

# Appropriations Project Request - Fiscal Year 2020-21

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Florida Israel Business Accelerator - Southwest Florida Expansion

2. Date of Submission: 11/05/2019

3. House Member Sponsor: Jackie Toledo

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? 2019-20

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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 (If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2020-21 (Requests for additional RECURRING funds are prohibited.)		
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)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds  (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:		400,000	400,000		600,000	600,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? No

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.

Withholding of funds.

6. Requester:

- a. Name: Gary Gould
- b. Organization: Tampa JCC/Federation Inc.
- c. Email: gary.gould@jewishtampa.com
- d. Phone #: (813)769-7400

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

- a. Name: Gary Gould
- b. Organization: Tampa JCC/Federation Inc.
- c. Email: gary.gould@jewishtampa.com
- d. Phone #: (813)769-7400

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

- a. Name: Heather Turnbull
- b. Firm: Rubin, Turnbull & Associates
- c. Email: heather@rubinturnbull.com
- d. Phone #: (850)681-9111

9. Organization or Name of entity receiving funds:

- a. Name: Tampa JCC/Federation, Inc.
- b. County (County where funds are to be expended): Collier, Hillsborough, Lee, Manatee, Miami-Dade, Pasco, Pinellas, Sarasota
- 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?

Focus will be put on expanding FIBA into SW FL • Create high wage/high skilled jobs • Attract additional manufacturing/distribution opportunities to Florida • Establish high-growth tech ventures in FL • Engage/collaborate with the FL entrepreneurial ecosystem • Raise visibility of FL's high quality, investible startups & growth-stage companies nationally & internationally • Provide opportunities to leverage intellectual property assets of local universities. Get investment \$ from outside FL

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 checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Salary for the Executive Director to represent the Florida-Israel Business Accelerator in the State of Florida.	120,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	A Regional Business Development Manager will be hired to strengthen the opportunities in Southwest Florida to create jobs and fortify the entrepreneurial and innovative culture in the area as well as provide opportunities to leverage the intellectual property assets of universities in the region; Salaries for the Director of Marketing and Strategic Partnerships, Program Manager, Marketing Coordinator, and Office Manager/Executive Assistant.	300,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Admin services, office expenses and supplies, and travel expenses	25,000

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Professional service providers of various types.	80,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Marketing, recruitment of Israeli and Florida Companies, professional services to administer program, professional membership subscriptions, attend conferences, travel and expenses	50,000
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	US and Israel Consultants, contracted services for companies, implement program events, program operation	25,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		600,000

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)

- ☐ For Profit
- ☐ Non Profit 501(c) (3)
- ☐ Non Profit 501(c) (4)
- ☐ Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- ☐ State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- ☐ Other (Please describe)

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:  
See Addendum A

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?  
See Addendum B

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

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): Companies and entrepreneurs enrolled in the FIBA programs, as well as supporters, including communit

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 checked="" type="checkbox"/> Improve physical health	Identification of innovative solutions that are improving individuals' physical health and well-being that would otherwise not be accessible to or known to Florida citizens.	Methodology includes partnership with Guidewell Innovation to deliver the Launch Program targeting innovations designed to improve physical health.
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	Citizens having the opportunity to engage and connect with international business owners and founders, specifically from Israel to learn more about the unique cultural experiences of these individuals.	Methodology includes targeted networking opportunities connecting local business leaders with Israeli business founders.
<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	The creation of additional high potential Florida tech companies with exponential job creation opportunities over the coming years.	Methodology includes the number of companies establishing presence in Florida, number of applications to FIBA's programs and number of Israeli companies serviced by FIBA.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Companies participating in FIBA program are often looking for immediate hires in Florida, particularly in sales and marketing.	Methodology includes the number of jobs created by FIBA companies.
<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 checked="" type="checkbox"/> Other (Please describe): Technological Innovation	A number of the other benefits or outcomes may be achieved as a result of the innovations of the FIBA.	Evaluate users of FIBA companies' innovations to better understand benefits or outcomes.

19. Provide the total cost of the project for FY 2020-21 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:	600,000	60.0%	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:	100,000	10.0%	Yes
5. Other:	300,000	30.0%	Yes
<b>TOTAL</b>	<b>1,000,000</b>	<b>100%</b>	

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 2020-21 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