



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 1387

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Equity in Entrepreneurship (Equinent.com) is a 10-12 week program hosted 3-4 times a year that has launched over 25 new small businesses in its first year. Equipment prioritizes for black, brown, women, and other under-represented early stage entrepreneurs from the university/uptown area. The program is highly personal, interactive, and mentor-driven. Participants go from idea to incorporation, learn about the entrepreneurial mindset which develops personal as well as business resiliency. Participants receive business and personal finance education and learn to understand customer development, marketing, and more. The capstone project is a 1 Million Cups Tampa presentation and the award of microgrant seed funding.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2022-2023**

Type of Funding	Amount
Operations	150,000
Fixed Capital Outlay	0
Total State Funds Requested	150,000

7. **Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	150,000	83%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	30,000	17%
Total Project Costs for Fiscal Year 2022-2023	180,000	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.**

Limited but some partial grant funding from Florida Blue, Truist, and individual donors/sponsors

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



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Yes

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

11. 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	Instructional materials development, surveys, and reporting.	10,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Instructional materials, software licensing fees, printing costs, and consumables.	10,000
Consultants/Contracted Services/Study	Instructional contracted services and support.	130,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		150,000

12. Program Performance

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

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

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

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

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



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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?

Balance of expended funds would be returned to the state if deliverables or performance measures are not met. Standard contract penalties are sufficient.

13. 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.

N/A



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number