

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: FloridaMakes
2. Date of Submission: 02/03/2017
3. House Member Sponsor: Jason Fischer
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
- b. What is the most recent fiscal year the project was funded? 2016-17
- 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 (Note that column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in column G):

FY:	Input Prior Year Appropriation for this project for FY 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:		400,000	400,000		2,000,000	2,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? 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? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Economic Opportunity

6. Requester:

- a. Name: Kevin Carr
- b. Organization: FloridaMakes
- c. Email: kevin.carr@floridamakes.com
- d. Phone #: (407)450-7206

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Kevin Carr
- b. Organization: FloridaMakes
- c. Email: kevin.carr@floridamakes.com
- d. Phone #: (407)450-7206

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Carole Duncanson
- b. Firm: CLD & Associates LLC
- c. Email: caroleclld@aol.com
- d. Phone #: (850)566-9056

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: FloridaMakes
- b. County (County where funds are to be expended): Alachua, Broward, Duval, Escambia, Gadsden, Hillsborough, Leon, Orange, Osceola, Pinellas, Sarasota, Volusia
- c. Service Area (Counties being served by the service(s) provided with funding): Statewide

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)

- Local Government
- University or College
- Other (Please describe)

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

We are the State's Manufacturing Extension Partnership Center. Our mission is to advance the competitiveness of Florida's manufacturing sector consisting of over 19,000 firms with over 320,000 employees. These are high wage careers & value added products. Every job created creates 3 jobs in other sectors. We provide business & technical assistance directed at workforce development, advanced technology & growth. These funds allow us to leverage \$3.5m in federal funds & nearly \$2 m in private sect

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) Enter ?0? if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	CEO	138,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Communications, Financial, Client Services	300,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Travel, Office Supplies, Training	50,000
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Marketing and Outreach	120,000
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Business Advisors (state-wide)	980,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Travel, Equipment, Supplies-Business Advisors	100,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Third-Party Contract Service Delivery	312,000
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,000,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

N/A

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?

Yes

15a. Please Describe:

We have letters of support from all of the regional manufacturing associations around the state which includes South Florida Manufacturers Association, Bay Area, Upper Tampa Bay, Florida Advanced Technological Education Center, Mid-Florida, University of West Florida Division of Research & Strategic Innovation, Bridging the Innovation Development Gap, CareerSource Pinellas, Manufacturers Association of Central Florida, First Coast & Treasure Coast.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Independent studies have been conducted during the FY14-15 operating year focusing on challenges to growth and expansion of Florida's rural manufacturing sectors, particularly in the Florida's Rural Areas of Opportunity (RAOs). Nine further studies were conducted during FY 15-16, statewide by region, to determine high-performing and growth subsectors with an emphasis on future workforce talent development requirements driven by advanced manufacturing technologies.

17. Will the requested funds be used directly for services to citizens?

No

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

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
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<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Growth in jobs, sales, and capital investment	Independent third-party evaluation of impact
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		

<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,000,000	28.6%	N/A
2. Federal:	3,500,000	50.0%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	1,500,000	21.4%	Yes
TOTAL	7,000,000	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 2017-18 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

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

- 1 year
- 2 years

- 3 years
- 4 years
- ≥ 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
- <1M
- 1-2M
- >2-3M
- >3-10M
- >10M