



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2274

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

North Florida Innovation Labs will serve the greater North Florida area. The area is not diverse in terms of employers nor does the region have a strong base in technology and innovation, except within its universities and colleges. With the new 40,000 square feet Innovation Labs, containing offices, fabrication areas, wet labs, and dry labs to support multiple types of technology innovation, coupled with the planned business accelerator support services, the facility will move the area toward technology-based innovation and create employers focused on technology-based products licensed and commercialized by FSU, FAMU and TCC. The requested funds will provide lab equipment and general furnishings needed for the opening and operation of the facility.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,500,000	100%

8. Has this project previously received state funding?

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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No

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

The facility is owned by a special district, a local research and development authority, as established by statute. It is governed by a board.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Both fixed and movable equipment are included in the request. The equipment needed to operate the laboratory, including analytical scales, heat blocks, centrifuges, ph meters, water baths, and so forth. Additionally furnishings, including desks, chairs, conference table & chairs, large fabrication assembly furniture units, as well as window coverings (blinds) are included in the request.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?



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To open and operate a 40,000 square foot technology business incubator/accelerator, offering entrepreneurs from FSU, FAMU, TCC and across North Florida access to offices, product fabrication areas, wet and dry labs, and supportive services to move the business idea from idea to commercialization. The funds will provide the lab equipment and general furnishings needed for the opening and operation of the facility.

b. What activities and services will be provided to meet the intended purpose of these funds?

Advanced manufacturing and High technology workforce training, lab spaces (wet and dry), conference rooms, internet, entrepreneurial formation training, mentoring, Federal grant development support for FSU, FAMU and TCC (Small Business Innovation Research and Small Business Technology Transfer grants), and maintenance of space/labs.

c. What direct services will be provided to citizens by the appropriation project?

Workforce training, access to labs and office spaces, entrepreneurial training and support functions included as part of the package of services offered by the lab to researchers; and networking with other technology-focused entrepreneurs.

d. Who is the target population served by this project? How many individuals are expected to be served?

The lab facilities and technology commercialization training programs will serve a diverse group of STEM and startup companies across the North Florida region. The lab will have the capacity to support up to 100 companies simultaneously.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

North Florida Innovation Labs is expected to produce and sustain 639 full-time, permanent, high-quality jobs within the region based on IMPLAN modeling and comparison to similar projects.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

In addition to the standard penalties, we suggest that the unspent funding is returned to the State of Florida if the funds are not utilized prior to the end of the fiscal year 2023-2024.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. Recipient Contact Information

a. Organization

b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity



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University or College

Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number