



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2083

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The purpose of the project is to increase the number and success of small businesses in Volusia County, especially in Daytona Beach, by supporting university students in the development, planning, establishment, and operations of new businesses created by them and existing businesses in the community surrounding the campus. This project will reduce the failure of small businesses due to lack of such support.

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

**State Agency contacted?**  No

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

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

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)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>200,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

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?**

Yes



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

B-CU received \$66,502,464 in federal COVID-19 assistance. All HEERF I student funds were distributed to eligible students who applied for assistance. All HEERF II and III student funds were distributed to eligible students.

**11. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Salary will be used to hire a project lead to administer the project and oversee its operations. This person will lead the recruitment of student and local business participants, training and other educational support, and implementation and evaluation of the project.	40,000
Other Salary and Benefits	Salary will be used to hire an assistant to carry out administrative and operational tasks conducive to the success of the project.	25,000
Expense/Equipment/Travel/Supplies/Other	These funds will be used for travel to local businesses, office supplies, and other supplies/equipment used in administering the project.	5,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Salaries will be used as initial funding to support operational staff within participant businesses	100,000
Expense/Equipment/Travel/Supplies/Other	These funds will be allocated for equipment used to demonstrate modern business technology and other expenses essential to implementation of the project, business development, or project evaluation	10,000
Consultants/Contracted Services/Study	These funds will be used to contract the services of business development professionals as consultants, mentors, and guest speakers; for food and other support expenses at activities sponsored through the project; and to conduct a study of the economic and small business landscape of Daytona Beach, FL.	20,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**12. Program Performance**

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

These funds will be used to contract the services of business development professionals as consultants, mentors, and guest speakers; for food and other support expenses at activities sponsored through the project; and to conduct a study of the economic and small business landscape of Daytona Beach, FL.

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

Funds will be used to contract services and business development professionals to support the growth and development of business owners.

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

Business development, mentorship

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

Small business owners of Volusia County



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

(1) Improve quality of education: Improved learning outcomes and increased experiential learning. Learning outcomes and presence/absence of certain experiential learning opportunities will be identified on a historical basis and compared with assessments after each academic semester.

(2) Increase or improve economic activity: Increase in small business activity and profit. The number of small business in the project service area and profits of participating existing businesses will be measured before implementation and tracked during and after implementation.

**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?**

Failure to meet deliverable or performance measures would result in the suspension of remaining project funding until the failure is resolved.

**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.**

None



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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