partnering with local educators, schools, universities and government, St. Petersburg Foundation will build a center of excellence for emerging technologies that help St Petersburg, and Florida compete in the new artificial intelligence centered economy.

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



□ No, but intends to apply

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The additional requested funds will be used to reactivate the Science Center and to get the building located at 7701 22nd Ave N, Saint Petersburg. The facility will include an AI Village serving thousands of students and campers a year, an artificial intelligence center of excellence focused on preparing citizens and our region to compete, working space for A.I. startups, companies and groups. A cutting edge auditorium made for hybrid events and a digital platform that makes facility curriculum available beyond the physical visit.

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

The Science Center will be a space where hands-on, discovery-based learning and STEM enrichment fuel inquisitive minds and enthusiasm for all things science. A place where all children, adults, and families can go to observe, analyze, and explore emerging technologies. A coalition of service providers will provide a matrix of programming, events, and classes. The AI Village will serve students daily, as well as with day and week long emerging technology camps.

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

Children, adults, and the families of Pinellas will be welcome to participate in the programs, events, exhibits, and classes held at the science center. Programming will also provide specific opportunities for day camps and summer camps open to residents and to tourists looking to enroll children in fun and educational activities while visiting Pinellas County. Opportunities for exposure to STEM/STEAM learning and career paths will be especially extended to low -income, and disenfranchised youth in Pinellas County.

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

Pinellas has a higher percentage of low-income workers than the national average. Building wealth through higher paying jobs is the path to a better future for the county and the region. Exposing youth to STEM fields at the center is an important first step on a pathway to a variety of career paths that pay well and increase the overall prosperity of the community. Careers in STEM and STEAM have grown 79% since the mid-1990s. These education opportunities will lead students directly into a STEM pipeline of needed labor in the Pinellas market. Students who move into STEM careers out of high school and college make more money than their non-STEM counterparts. Workers with STEM training and skills are in very high demand now and that demand is only expected to increase in the future.

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?

| S        | tandard contract penalties are sufficient.   |
|----------|--|
| 14. Is 1 | 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 infastructure) |
| b. N     | lame of the natural disaster (or Executive Order # for events not under a federal declaration):          |
| 15. Ha   | s the entity applied for or received federal assistance for this project?                                |
|          | Yes, Applied   |
|          | Yes, Received  |
|          | No   |
|          |  |



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| a. If yes, provide th               | ne FEMA p                       | oroject workshe   | et ID#:       |                       |                                    |  |  |
|-------------------------------------|---------------------------------|-------------------|---------------|-----------------------|------------------------------------|--|--|
| b. Provide the total                | l project c                     | ost listed on the | e FEMA proj   | ect worksheet:        |                                    |  |  |
| 16. Has the entity app              | olied for o                     | r received state  | assistance t  | for this project (oth | ner than this request)?            |  |  |
| ☐ Yes, Applied                      | ☐ Yes, Applied                  |                   |               |                       |                                    |  |  |
| ☐ Yes, Received                     | ☐ Yes, Received                 |                   |               |                       |                                    |  |  |
| □ No                                | □ No                            |                   |               |                       |                                    |  |  |
| ☐ No, but intends t                 | □ No, but intends to apply      |                   |               |                       |                                    |  |  |
| a. If yes, specify th<br>Commerce): | e progran                       | n and state ager  | ncy (ex. Loca | al Government Eme     | ergency Bridge Loan, Department of |  |  |
| 17. Requester Contac                | t Informat                      | ion               | 1             |                       |                                    |  |  |
| a. First Name                       | Freeman                         |                   | Last Name     | Hamilton              |                                    |  |  |
| b. Organization                     | St. Petersburg Foundation       |                   |               |                       |                                    |  |  |
|                                     | ress joe@stpete.co              |                   |               |                       |                                    |  |  |
| d. Phone Number                     | (727)459                        | -0390             | Ext.          |                       |                                    |  |  |
| 18. Recipient Contact               | Information                     | on                |               |                       |                                    |  |  |
| a. Organization                     |                                 | burg Foundation   | l             |                       |                                    |  |  |
| b. Municipality and                 | d County                        | Pinellas          |               |                       |                                    |  |  |
| c. Organization Ty                  | pe                              |                   |               |                       |                                    |  |  |
| □For Profit Entity                  |                                 |                   |               |                       |                                    |  |  |
| ☑Non Profit 501(                    | c)(3)                           |                   |               |                       |                                    |  |  |
| □Non Profit 501(c)(4)               |                                 |                   |               |                       |                                    |  |  |
| □Local Entity                       |                                 |                   |               |                       |                                    |  |  |
| □University or Co                   | □University or College          |                   |               |                       |                                    |  |  |
| □Other (please s                    | □Other (please specify)         |                   |               |                       |                                    |  |  |
| d. First Name                       | Amy J                           |                   | Last Name     | Cianci                |                                    |  |  |
|                                     | e. E-mail Address amy@stpete.co |                   |               |                       |                                    |  |  |
| f. Phone Number                     | (727)742                        |                   | Ext.          |                       |                                    |  |  |



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| 19. Lobbyist Contact Information |      |  |  |  |  |
|----------------------------------|------|--|--|--|--|
| a. Name                          | None |  |  |  |  |
| 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.