



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2695

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds are transferred from the Department of Business and Professional Regulation (DBPR) Hotels and Restaurants Trust Fund through Visit Florida to contract with the Florida Restaurant & Lodging Association to develop a coordinated marketing, media and events program to promote Florida tourism to residents of the state. The campaign has a private matching program and is conducted throughout the state, as approved by and monitored by Visit Florida and the Florida Restaurant & Lodging Association for the purpose of promoting tourism.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operating	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

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)	1,000,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,000,000	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	1,000,000	2215A	No

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Basic expenses such as staff travel, promotional items, printing, booth rental, equipment rental, office supplies.	50,000
Consultants/Contracted Services/Study	Marketing, public relations, administrative funding, support for events. This has a 1:1 match with private funds.	950,000
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

**13. Program Performance**

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

Funds are transferred from the DBPR Hotels and Restaurants Trust Fund through Visit Florida to contract with the Florida Restaurant & Lodging Association to develop a coordinated marketing, media and events program to promote Florida tourism to residents of the state. The campaign has a private matching program and is conducted throughout the state, as approved by and monitored by Visit Florida and the Florida Restaurant & Lodging Association for the purpose of promoting tourism.

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

Based on funding. Activities include (but are not limited to); arts, cultural, historical, agricultural, and equine events.



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

Services for citizens include (but are not limited to) recreation, education and promoting the hospitality industry.

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

>800.

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

This program will support the tourism and hospitality industry in smaller markets and during off season months. The private match of program dollars demonstrates support from organizations and entities across the state. Additionally, anecdotal support is available through letters and testimonials of previous partners.

**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 deliverables would result in financial consequences including withholding of funding or reduction in specified payments.

**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:**

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

- Yes, Applied
- Yes, Received



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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) 501(c)(6)

**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**



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