



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3483

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

**4. Project/Program Description**

The Amud Aish Memorial Museum offers a unique, survivor-centered approach. It is the first U.S. museum to focus on the culture, faith, and identity of European Jews and the Holocaust. Our museum in West Palm Beach will exhibit large collections of artifacts, archives, and state of the art exhibitions - including our exclusive monuments from Auschwitz. Our exhibition approach is to focus upon the persecuted, their stories and the lessons we can derive from them.

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	348,000
Fixed Capital Outlay	9,830,000
<b>Total State Funds Requested</b>	<b>10,178,000</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)	10,178,000	68%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	4,800,000	32%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>14,978,000</b>	<b>100%</b>

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		

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.**
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**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	Director	198,000
Other Salary and Benefits	Curator and Development Director	150,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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	Acquisition and renovation of existing, shovel ready, building in downtown West Palm Beach.	9,830,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>10,178,000</b>

**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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Permanent Museum facility with artifacts and culture.

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

The museum facility will provide a space and center for all to experience cultural education. Visitors will have direct access to artifacts, history, curriculum's, memorials and first person testimony.

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

Elderly Persons, High School Students, University & College Students, and the General Public.

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

The Amud Aish Memorial Museum will improve mental health, improve the quality of education, improve transportation conditions, increase and improve economic activity, increase tourism, and create specific and immediate job opportunities.

The museum will accomplish this by providing education resources to address the rise in antisemitism, and tracking visitors, as well as administering voluntary surveys to measure visitor attitude and knowledge pre and post visit. The museum will serve as a vital educational resource and hub for community fellowship - providing Palm Beach County Schools with a dedicated resource center to support them in meeting and surpassing Florida's Holocaust education mandate. A dedicated memorial and museum in Palm Beach County will also significantly reduce commuting time and transportation costs for field trips, especially in northern Palm Beach County. The museum will serve as an economic driver, by increasing tourism opportunities and creating new jobs.

**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?**

Return funds.

**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**



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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.*