



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1742

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The purpose of this program is to acquire high-tech equipment to develop the capability for optically tracking satellites and additive manufacturing for optical grade devices to be used for space applications.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	0
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	750,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	1,750,000	2035	No

9. **Is future funding likely to be requested?** No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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\$6,845,716 from CARES Act Emergency Financial Aid Grants to students and CARES Act II for Institutional Relief.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Photon counter, telescopes, Tunable Laser Source, Passive Device IL/PDL Measurement System, Coherent Optical Transceiver , ID Photonics Modulator, optical table.	750,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		750,000

12. Program Performance

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

The purpose is to acquire high-tech equipment to develop the capability for optically tracking satellites and additive manufacturing for optical grade devices to be used for space applications.

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

Supporting the needs of the companies in the MicaPlex Research Park, training and educating students, strengthening the space capability at the corner of the Space Triangle.

c. What direct services will be provided to citizens by the appropriation project?

Workforce development, student training and creation of high paying employment opportunities.

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

University/College Students. 400-800.

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

An estimated 500 students will be directly involved in educational and research projects conducted in the proposed facility, resulting in the creation of a pipeline of highly-skilled graduates measured by the number of graduates who are practically equipped to fill new jobs created through the continuing growth in the Florida space industry.

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 the contract?

Reversion of funds.



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13. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

N/A



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. Recipient Contact Information

a. Organization
b. Municipality and County

c. Organization Type

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

d. First Name Last Name
e. E-mail Address
f. Phone Number

16. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number