

# Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: TEC Garage - Tech Business Incubator

2. Date of Submission: 02/03/2017

3. House Member Sponsor: James Grant

Members Copied:

## 4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? No

***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?

c. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:	A	B	C	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)	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring Request</b> (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.)
Input Amounts:					400,000	400,000

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: Tonya Elmore
- b. Organization: STAR-TEC Enterprises, Inc. (dba TEC Garage)
- c. Email: elmoret@tbinnovates.com
- d. Phone #: (727)547-7340

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

- a. Name: Tonya Elmore
- b. Organization: STAR-TEC Enterprises, Inc. (dba TEC Garage)
- c. Email: elmoret@tbinnovates.com
- d. Phone #: (727)547-7340

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

- a. Name: Alan Suskey
- b. Firm: Suskey Consulting
- c. Email: as@suskeyconsulting.com
- d. Phone #: (850)510-8314

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

- a. Name: STAR-TEC Enterprises (dba TEC Garage)
- b. County (County where funds are to be expended): Pinellas
- c. Service Area (Counties being served by the service(s) provided with funding): Hillsborough, Pasco, Pinellas, Polk, Sarasota

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?

TEC Garage provides services and connections to early stage tech entrepreneurs that will result in above average high wage job creation as well as economic wealth. Since inception in 2014, TEC Garage has provided direct services to 45 startups, created 210 jobs, and raised \$8.1M in capital. TEC Garage will also continue its education series programs and add at least one new program aimed at angel funding for startups.

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	Includes salary, limited benefits and payroll taxes for experiences President/CEO to run the incubator.	47,040
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Includes salary, limited benefits for a receptionist to manage meetings, greet client visitors, schedule conference rooms, and other administrative tasks.	22,414
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Includes costs associated with office supplies, merchant fess, business and license fees, local travel costs.	3,729
<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Includes costs associated with an outsources PEO, Human Resources, IT services, Public Relations, Accounting with CPA firm in compliance with 501c3 status and IRS 990 tax submissions.	18,950

Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Includes salaried for President, Coaches/Consultants and client service manager to assist all clients with their Tech Startups. Limited benefits and payroll taxes included.	212,442
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Includes office lease, maintenance, IT-Telecom, Utilities, Insurance and limited local travel costs.	95,425
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		400,000

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:

Major organizational backing includes: Moffitt Cancer Center, St. Petersburg College, University of Central Florida, Florida Defense Contractors Association, Congressman David Jolly, St. Petersburg Chamber of Commerce, and the Pinellas County Economic Development Authority.

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:

In 2013, STAR-TEC Enterprises undertook a feasibility study before relocating within Pinellas County. The study noted the best location for the project within the Tampa Bay region as well as the best operator (STAR-TEC Enterprises, Inc.). TEC Garage's client base has tripled since relocation.

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

Yes

17a. Describe the target population to be served. 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
- ☒ Other (Please describe): Innovators, Creatives, Tech Entrepreneurs launching a tech product or service.

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

- ☐ < 25
- ☐ 25-50
- ☐ 51-100
- ☒ 101-200

- 201-400
- 401-800
- >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
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	TEC Garage offers educational courses to local artists via a grant. They also volunteer expertise to local artist groups.	Number of artists completing coursework.
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Most Entrepreneurs need to learn the basics of starting a business. TEC Garage tracks the number of graduates at educational series events based on the business canvas model.	Number of attendees at educational events, number of startups launched at course completion.
<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	Above average high tech job creation - a minimum of 50 new jobs - estimated return on investment is	TEC Garage tracks number of employees, average wages, number of patents, capital raised, occupancy rate, incubated companies and hours

	10x.	worked by volunteers.
<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:	400,000	70.2%	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:	120,000	21.1%	Yes
5. Other:	50,000	8.8%	Yes
TOTAL	570,000	100%	

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

No