

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

Sunrise Small Business Incubator

LFIR # 3179

2. Senate Sponsor	Rosalind Osgood					
3. Date of Request	02/11/2023					
4. Project/Program D	escription					
has experienced so funding to build out phone calls and me ups. The City will experience to the incubator will he incuba	andemic, many businesses we ome impacts from unemploym a space to allow for new or e set with clients, refine their ide ncourage and support entrepre elp startup businesses grow a ses to investors. The entrepre	ent, empty early stage leas, create reneurs in tand succee	r shopping centers an businesses to provide business plans, work their efforts towards s ed by providing free o	d lack of businesse e training, a conven on products, and retarting and/or grow or low-cost workspace	es The City is seeking ient space to make network with other starting a new business.	
	eceive requested funds	Departme	ent of Economic Oppo	ortunity		
State Agency cont	acted? No		_			
6 Amount of the Non	recurring Request for Fisca	al Year 20:	23-2024			
Type of Funding		21 TOG! 202	Amo	unt		
Operations			Allio	0		
Fixed Capital Outla	У			350,000		
Total State Funds	•		350,000			
	•					
7. Total Project Cost	for Fiscal Year 2023-2024 (i	ncluding r	natching funds avai	ilable for this proje	ect)	
Type of Funding			Amount	Percentage		
Total State Funds F	Requested (from question #6)		350,000	64%		
Matching Funds						
			0	0%		
Federal			_			
State (excluding the	e amount of this request)		0	0%		
State (excluding the Local	e amount of this request)		200,000	36%		
State (excluding the	e amount of this request)		0			
State (excluding the Local Other	e amount of this request) s for Fiscal Year 2023-2024		200,000	36%		
State (excluding the Local Other Total Project Cost			0 200,000 0	36% 0%		
State (excluding the Local Other Total Project Cost	s for Fiscal Year 2023-2024 reviously received state fun		0 200,000 0 550,000 No	36% 0%		
State (excluding the Local Other Total Project Cost 8. Has this project proj	s for Fiscal Year 2023-2024 reviously received state fun Amount		0 200,000 0 550,000	36% 0% 100%		
State (excluding the Local Other Total Project Cost 8. Has this project professed Year	s for Fiscal Year 2023-2024 reviously received state fun Amount	ding?	0 200,000 0 550,000 No	36% 0% 100%		
State (excluding the Local Other Total Project Cost 8. Has this project project project (yyyy-yy)	s for Fiscal Year 2023-2024 reviously received state fun Amount	ding?	0 200,000 0 550,000 No	36% 0% 100%		
State (excluding the Local Other Total Project Cost 8. Has this project project project (yyyy-yy) 9. Is future funding limits to the content of the conten	s for Fiscal Year 2023-2024 reviously received state fun Amount Recurring Nonre	ecurring	0 200,000 0 550,000 No Specific Appropriation #	36% 0% 100%		
State (excluding the Local Other Total Project Cost 8. Has this project project project (yyyy-yy) 9. Is future funding lia. If yes, indicate responses	s for Fiscal Year 2023-2024 reviously received state fun Amount Recurring Nonre	ecurring	0 200,000 0 550,000 No Specific Appropriation #	36% 0% 100%		



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Yes	

11. Status of Construction

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

Yes, the City received funding that was used for eligible City expenses and community programming.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the current phase of the project?				
◆ Design	Construction			
b. Is the project "shovel ready" (i.e permitted)?				
	• ⊙ Design	Design		

c. What is the estimated start date of construction?d. What is the estimated completion date of construction?

6/1/2024

6/1/2023

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.

011 10 1			
City of Sunrise			

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The City is seeking funding to build out a space to allow for new or early stage businesses to provide a convenient space to work, make calls, meet with clients, refine their ideas, create business plans, work on products, and network with other start-ups.	350,000
Total State Funds Requested (m	ust equal total from question #6)	350,000

14. Program Performance

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



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The City will provide space to encourage and support entrepreneurs in their plight towards starting and/or growing a new business. The incubator will help startup businesses grow and succeed by providing free or low-cost workspace, mentorship, expertise, and access to investors. The entrepreneurs will work around other entrepreneurial businesses with similar focus and goals.

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

The City will provide office space, meeting space, staff guidance, training and education, resources for networking, mentorship, access to the Internet and office equipment.

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

The City will provide space to encourage and support entrepreneurs in their plight towards starting and/or growing a new business. The incubator will help startup businesses grow and succeed by providing free or low-cost workspace, mentorship, expertise, and access to investors. The entrepreneurs will work around other entrepreneurial businesses with similar focus and goals.

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

Supporting individuals interested in starting or growing a small business.

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

Success will be measured by the number of people using the space. It is important to support and foster new businesses and entrepreneurs to allow them to reach their maximum potential. Not all businesses will success, but we need to equip them with the right tools to set them up for success.

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?

If the City does not move forward with the Business Incubator, no funding will be requested or provided.

15.	Requester Contact	t Informati	ion				
	a. First Name	Mark		Last Name	Lubelski		
	b. Organization	City of Su	ınrise				
	c. E-mail Address	Citymana	ger@sunrisefl.go	OV			
	d. Phone Number	(954)746	-3430	Ext.			
16.	Recipient Contact	Information	on				
	a. Organization	City of Su	ınrise				
	b. Municipality and County Broward						
	c. Organization Type						
	□For Profit Entity						
	□Non Profit 501(c)(3)						
	□Non Profit 501(d	c)(4)					
	☑Local Entity						
	□University or Co	llege					



17.

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□Other (please specify)

d. First Name	Mark	Last Name	Lubelski		
e. E-mail Address	Citymanager@sunrisefl.gov				
f. Phone Number	(954)746-3430				
. Lobbyist Contact Information					
a. Name	Rana G. Brown				
b. Firm Name	Ronald L. Book PA				
c. E-mail Address	rana@rlbookpa.com				
d. Phone Number	(305)935-1866				