



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Beaver Street Enterprise Center

2. **Senate Sponsor:** Audrey Gibson

3. **Date of Submission:** 12/07/2017

4. **Project/Program Description:**

BEAVER STREET ENTERPRISE CENTER/A PREMIER BUSINESS INCUBATOR IN CORE CITY JACKSONVILLE, FLORIDA

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 |
|---------------------------------|---|---------------------------------------|
| 400,000 | | 400,000 |

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 | 0 | 0.0% |
| Other | 0 | 0.0% |
| TOTAL | 0 | 0.0 % |

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 400,000

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) 2

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.

| | |
|------------|--|
| FY: | Input Prior FY Appropriation for this project for FY <u>2017-18</u> |
|------------|--|



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

| | | | |
|---------------------------|--|--|---|
| | (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: | | 400,000 | 400,000 |

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

Yes

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

\$400,000.00

11. Program Performance:

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

With the funds provided by this request the BSEC will support: incubation of 45 or more businesses; accelerate development of growth-oriented companies that will create high-wage, high-skilled jobs, and provide technical assistance for minority clients, women, and disabled veterans. Our expectations for high results is based on 16 years of creating more than 2,200 jobs, launching over 100 new businesses with an economic impact of \$300 million for businesses that have expanded and created jobs in Jacksonville and other Florida cities

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

Start up planning, access to microloans and training to help start-up businesses succeed, and provide office space and reception services

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 type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | | |



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

| | | |
|---|---|---------|
| <input type="checkbox"/> Consultants/Contracted Services/Study | | |
| Operational Costs | | |
| <input checked="" type="checkbox"/> Salary and Benefits | Leadership and Support | 302,258 |
| <input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other | Institutional Equipment | 92,742 |
| <input checked="" type="checkbox"/> Consultants/Contracted Services/Study | Legal, Institutional Business, Banking Financial | 5,000 |
| Fixed Capital Construction/Major Renovation | | |
| <input type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 400,000 |

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

Technical assistance, legal, financial, compliance, and literacy skills

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

Area Inner-City minority small business and aspiring entrepreneurs who lack training and start up capital
Approximately 350 citizens are expected to be served.

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

Incubation of 42 or more businesses with high wage, high skills jobs

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?

Agency review with mutually agreed penalties

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 No ownership/not for profit

13. Requestor Contact Information:

- a. **Name:** Theresa Johnson
- b. **Organization:** Beaver Street Enterprise Center
- c. **Email:** Theresa.johnson@bsecenter.net
- d. **Phone Number:** (904)707-6300

14. Recipient Contact Information:



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

a. Organization: Beaver Street Enterprise Center

b. County: Duval

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: Theresa Johnson

e. E-mail Address: Theresa.johnson@bsecenter.net

f. Phone Number: (904)707-6300

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

a. Name: Dr. Paul

b. Firm: Stephen Wise Consulting/Paul Wharton Consulting

c. Email: drpaulwharton@gmail.com

d. Phone Number: (904)563-0627