

**LFIR # 2970** 

4. Due to at Title	Haritan Com	Laitiation			
1. Project Title	Heritage Corner	Initiative			
2. Senate Sponsor	Shevrin Jones				
3. Date of Request	3/5/2025				
4. Project/Program De	escription				
empowerment and of flourishes, and comment	cultural preservation munity connections	ı. We envision a vil deepen. By fosteri	r hub for local-owned brant marketplace who ng a supportive ecosy lents, creating a lastin	ere diverse enterprisestem and honoring	ses thrive, innovation Historic Overtown's
5. State Agency to red	ceive requested fu	nds Departm	nent of Commerce		
State Agency conta	acted? No				
6. Amount of the Non		for Fiscal Year 20	025-2026		1
Type of Funding			Amo		
Operating				250,000	
Fixed Capital Outlay				350,000	
Total State Funds I	Requested			250,000	
7. Total Project Cost f	or Fiscal Year 202	5-2026 (including	matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from que	estion #6)	250,000	23%	
Matching Funds			T		
Federal			0	0%	
State (excluding the	amount of this requ	uest)	0	0%	
Local			0	0%	
Other			820,000	77%	
<b>Total Project Costs</b>	s for Fiscal Year 20	)25-2026	1,070,000	100%	
8. Has this project pro If yes, provide the	•	•	No		
Fiscal Year	Amo	ount	Specific #	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
9. Is future-year fundi	ing likely to be req	uested?	Yes		
a. If yes, indicate n	onrecurring amou	nt per year.	250,000		
• .	•		lieu of state funding		-
expand its impact, s diverse funding sou	sustain community proces, The Heritage	programs, and sup Corner aims to enl	nd foundational fundir port local entrepreneu nance economic grow ong-term community r	rs. By leveraging th,	



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

10. Status of Construction a. What is the current phase of the project?	
○ Planning ○ Design ○ Construction ○ N/A	
<ul><li>b. Is the project "shovel ready" (i.e permitted)?</li><li>c. What is the estimated start date of construction?</li><li>d. What is the estimated completion date of construction?</li></ul>	No
e. What funding stream will be used for ongoing operations a  11. List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the entit	ly, any fixed capital outlay funding. 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	40% of the Programs and Operational Manager salary and fringe benefits	32,000	
Expense/Equipment/Travel/Supplies/Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs			
Salary and Benefits	22% of the Grant Manager's salary 50% of the Entrepreneur Engagement Coordinator's salary	33,000	
Expense/Equipment/Travel/Supplies/ Other	POS System Insurance	10,000	
Consultants/Contracted Services/Study	Entrepreneurship professional development coaches, consultants specializing in business strategy, financial planning, marketing, and operations. Contracted services should include legal advisors, branding experts, digital marketing specialists, and supply chain consultants to help entrepreneurs scale, secure funding, and sustain long-term growth.	175,000	
Fixed Capital Construction/Majo	r Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
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?



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The Heritage Corner Initiative seeks to be Miami's premier hub for local-owned businesses, dedicated to economic empowerment and cultural preservation. We envision a vibrant marketplace where diverse enterprises thrive, innovation flourishes, and community connections deepen. By fostering a supportive ecosystem and honoring Historic Overtown's heritage, we aim to uplift entrepreneurs, tourists, and residents, creating a lasting legacy of prosperity and pride.

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

Business Development and Entrepreneur technical assistance Access to Capital & Funding Opportunities Networking and Marketing Exposure Cultural exhibits & storytelling Workshops & live demonstrations Local artisan markets Heritage tours & events

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

Entrepreneurs at Heritage Corner will receive reduced rent, access to a professional development coach, business mentorship, marketing support, and financial planning assistance. Visitors can explore interactive exhibits, attend cultural events, shop at local artisan markets, and engage in workshops that celebrate history, entrepreneurship, and community heritage.

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

Entrepreneurs & Business Owners
High School and University/College Students
Jobless Persons
The Heritage Corner will service 25 - 25 small business owners and entrepreneurs

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

Outcome: Within the first two years, Heritage Corner will support 25 - 50 local-owned businesses, with 60% increasing revenue by at least 20% reporting improved operational capacity through technical assistance.

Methodology: Progress will be tracked via quarterly business assessments, financial performance reports, and entrepreneur surveys measuring revenue growth, job creation, and skill development. Additionally, focus groups and community feedback will ensure ongoing impact evaluation.

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?

To ensure accountability, penalties for failing to meet benchmarks include financial penalties (withholding funds, repayment clauses, reduced future funding), performance-based consequences (increased oversight, corrective action plans, performance bonds), contractual actions (contract termination, legal recourse, liquidated damages), and reputation risks (public reporting, exclusion from future funding).

14. Is t	his 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	ame of the natural disaster (or Executive Order # for events not under a federal declaration):



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☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
a. If yes, provide th	e FEMA pro	ject workshee	et ID#:				
b. Provide the total	project cos	t listed on the	e FEMA proje	ect workshee	<b>t</b> :		1
16. Has the entity app	lied for or re	eceived state	assistance f	or this projec	ct (other tha	n this reque	st)?
☐ Yes, Applied							
☐ Yes, Received							
□ No							
☐ No, but intends to	o apply						
		nd state again	ov (ov. Loos	ol Cavarnman	nt Emorana	v Dridae I.e	on Donortment of
a. If yes, specify the Commerce):	e program a	nd State ager	icy (ex. Loca	ıı Governmen	it Emergend	cy Briage Lo	an, Department of
17. Requester Contact		<b>1</b>	] [			7	
a. First Name	Anthony		Last Name				
b. Organization	Overtown Childern and Y		outh Coalition	1			
c. E-mail Address	Anthony@o	vertowncyc.or	g				
d. Phone Number	(786)373-58	362	Ext.				
40 Pasiniant Contact	Information						
18. Recipient Contact		Susiness Assoc	niation				
a. Organization			Janon		7		
b. Municipality and	_	/liami-Dade					
c. Organization Ty	pe						
□For Profit Entity							
☑Non Profit 501(d	c)(3)						
□Non Profit 501(d	c)(4)						
□Local Entity							



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□University or Co	□University or College						
☐Other (please sp	pecify)						
d. First Name	Ultrina	Last Name	Harris				
e. E-mail Address	Trina@Touchingmiamiwithlove.org						
f. Phone Number	(786)877-4503	Ext.					
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.