



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** \$10M for ICAMR, Inc. (dba BRIDG) Purchase of Tools & Installation

2. **Senate Sponsor:** Victor Torres

3. **Date of Submission:** 12/15/2017

4. **Project/Program Description:**

This project will fund the purchase and installation of sophisticated tools and equipment to be used in ICAMR, Inc. (dba BRIDG) manufacturing development and research activities for sensors and imagers. The additional equipment will add value to the industry as it helps complete the manufacturing process line and provide the ability to make up any time lags impacting return on investments.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Economic Opportunity

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
10,000,000		10,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	200,000,000	95.2%
Other	0	0.0%
TOTAL	200,000,000	95.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 210,000,000

9. **Previous Year Funding Details:**

- a. Has funding been provided in a previous state budget for this activity? Yes
b. In the previous 5 fiscal years, how many years was funding provided? (Optional)
c. What is the most recent fiscal year the project was funded? 2017-18



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Yes, over \$28M over the next 3 years.

11. Program Performance:

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

For the purchase and installation of sophisticated tools and equipment to be used in ICAMR, Inc. (dba BRIDG) manufacturing development and research activities for sensors and imagers.

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

The additional equipment will add value to the industry as it helps complete the manufacturing process line and provides the ability to make up any time lags impacting the return on investments.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Purchase and installation of sophisticated tools and equipment used for	10,000,000



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

	sensor/imager manufacturing development to increase capabilities of the facility, enabling ICAMR, Inc. (dba BRIDG) to be the leader in this space.	
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		10,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Florida citizens will benefit by the creation of high-tech and high-wage jobs. ICAMR, Inc. (dba BRIDG) will receive the funds to ramp up its manufacturing development research activities.

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

Part of a larger economic development initiative to create 4,000-5,000 direct and 12,000-20,000 indirect jobs within the next 10 years in Florida.

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

Increase/Improve economic activity; 4,000-5,000 direct and 12,000-20,000 indirect jobs created in 10 years in Florida. Surveys with ICAMR, Inc. (dba BRIDG) and companies that establish operations in Florida to collaborate with ICAMR, Inc. (dba BRIDG).

g. 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?

Osceola County agrees to guarantee state funds via re-payment in accordance with a time performance schedule outlined by the Governor if the Governor determines that ICAMR, Inc. (dba BRIDG) has not met deliverables or performance measures (2,500+ jobs; excess of \$370M tax revenue generated).



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

ICAMR, Inc. (dba BRIDG)

13. Requestor Contact Information:

- a. **Name:** Chester Kennedy
- b. **Organization:** ICAMR, Inc. (dba BRIDG)
- c. **Email:** ckennedy@gobridg.com
- d. **Phone Number:** (407)742-4261

14. Recipient Contact Information:

- a. **Organization:** ICAMR, Inc. (dba BRIDG)
- b. **County:** Osceola
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) 501(c)(6)
- d. **Contact Name:** FRAN KOROSEC
- e. **E-mail Address:** fkorosec@gobridg.com
- f. **Phone Number:** (407)221-4346

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** MARK DELEGAL
- b. **Firm:** HOLLAND & KNIGHT
- c. **Email:** mark.delegal@hklaw.com
- d. **Phone Number:** (850)222-7000