



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2354

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

AMPLIFY Clearwater, the pro-business service and advocacy organization proudly introduces the IGNITE Entrepreneurship Center. The goal of the IGNITE Entrepreneurship Center is to enhance efforts to develop an increasingly resilient and successful business community for West-Central Florida by offering a combination of certifications, classes, and entrepreneurship resources in addition to the first-and-only tourism business incubator in Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>350,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	350,000	58%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	42%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>600,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	650,000	2356A	Yes

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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	Portion of compensation	60,000
Other Salary and Benefits	Portion of health insurance, 401k, etc	20,000
Expense/Equipment/Travel/Supplies/Other	Computers, desks, etc.	20,000
Consultants/Contracted Services/Study	Study on deficiencies and resiliency	30,000
<b>Operational Costs</b>		
Salary and Benefits	Compensation for marketing, administrative and other needs.	50,000
Expense/Equipment/Travel/Supplies/Other	Computers, desks, projector, etc.	50,000
Consultants/Contracted Services/Study	Curriculum, technology, bookkeeper and other contracted and admin services	120,000
<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>350,000</b>

**13. 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?**



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Launched in 2023, the IGNITE Entrepreneurship Center focuses on equipping businesses with the tools and resources they need to grow and scale sustainably. This space will be a one-stop shop offering resources and programming including a year-long incubator cohort, along with a pitch night event, a full calendar of bootcamps, workshops & seminars. From the devastation of Hurricane Helene and Hurricane Milton in 2024, the AMPLIFY Clearwater Chamber Foundation will offer Hurricane Resiliency workshops to businesses which could include Preparation & Risk Mitigation, Emergency Planning, Financial & Insurance Preparedness, Tech & Data Protection, Post-Hurricane Recovery, Networking & Community Support.

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

Opportunity to receive business support services for entrepreneurs. Opportunity for citizens to receive training allowing them to skill up in the workforce. Opportunity for apprenticeships and on the job training for students and adults. Provide ongoing support for our small business community.

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

Small business owners, entrepreneurs, middle school, high school and college students. Any person eligible to be employed and willing to be a member of the workforce.

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

Our specific measure of the benefit will be the number of individuals and businesses served through year round programming and resources. Through this program, ROI is tracked through entrepreneurial success (revenue growth, FTE increases, location expansion, etc.)

**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 in the contract?**

TBD with administering agency

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

Hurricane Helene & Hurricane Milton

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



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c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*