



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2416

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The Bethune Center's mission is to promote the values exhibited by the life of Dr. Mary McLeod Bethune in an effort to offer solutions to issues that plague our communities, nation, and world. The Bethune Center aims to foster civic engagement; house her artifacts and archives; provide a space for research, scholarship, exhibitions, and performances; foster collaboration for solutions; provide innovation; propel students and faculty; and support the Arts.

5. State Agency to receive requested funds
- State Agency contacted?

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	20%
Total Project Costs for Fiscal Year 2025-2026	2,500,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	80,000	58A	Yes

9. Is future-year funding likely to be requested?
- 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Of the \$15,000,000 total project cost, \$2,000,000 is needed for the following design and preconstruction costs: planning, due diligence, and program verification; schematic; design development; construction document; permitting; bid and GMP development; construction; and warranty inspections.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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

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



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These funds will be used for planning, due diligence, and program verification; schematic; design development; construction document; permitting; bid and GMP development; construction; and warranty inspections.

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

Educational and cultural enhancement activities will be provided to citizens from across the state. The direct services will be provided in the form of programming, educational visits with supplementary materials, unique and world class museum-style offerings, curricula, etc.

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

Over 10,000 individuals in the following communities are expected to be served: at-risk youth; grade school, high school, and postsecondary students, scholars, and researchers, tourists and citizens engaging in cultural/educational recreation, etc.

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

1. Enrich cultural experience: The prevalence of cultural events will be measured after six months, and after one year of Bethune Center Programming. 2. Improve quality of education: Knowledge of Dr. Mary McLeod Bethune and related subjects will be assessed before and after engagement with the Center, tracking class grades and engagement in secondary and university history. 3. Tourism Increase: The purpose of visits to the Bethune Center will be evaluated, focusing on educational, professional, and leisure purposes to assess tourism growth.

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 deliverable or performance measures would result in the suspension of remaining project funding until the failure is resolved.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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:



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

- Yes, Applied
- Yes, Received
- No
- 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



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d. Phone Number

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