

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: UCF Incubator
2. Date of Submission: 11/13/2017
3. House Member Sponsor: Jason Brodeur  
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? 2016-17
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					3,000,000	3,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? Yes
  - 5a. If yes, which state agency? Department of Education
  - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
  - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
  - 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.

These dollars are a part of the UCF budget unless there is a misuse of funds, in which case they would be returned.

6. Requester:

- a. Name: Dr. Thomas O'Neal
- b. Organization: University of Central Florida
- c. Email: oneal@ucf.edu
- d. Phone #: (407)882-1120

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Dr. Thomas O'Neal
- b. Organization: University of Central Florida
- c. Email: oneal@ucf.edu
- d. Phone #: (407)882-1120

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Dr. Daniel
- b. Firm: University of Central Florida
- c. Email: daniel.holsenbeck@ucf.edu
- d. Phone #: (407)823-3287

9. Organization or Name of entity receiving funds:

- a. Name: University of Central Florida
- b. County (County where funds are to be expended): Orange
- c. Service Area (Counties being served by the service(s) provided with funding): Brevard, Lake, Orange, Osceola, Polk, Seminole, Volusia

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?

The UCF Incubator project will expand and enhance the University of Central Florida's award-winning Business Incubator. The program is helping emerging high growth companies to become financially stable and provide high-wage jobs that are critical for economic development. These funds will be used to expand the program to include the Lake Nona Medical Sciences Incubator, the planned West Orange incubator, GrowFL second stage company support and other program wide improvements.

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:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Portion of salary and benefits for business incubator program management staff (15%)	20,000
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Funds will help staff the Lake Nona & West Orange Incubator facilities with a Site & Office Managers. Primary roles will be facility operations including maintenance, mentoring companies and hosting entrepreneurship programming on site.	1,490,000
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Wet lab equipment maintenance and certifications, staff travel to recruit	750,000

	companies, learn and share incubator best practices at conferences, recruit mentors etc; Business incubators operational expenses and supplies.	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Environmental Health and Safety services, annual fume hood and safety cabinet certifications, public relations/marketing/IT services etc.	740,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
<b>TOTAL</b>		<b>3,000,000</b>

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)

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:

The project has been active for several years, recognized nationally as one of best university incubators, supported financially by several cities and counties in Central Florida, and highlighted in numerous local public hearings.

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?

Yes

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

The UCF Incubator supports clients through entrepreneurship courses, help with developing business plans and the business model canvas, mentoring and networking services, pre-incubation services, flexible office space and lab facilities.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Business incubation support including entrepreneurship mentoring and coaching, SBIR/STTR proposal reviews, networking with angel investors and other professionals, access to flexible office/lab space with shared research equipment, technical assistance to expand second stage companies.

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?

- < 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 each Benefit/Outcome 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 type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Number of students (postdoctoral, graduate, undergraduate and high school) that work at or attend entrepreneurship events at the incubators; number of events.	Program staff tracks # of students that participate in incubator programs /services; attendance at lunch & learns, networking events and other incubator programming.
<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	Number of new ventures created; revenue generated; number of jobs created; number of soft landings companies that open a local office; ROI.	Program staff tracks company formation, yearly revenues and yearly growth for client companies receiving incubator services. Yearly ROI impact study for all UCF incubators.

<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	This will create several high wage positions within the incubator network including site managers and admins. It will also create opportunities in EHS, IT and other consulting roles to support site operations.	Actual number of firms incubating in existing locations and employees by head count and additional indirect jobs estimated each year.
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Number of new company founders; number of jobs created; average annual salary of incubator companies; graduation of incubator companies.	Program staff tracks company founders, average salaries and job growth for client companies receiving incubator services and after graduation.
<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 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?

1. Amount Requested from the State in this Appropriations Project Request:	3,000,000	39.7%	N/A
2. Federal:	423,109	5.6%	Yes
3. State: (Excluding the requested Total Amount in #4d, Column F)	635,000	8.4%	Yes
4. Local:	3,456,514	45.7%	Yes
5. Other:	50,000	0.7%	Yes
TOTAL	7,564,623	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
- 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
- 1-3M
- >3-10M

○>10M