

1. Project Title

2. Senate Sponsor

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

Holocaust Education Resource Council

Corey Simon

LFIR # 2962

3. Date of Request	3/6/2025					
4. Project/Program [Description					
Holocaust resource foundation of accur history of the Holoc	es to teachers and st rate and objective pri	udents in the Ta mary sources a Florida Legisla	allahas and do ative M	ssee metropolitan a cuments including l andate for required	rea. The curriculum books, maps, displa instruction. Additio	le accurate and updated in is based on a ay materials to teach the inally, HERC will present
5. State Agency to re	eceive requested fu	nds Depa	artmen	t of Education		
State Agency cont	tacted? Yes					
6. Amount of the Nor		for Fiscal Yea	r 2025	i-2026		1
Type of Funding				Amo		
Operating					400,000	
Fixed Capital Outla					0	
Total State Funds	Requested				400,000	
7. Total Project Cost	for Fiscal Year 202	5-2026 (includ	ing m	atching funds ava	ilable for this proj	ect)
Type of Funding				Amount	Percentage	
Total State Funds I	Requested (from que	estion #6)		400,000	100%	
Matching Funds						
Federal				0	0%	1
	e amount of this requ	uest)		0	0%	
Local				0	0%	
Other				0	0%	
Total Project Cost	ts for Fiscal Year 20)25-2026		400,000	100%	
8. Has this project p If yes, provide the	reviously received as most recent instar	•	. [No		
Fiscal Year (yyyy-yy)	Amo Recurring	ount Nonrecurrir	ng	Specific Appropriation #	Vetoed	
9. Is future-year fund	ding likely to be req	uested?	Y	'es		
a. If yes, indicate	nonrecurring amou	nt per year.	4	00,000		
b. Describe the so	ource of funding that	at can be used	in lie	u of state funding.		
Private donations	and other grant fund	ing.				



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a. What is the c	truction urrent phase of t	he project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready" (i.e permitted)?				
c. What is the es	stimated start da	te of construction?				
d. What is the es	stimated comple	tion date of constru	tion?			
e. What funding	stream will be u	sed for ongoing ope	rations a	nd maintenance	e of the project?	
		o receive, directly or rs of the facility and			ital outlay fundin	g. Include the

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	Administrative Assistant Employee Tax Liability Payroll Fees	32,620
Expense/Equipment/Travel/Supplies/ Other	Supplies	5,000
Consultants/Contracted Services/Study	Technology	5,000
Operational Costs		
Salary and Benefits	Education Coordinator and Program Assistant Employee Tax Liability Payroll Fees	109,880
Expense/Equipment/Travel/Supplies/ Other	Classroom maps, Teacher Workshops, Printed Education Materials, Lecture Series, Film Series, Traveling Exhibits, Books for schools, Holocaust Museum Field Trips, Reference Books	202,500
Consultants/Contracted Services/Study	Grants Manager Website/Graphic Design Accounting Services	45,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	400,000

13. Program Performance

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

The primary purpose of the funds requested is to provide Leon County Schools with accurate and objective printed materials to teach the history of the Holocaust effectively.

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



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These materials will provide teachers with the printed materials to schools (maps, books, poster exhibits) and film and exhibit events for the entire community to most effectively teach the history of the Holocaust.

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

The direct service provided will be education for all age groups. These educational materials will provide Holocaust education opportunities to the community by means of direct access to original photographs, artifacts, curriculum, memorials and first person testimony. Traveling exhibits will be available to schools and communities.

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

The target population is all citizens of the Tallahassee metropolitan area and Leon County schools, colleges, including men, women, and children of all age, faiths, ethnicity, or socioeconomic standings.

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

This project will provide unique programs for the Tallahassee community to learn about the history and contemporary consequences of the Holocaust. These materials will provide important educational resources, in addition to fellowship for the community, our teachers, and students. The county schools will receive materials that will assist them in meeting or exceeding the Florida mandate on Holocaust education. Education is the best tool to combat ignorance and hatred. Outcomes will be measured by attendance records and developing and administering exit surveys following educational events and programs.

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?

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	Failure to properly execute the funds allotted will result in the return or forfeiture of said funds.
14. Is	s 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.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. H	las 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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6. Has the entity app	lied for or received state	assistance for this proje	ct (other than this request)?
☐ Yes, Applied			
☐ Yes, Received			
□ No			
☐ No, but intends to	o apply		
a. If yes, specify the	e program and state age	ncy (ex. Local Governme	nt Emergency Bridge Loan, Department of
Commerce):			
7. Requester Contact	t Information		
a. First Name	Barbara	Last Name Goldstein	
b. Organization	Holocaust Education Res	ource Council	
c. E-mail Address			
d. Phone Number	(443)443-9649	Ext.	
8. Recipient Contact			
a. Organization	Holocaust Education Res	source Council	
b. Municipality and	d County Leon		
c. Organization Ty	ре		
□For Profit Entity			
☑Non Profit 501(d	c)(3)		
□Non Profit 501(d	c)(4)		
□Local Entity			
□University or Co	llege		
□Other (please sp	pecify)		
d. First Name	Dorboro	Last Name Coldstein	
	Barbara	Last Name Goldstein	
	barbara@holocaustresou		
f. Phone Number	(850)443-9649	Ext.	
9. Lobbyist Contact I			
a. Name	Brett J. Cyphers		
b. Firm Name	Arrow Group Consulting		
c. E-mail Address	brettjcyphers@gmail.com		



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d. Phone Number	(850)566-4142

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