Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

- 1. Title of Project: National Entrepreneur Center
- 2. Date of Submission: <u>02/06/2017</u>
- 3. House Member Sponsor: <u>Bruce Antone</u> Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? <u>Yes</u> 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? $\underline{2014-15}$
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? $\underline{\mbox{No}}$
- 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 (If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2017-18 (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.)		
Column:	А	В	С	D	E	F
Funds	Prior Year		Total Funds	Recurring Base	Additional	TOTAL Nonrecurring Request
Description:	Recurring	Prior Year	Appropriated	Budget	Nonrecurring	(Will equal the amount from the Recurring base in
	Funds	Nonrecurring		(Will equal non-	Request	Column D to be CONVERTED to Nonrecurring plus
		Funds	(Recurring plus	vetoed amounts		the Additional Nonrecurring Request in Column E.
			Nonrecurring:	provided in Column		These funds will be appropriated non-recurring if
			column A + column	A)		funded in the House Budget or the Final Conference
			B)			Report on the budget.)
Input					800,000	800,000
Amounts:						

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No5a. 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: Jerome Ross
 - b. Organization: UCF ResearchFoundation on behalf of the National Entrepreneur Center
 - c. Email: jerry@nationalec.org
 - d. Phone #: <u>(407)420-4848</u>

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

- a. Name: Jerome Ross
- b. Organization: UCF ResearchFoundation on behalf of the National Entrepreneur Center
- c. Email: jerry@nationalec.org
- d. Phone #: (407)420-4848
- 8. If there is a registered lobbyist, fill out the lobbyist information below.
 - a. Name: None
 - b. Firm: <u>None</u>
 - c. Email:
 - d. Phone #:
- 9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):
 - a. Name: UCF Research Foundation for the benefit of the NEC
 - b. County (County where funds are to be expended): Orange
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide, Brevard, Lake, Orange, Osceola, Seminole</u>

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

O For Profit

O Non Profit 501(c) (3)

O Non Profit 501(c) (4)

O Local Government

O University or College

• Other (Please describe) UCF Researh Foundation is a university direct support organization and the fiscal agent for NEC

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

By providing financial support to the National Entrepreneur Center (NEC) it will allow the NEC to increase access and awareness of its services, expand small business development assistance and accelerate economic growth of small businesses throughout the State of Florida. This funding comes at a critical time for the NEC as it looks to the future conduct a feasibility study to analysis how to provide the center with a long term stable facility that will ensure the NEC.

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:		
☑a. Executive Director/Project Head Salary and Benefits	Funding will be applied to offset a portion of the NEC Vice President's salary to compensate for the time required to oversee implementation, administration and reporting of the grant.	20,000
☑b. Other Salary and Benefits	Funding applied to the expense of a part-time grant administrator and a portion of the NEC staff that is allocated with helping to assist with implementation and reporting of this grant	45,000
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		

☑e. Salaries and Benefits	Salaries will be used to offset a portion of the NEC President's time to assist with the implementation, delivery and oversight of the grant.	30,000
Øf. Expenses/Equipment/Travel/Supplies/Other	Funding will be used to offset the operational expenses to replace/upgrade existing furniture, fixtures and IT infrastructure of the center. In addition the funding will allow the NEC to expand it's programming and help create awareness of the NEC.	415,000
☑g. Consultants/Contracted Services/Study	Funds will be used to help the NEC revitalize its web platform, conduct a re-branding campaign that will increase awareness of the center as well as help with building a long term financial sustainable business support model.	290,000
Fixed Capital Construction/Major Renovation:		
□h. Construction/Renovation/Land/Planning Engineering		
TOTAL		800,000

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)

<u>N/A</u>

14. Is the project request an information technology project?

<u>No</u>

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:

The National Entreprenuer Center is a public/private partnership between the University of Central Florida, Orange County Government and Walt Disney World Resorts. The partnership has attracted financial support from local municipalities, educational instutitions and corporations alike to provide a shared facility that is home to numerous non-profit economic development organizations (Resource partners). Additional information available upon request

- 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? \underline{Yes}

17a. Describe the target population to be served. Select all that apply to the target population:

☑ Elderly persons

- \Box 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
- ☑Other (Please describe): Small Business Owners and Entrepreneurs

17b. How many in the target population are expected to be served?

O< 25 O25-50

O23-30 O51-100

231-100

O101-200 O201-400

O201-400 O401-800

⊙>800

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
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
□Improve quality of education		
□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	# of people coached # of people trained # of event attendees	tracking through activity reports
□Increase tourism		
□Create specific immediate job opportunities		

□Enhance specific individual?s economic self sufficiency	
□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 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:	800,000	54.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	370,000	25.3%	Yes
5. Other:	291,000	19.9%	Yes
TOTAL	1,461,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year? <u>No</u>