

LFIR # 2017

1. Project Title Gateway Orlando Economic Prosperity Initiative

2. Senate Sponsor Linda Stewart

3. Date of Request 03/04/2021

4. Project/Program Description

Project funding is to support the implementation of the Gateway Orlando Economic Prosperity Initiative. This is a two phase initiative designed and structured to provide relief, resources, and training to businesses and residents economically impacted by COVID-19. Phase 1 will feature an impact study to fully ascertain stakeholder revenue loss, employment disruption, and household resiliency. Phase 2 is comprised of a comprehensive media campaign to generate awareness and engagement for economic recovery.

5. State Agency to receive requested funds

Department of Economic Opportunity

State Agency contacted? No

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

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	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	250,000	100%	

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future funding likely to be requested?

Yes	
100,000	

a. If yes, indicate nonrecurring amount per year.

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

Local and private 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.

Applied for the second round of Paycheck Protection Program funding. No determination has been made yet on the request. The total amount requested in PPP dollars is \$8,000.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Lead the initiative	40,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Technology	10,000
Consultants/Contracted Services/Study	Experts in field	30,000
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other	Comprehensive study, materials, marketing	120,000
Consultants/Contracted Services/Study	Facilitator	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6) 250,00		

12. Program Performance

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

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

Will provide education, training, and resources to lift the business community and residents, building a solid foundation for resiliency in this or any other economic condition.

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

The proposed initiative will improve the health of citizens with programs that will help them learn techniques to assist in overcoming the daily stress they are encountering due to lack of work, resources, etc.

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

500 small businesses and 22,000 residents.

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

Economic prosperity.

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?



If unable to meet request obligations, funds will be returned to the state.

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	Lourdes	Last Name	Mola		
	b. Organization	Gateway Orlando				
	c. E-mail Address	director@gatewayorlando.org				
	d. Phone Number	(407)534-7847	Ext.			
15.	Recipient Contact	Information				
	a. Organization	Gateway Orlando				
	b. Municipality and County Orange					
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c)(3)					
	□Non Profit 501(c)(4)					
	□Local Entity					
	□University or Co	ersity or College				
	□Other (please specify)					
	d. First Name	Loures	Last Name	Mola		
	e. E-mail Address	director@gatewayorlando	.org			
	f. Phone Number (407)534-7847					
16.	16. Lobbyist Contact Information					
	a. Name	ame None				
	b. Firm Name					
	c. E-mail Address					
	d. Phone Number					