



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FloridaMakes: Statewide Manufacturing Assistance Network

2. **Senate Sponsor:** Keith Perry

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

4. **Project/Program Description:**

FloridaMakes is an industry-driven statewide network of manufacturing expertise which strengthens and advances Florida’s manufacturing industry. Its mission is to improve the productivity and technological performance of these firms through technology adoption, talent development, and business growth. Industry provides 1/3 of funding to FloridaMakes.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Economic Opportunity

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

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
3,500,000		3,500,000

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

Type	Amount	Percent
Federal	3,500,000	33.3%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	3,500,000	33.3%
TOTAL	7,000,000	66.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 10,500,000

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) 4

c. What is the most recent fiscal year the project was funded? 2017-18

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

e. Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>		<b>500,000</b>	<b>500,000</b>

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

Yes

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

\$3,500,000 per year for the next 7 fiscal years to provide 33.3% cost share, to be matched evenly with the federal contribution (\$3,500,000) and the estimated equivalent industry cost share of \$3,500,000 or more generated through fees.

**11. Program Performance:**

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

Increased competitiveness of Florida manufacturing: Improved talent, expanded markets, and increased adoption and use of state-of-the-art technologies. Economic growth through business expansion and retention activities that will advance and diversify Florida's economy.

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

Enterprise assessment, technology awareness outreach, leadership and workforce talent training and development, and strategic business growth of new and existing customers and markets.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	CEO	150,000
<input checked="" type="checkbox"/> Other Salary and Benefits	Financial, Marketing, Partnership Development, Network Development, Admin	370,000



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	Support	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Office Supplies, Computer Equipment	25,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Marketing & Outreach, Webpage, Other Professional Services	175,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Business Advisors (state-wide)	1,880,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Travel, Computer Equipment, Supplies, Training & Development	300,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Third-Party Contracted Service Delivery	600,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		3,500,000

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

Business and technical assistance to accelerate technology adoption, develop talent to narrow or close the skills gap, and increase value (productivity) through business growth (new markets/customers).

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

Florida's 21,600 manufacturing establishments and the 369,000-person workforce employed in those manufacturing firms. Specific emphasis on small business. 80% of Florida's manufacturing firms employ under 20 persons.

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

Core measures included new & retained sales, cost savings and avoidance, increased capital investment, and jobs created or retained. Federal sponsor surveys clients, through a third-party, 6 months after project completion to determine their impacts realized.

**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?**



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Elimination of funding. Closure of Project.

**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.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Kevin Carr
- b. **Organization:** FloridaMakes
- c. **Email:** kevin.carr@floridamakes.com
- d. **Phone Number:** (407)450-7206

**14. Recipient Contact Information:**

- a. **Organization:** FloridaMakes
- b. **County:** Statewide
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify)
- d. **Contact Name:** Kevin Carr
- e. **E-mail Address:** kevin.carr@floridamakes.com
- f. **Phone Number:** (407)450-7206

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

- a. **Name:** Carole Duncanson
- b. **Firm:** CLD & Associates
- c. **Email:** carolecld@aol.com
- d. **Phone Number:** (850)566-9056