

LFIR # 2527

Senate Sponsor	Aaron Bean			
ate of Request	01/27/2020			
-				
Project/Program The objective of the pr	Description rogram is to increase utilization of small	husiness vendors and esta	blish a world class vetting system f	
	program has demonstrated small busin ell-prepared small business performand		ch of the past 5 years. It encourage	
State Agency to state Agency conf		partment of Education		
mount of the No	onrecurring Request for Fisca	I Year 2020-2021 Amount	1	
	9			
Operations Fixed Capital Outlay		350,000		
		000		
	ds Requested	350,000		
otal Project Cos	et for Fiscal Year 2020-2021 (in		unds available for this proj	
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Type of Funding	st for Fiscal Year 2020-2021 (ing g s Requested (from question #6	ncluding matching fu		
Type of Funding Total State Fund Matching Funds	st for Fiscal Year 2020-2021 (ing g s Requested (from question #6	Amount 350000	Percentage 100.0 %	
Type of Funding Total State Fund Matching Funds Federal	et for Fiscal Year 2020-2021 (ingg s Requested (from question #6	Amount 350000	Percentage 100.0 %	
Type of Funding Total State Fund Matching Funds Federal State (excluding	st for Fiscal Year 2020-2021 (ing g s Requested (from question #6	Amount 350000	Percentage 100.0 % 0 % 0 %	
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Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other	st for Fiscal Year 2020-2021 (ingg) s Requested (from question #6) s the amount of this request)	Amount 350000 00 00 00 00	Percentage 100.0 % 0 % 0 % 0 % 0 %	
Type of Funding Total State Funds Matching Funds Federal State (excluding Local Other	et for Fiscal Year 2020-2021 (ingg s Requested (from question #6	Amount 350000 00 00 00 00	Percentage 100.0 % 0 % 0 % 0 %	
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project p	st for Fiscal Year 2020-2021 (ingg) s Requested (from question #6) s the amount of this request)	Amount 350000 00 00 00 350,000	Percentage 100.0 % 0 % 0 % 0 % 0 %	
Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Collas this project p	st for Fiscal Year 2020-2021 (ingometric section of the section of	Amount 350000 00 00 00 350,000 ding? • Yes	Percentage 100.0 % 0 % 0 % 0 % 100 %	

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	capture and publish outcomes; Identify, market and contact participants, mentors and suppliers; Identify technologies and venue for program; provide training for vendors, suppliers and facilitators; and lead technology solutions for virtual operations learning managements systems online databases and forms.	60,000
Other Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Oth	ner	
Salary and Benefits	Work with CIOs and regional corporations/entities to facilitate procurement, financial management, plan and perform ramp-up activities, coordinate venues and logistics, simulation exercises, lead communications, and post activities. Lead academic research opportunities.	150,000
Expense/Equipment/ Travel/Supplies/Other	Databases; Curriculum, licenses, and books, Learning management Systems; Vennues, Technology related tracking systems and Online forms; Marketing & advertising; Training, travel and supplies.	105,000
Consultants/Contracted Services/Study	Training, facilitation, mentorship for vendors/participants	35,000
Fixed Capital Construc	l ction/Major Renovation:	
Construction/Renovation/ Land/Planning Engineering		
Total State Funds Re	equested (must equal total from question #6)	350,000



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11.

1.	Program Performance				
a.	What specific purpose or goal will be achieved by the funds requested?				
	The objective of the program is to increase utilization of small business vendors and establish a world class vetting system for public companies in FL. The program has demonstrated small business support efficiency in each of the past 5 years. It encourages large corporations to give well-prepared small business performances statewide.				
b.	What activities and services will be provided to meet the intended purpose of these funds?				
	Venture services: entrepreneurial and small business development & data management.				
C.	What direct services will be provided to citizens by the appropriation project?				
	Training and education, pitching opportunities, matchmaking opportunities, conferences opportunities, marketing & exposure opportunities. Developing predictive data around entrepreneurial activity.				
d.	Who is the target population served by this project? How many individuals are expected to be served?				
	Jobless persons, Economically disadvantaged persons, High school students, College/University Students.				
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?				
	Improve the quality of education, improve economic activity, create specific immediate job opportunities to improve small business management statewide.				
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?				
	Return funding				



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R	Requestor Contact Information					
a.	First Name	Daniel	Last Name Davis			
b.	Organization	Jacksonville Chamber of Comme	ce			
c. E-mail Address		Daniel.Davis@myjaxchamber.com				
d.	Phone Number	(904)705-2802	Ext.			
Re	ecipient Contact Information					
a.	Organization	JAX Chamber Foundation				
b.	Municipality and	County Duval				
c.	Organization Typ	pe				
	O For-profit E	pr-profit Entity				
	O Non-Profit	Non-Profit 501(c) (3)				
	O Non-Profit	Non-Profit 501(c) (4)				
	Local Entity	1				
	University of	or College				
	Other (please specify)					
d.	First Name	Daniel	Last Name Davis			
e.	E-mail Address	Daniel.Davis@myjaxchamber.com				
	Phone Number					
L	obbyist Contact Information					
b.	. Name	None				
	. Firm Name	None				
	E-mail Address					