



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Immokalee Post Irma Recovery & Infrastructure

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

Immokalee Florida, devastated by Hurricane Irma, and previously named as one of only 4 rural U.S. Federal Promise Zones in the United States, seeks to match federal investment opportunities to rebuild and boost economic activity and job growth, improve educational opportunities, reduce crime and leverage private investment to improve the quality of life of its citizens. Economic Incubators, Inc., a 501 (C)(3) private non-profit, in conjunction with Collier County, seeks additional state investment in the development of a commercial kitchen and high tech food processing facility to expand its operation through building an additional 40,000 sq. ft. of manufacturing and cold storage space on County property at the Immokalee airport, and the purchase of high pressure processing and thermal pasteurization equipment to allow multiple users to develop new culinary products and expand the manufacturing base of the region.

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 |
|---------------------------------|---|---------------------------------------|
| 750,000 | 5,000,000 | 5,750,000 |

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

| Type | Amount | Percent |
|--|-----------|---------|
| Federal | 1,000,000 | 13.0% |
| State (excluding the amount of this request) | 0 | 0.0% |
| Local | 800,000 | 10.4% |
| Other | 120,000 | 1.6% |
| TOTAL | 1,920,000 | 25.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 7,670,000



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9. Previous Year Funding Details:

- Has funding been provided in a previous state budget for this activity? Yes
- In the previous 5 fiscal years, how many years was funding provided? (Optional) 2
- What is the most recent fiscal year the project was funded? 2017-18
- Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- 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 | C |
| Funds Description: | Prior Year Recurring Funds * | Prior Year Nonrecurring Funds * | Total Funds Appropriated (Column A + Column B) |
| Input Amounts: | | 1,200,000 | 1,200,000 |

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

No

11. Program Performance:

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

Rebuild and improve agricultural production, promotion, education, increase and improve economic activity, and create immediate job opportunities.

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

A modern high tech 40,000 sq. ft. USDA/FDA regulated culinary production facility with processing equipment will be built to support the needs of start-up and small food producers, and they will receive staff support and training to use the facility and grow their businesses.

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 | | |



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| | | |
|---|--|-----------|
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Office Equipment, computers | 20,000 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Legal, accounting support | 40,000 |
| Operational Costs | | |
| <input checked="" type="checkbox"/> Salary and Benefits | University and High school interns | 250,000 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Supplies, Equipment | 1,140,000 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Mentor program, business support services, UF IFAS staff, FGCU faculty | 300,000 |
| Fixed Capital Construction/Major Renovation | | |
| <input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering | Construction, Engineering, Permit | 4,000,000 |
| TOTAL | | 5,750,000 |

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

All of the critical services needed for an agribusiness company to develop and bring a food and/ or beverage product to the retail market place, including: research, testing, regulatory health, nutrition, review, production, manufacturing, packaging, storage, business support, digital and video marketing, data informatics, distribution, and legal services.

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

Economically disadvantaged, at-risk youth, high school students, college students, start-up entrepreneurs, home cooks/chefs, agribusinesses, and farm workers. We expect to serve between 100-200 individuals per year.

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

Improve agricultural production/promotion/education, improve quality of education, increase and improve economic activity, create specific immediate job opportunities, and attract new companies and business opportunities to the Immokalee area.

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?

Return of percent of funds based on ratio of goals achieved



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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.

Economic Incubators Inc.

13. Requestor Contact Information:

- a. **Name:** Marshall Goodman
- b. **Organization:** Economic Incubators, Inc.
- c. **Email:** mgoodman@naplesaccelerator.com
- d. **Phone Number:** (863)660-2987

14. Recipient Contact Information:

- a. **Organization:** Economic Incubators, Inc.
- b. **County:** Collier
- 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:** Marshall Goodman
- e. **E-mail Address:** mgoodman@naplesaccelerator.com
- f. **Phone Number:** (863)660-2987

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

- a. **Name:** Keith Arnold
- b. **Firm:** Buchanan, Ingersoll, Rooney, PC
- c. **Email:** keith.arnold@bip.com
- d. **Phone Number:** (239)985-4837