## **Appropriations Project Request - Fiscal Year 2018-19**

For projects meeting the Definition of House Rule 5.14

1. Title of Project: <u>Historic Hampton House Community Education and Adaptive Reuse</u>

2. Date of Submission: 11/13/2017

3. House Member Sponsor: Cynthia Stafford

Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes

  If answer to 4a is ?No? skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18  (If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)			(Reque	Develop New Funds Request for FY 2018-19 sts for additional RECURRING funds a	re prohibited.)
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated  (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		250,000	250,000		500,000	500,000

- 5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2018-19? No
  - 5a. If yes, which state agency?
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of State
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
  - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

The agency will apply financial consequences, such as withholding or reducing payments, for failing to meet deliverables or performance measures.

6.	Red	uest	ter

a. Name: Enid C Pinkney

b. Organization: Historic Hampton House Community Trust, Inc.

c. Email: trust@historichampton.net

d. Phone #: (305)638-5800

- 7. Contact for questions about specific technical or financial details about the project:
  - a. Name: Enid C Pinkney
  - b. Organization: Historic Hampton House Community Trust, Inc.
  - c. Email: trust@historichampton.net
  - d. Phone #: (305)638-5800
- 8. Is there a registered lobbyist working to secure funding for this project?
  - a. Name: None
  - b. Firm: None
  - c. Email:
  - d. Phone #:
- 9. Organization or Name of entity receiving funds:
  - a. Name: Historic Hampton House Community Trust, Inc
  - b. County (County where funds are to be expended): Miami-Dade
  - c. Service Area (Counties being served by the service(s) provided with funding): Miami-Dade
- 10. What type of organization is the entity that will receive the funds? (Select one)
  - O For Profit
  - Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - O Local Government
  - O University or College

O Other (Please describe)

## 11. What is the specific purpose or goal that will be achieved by the funds being requested?

Historic Hampton House Community Education and Adaptive Re-use program will preserve the history of the Historic Hampton House and promote unique and engaging cultural experiences in Miami-Dade County's Brownsville neighborhood through the implementation of programs designed to increase public understanding of local and African American history, and the adaptive re-use of the Hampton House's remaining unfinished spaces into music and dance studios.

## 12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter ?0? if request is zero for the category
Administrative Costs:		
☑a. Executive Director/Project Head Salary and Benefits	Administrative oversight of the community education and adaptive reuse program.	101,909
☑b. Other Salary and Benefits	Program Manager and Bookkeeper for programmatic and fiscal management of the community education and adaptive reuse program.	100,180
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
☑e. Salaries and Benefits	Custodian for facility maintenance.	35,445
☐f. Expenses/Equipment/Travel/Supplies/Other		
□g. Consultants/Contracted Services/Study		

Fixed Capital Construction/Major Renovation:		
☑h. Construction/Renovation/Land/Planning Engineering	Construction and Architect/Engineer services for the build out of the Hampton House's dance and music studios.	262,466
TOTAL		500,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category ?h. Fixed Capital Outlay? was selected), what type of ownership will the facility be under when complete? (Select one correct option)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

OState agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

OOther (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

<u>Yes</u>

15a. Please Describe:

Currently supported by grants from Children's Trust, Knight Foundation, Miami-Dade County, and State of Florida Division of Historical Resources. Project won 2016 Knight Arts Challenge. Project is a finalist for 2017 Knight Arts Challenge. Project was a finalist for Miami Foundation's 2017 Public Space Challenge. Supported by in-kind donations from UM and FIU. Additional support letters from Miami Jazz & Film Society, Brownsville Neighborhood Civic Assoc., FMU, Miami Dade Public Schools.

- 16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served? No
- 17. Will the requested funds be used directly for services to citizens?

- 17a. What are the activities and services that will be provided to meet the purpose of the funds?

  Community and youth educational programs, museum exhibits for the public, community outreach, and adaptive re-use.
- 17b. Describe the direct services to be provided to the citizens by the funding requested.
  ommunity and youth educational programs a youth music and history mentorship and education program, and an educational film series conducted in partnership with FIU African & African Diaspora Studies and Miami Jazz & Film Society.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").
Select all that apply to the target population:
☑Elderly persons
□Persons with poor mental health
□Persons with poor physical health
□Jobless persons
☑Economically disadvantaged persons
☑At-risk youth
□Homeless
□Developmentally disabled
□Physically disabled
□Drug users (in health services)
□Preschool students
☑Grade school students
☑High school students
☑University/college students
□Currently or formerly incarcerated persons
□Drug offenders (in criminal Justice)
□Victims of crime
☑General (The majority of the funds will benefit no specific group)
□Other (Please describe)
17d. How many in the target population are expected to be served?
O< 25
O25-50
O51-100

O101-200 O201-400 ⊙401-800 O>800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

what benefits of outcomes will be realized by the expendit		• • • • • • • • • • • • • • • • • • • •
Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
□Improve physical health		
□Improve mental health		
☑Enrich cultural experience	Increase community participation in Hampton House cultural programs and maintain audience satisfaction.	Measured by tracking the number of attendees at Hampton House events and conducting surveys at each event.
□Improve agricultural production/promotion/education		
☑Improve quality of education	Increase participant educational attainment, participant retention, and participant satisfaction.	Measured by taking quarterly participant surveys and attendance figures.
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
☑Increase or improve economic activity	Increase Hampton House revenues.	Measured by monthly reporting of rentals, gift shop and concession sales, donations, and other income.
☑Increase tourism	Increase number of visitors to the Hampton House.	Measured by the number of tours and visitations arranged.
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☑Create specific immediate job opportunities	Increase job opportunities in the humanities and construction.	Measured by the number of contractors, sub-contractors, and workers employed on the adaptive reuse project.
☑Enhance specific individual?s economic self sufficiency	Increase job opportunities in the humanities and construction.	Measured by the number of contractors, sub-contractors, and workers employed on the adaptive reuse project.
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□Other (Please describe):		

19. Provide the total cost of the project for FY 2018-19 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
Amount Requested from the State in this Appropriations     Project Request:	500,000	63.7%	N/A
2. Federal:	0	0.0%	No

3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No
Column F)			
4. Local:	0	0.0%	No
5. Other:	285,000	36.3%	No
TOTAL	785,000	100%	

20.	Is this a multi-year project requiring funding from the state for more than one year?	
	Yes	

20a. How much state funding would be requested after 2018-19 over the next 5 years?

⊙<1M

O1-3M

O>3-10M

O>10M

20b. How many additional years of state support do you expect to need for this project?

O1 year

⊙2 years

O3 years

O4 years

O>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Ongoing activity? no total cost

O<1M

O1-3M

O>3-10M

O>10M