

Appropriations Project Request - Fiscal Year 2018-19

For projects meeting the Definition of House Rule 5.14

1. Title of Project: BRIDG (ICAMR) Purchase and Install Tools-Sensor Project

2. Date of Submission: 11/08/2017

3. House Member Sponsor: Mike La Rosa

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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	Column: B	Column: C	Column: D	Column: E	Column: 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>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		2,000,000	2,000,000		10,000,000	10,000,000

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 Economic Opportunity

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.

Osceola County agrees to guarantee state funds via re-payment in accordance with a time performance schedule outlined by the Governor if the Governor determines that ICAMR, Inc. (dba BRIDG) has not met deliverables or performance measures (2,500+ jobs; excess of \$370M tax revenue generated).

6. Requester:

- a. Name: Chester Kennedy
- b. Organization: ICMR, Inc. (dba BRIDG)
- c. Email: ckennedy@gobridg.com
- d. Phone #: (407)742-4261

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

- a. Name: Fran Korosec
- b. Organization: ICAMR, Inc. (dba BRIDG)
- c. Email: fkorosec@gobridg.com
- d. Phone #: (407)742-4254

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

- a. Name: Mark Delegal
- b. Firm: Holland and Knight
- c. Email: mark.delegal@hklaw.com / joshua.aubuchon@hklaw.com
- d. Phone #: (850)508-7779

9. Organization or Name of entity receiving funds:

- a. Name: ICAMR, Inc. (dba BRIDG)
- b. County (County where funds are to be expended): Osceola
- 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) 501(c)6 Not-for-Profit

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

For the continued ramp up for purchase of sophisticated tools and equipment to be used in ICAMR's manufacturing development and research activities for sensors and imagers. The additions in equipment will be a value-add to industry as it helps complete the manufacturing process line and provides the ability to make up any time lags impacting return on investments.

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 type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Purchase and installation of sophisticated tools and equipment used for sensor/imager manufacturing development to increase capabilities of the facility, especially as it relates to Photonics Heterogeneous Integration enabling ICAMR, Inc. (dba BRIDG) to be the	10,000,000

	leader in this space.	
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		10,000,000

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)

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:

Agreement signed on August 25, 2014 between Osceola County, UCF, and the Florida High Tech Corridor Council. Agreement approved by the Osceola Board of County Commissioners on August 25, 2014. Support from the Universities of Florida, South Florida, Florida International University, Harris Corporation and Aurora Semiconductor.

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:

Management Insights (Dr. Robert Porter, 1/4/16) under contract with Osceola County, has a documented business case for the ICAMR/Sensor project. Report concluded that 4,000-5,000 direct and 12,000-20,000 indirect jobs could be created over 10 years with the investment in ICAMR and the subsequent industry clustering it would induce in Florida. This has also been validated by Florida Tax Watch (latest study in 2016).

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 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 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	4,000-5,000 direct and 12,000-20,000 indirect jobs created in 10 years in Florida.	Surveys with ICAMR, Inc. (dba BRIDG) and companies that establish operations in Florida to collaborate with ICAMR, Inc. (dba BRIDG).
<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 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:	10,000,000	100.0%	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:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	10,000,000	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 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