1. Project Title
   Florida Main Street Community and Small Business Technical Assistance

2. Senate Sponsor
   Randolph Bracy

3. Date of Request
   02/19/2021

4. Project/Program Description
   This request is being submitted for technical assistance and training for designated Florida Main Street communities, to assist them in recovery efforts and business stabilization and development following the COVID-19 crisis. These funds are also requested to expand the Florida Main Street program and meet all the statutory responsibilities of s. 267.021, F.S.

5. State Agency to receive requested funds
   Department of State

   State Agency contacted? Yes

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td>500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>500,000</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>500,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Matching Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2021-2022</strong></td>
<td><strong>500,000</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

8. Has this project previously received state funding?
   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?
    No

    If yes, indicate the amount of funds received and what the funds were used for.
11. Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Market research for each region; business development training for the Florida Main Street network; local executive board training for the Florida Main Street network; national Main Street Center training in transformation strategies; individualized resource teams for up to 10 newly designated communities; individualized resource teams for up to 5 communities rejoining the program.</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction/Renovation/Land/Planning Engineering</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total State Funds Requested (must equal total from question #6)</strong></td>
<td></td>
<td>500,000</td>
</tr>
</tbody>
</table>

12. Program Performance

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

Providing technical support to stabilize and retain small businesses in Florida Main Street communities and prepare them for the 21st century market place

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

Florida Main Street will use these funds to provide market research and analysis for each region; business development training for the Florida Main Street network; local board training; National Main Street Center training in transformation strategies; individualized resource teams for up to 10 newly designated communities; and individualized resource teams for up to 5 communities rejoining the program.

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

Florida Main Street organizations and small businesses will receive needed business development training and resources.

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

Florida Main Street programs in good standing throughout Florida and new and returning programs.

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

Stabilization and retention of small businesses in Florida Main Street communities. Florida Main Street communities file quarterly reports tracking information such as lost and new businesses, private and public investment, and employment.

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?

Consultants failing to provide deliverables will not be compensated.

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.

NA
14. Requestor Contact Information
   a. **First Name**: Wayne  
   b. **Last Name**: Carter  
   c. **Organization**: Florida Downtown Association, Inc.  
   d. **E-mail Address**: WCarter@FloridaDowntownAssociation.org  
   e. **Phone Number**: (352)360-3470

15. Recipient Contact Information
   a. **Organization**: Department of State/Division of Historical Resources/Preservation/Florida Main Street  
   b. **Municipality and County**: Statewide  
   c. **Organization Type**
      - □ For Profit Entity
      - □ Non Profit 501(c)(3)
      - □ Non Profit 501(c)(4)
      - □ Local Entity
      - □ University or College
      - ☑ Other (please specify): Department of State/Division of Historical Resources/Preservation/Florida Main Street  
   d. **First Name**: Katherine  
   e. **Last Name**: Beck  
   f. **E-mail Address**: Katherine.Beck@dos.myflorida.com  
   g. **Phone Number**: (850)728-0720

16. Lobbyist Contact Information
   a. **Name**: NA
   b. **Firm Name**: 
   c. **E-mail Address**: 
   d. **Phone Number**: 

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