

1. Project Title

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

North Florida Urban Hemp Farm Initiative

LFIR # 2150

2.	Senate Sponsor	Loranne Ausley						
3.	Date of Request	01/06/2022						
4.	Project/Program D	escription						
	The Urban Hemp Farm Initiative intends to construct a vertically integrated, showcase, pilot urban hemp farm training and processing facility that is scalable for regional implementation in underserved urban areas across the state. This project will construct and implement a seed to sale urban hemp farm, processing and manufacturing facility in an urban redevelopment corridor and Economic Opportunity Zone in Tallahassee, Florida. We will offer affordable processing, laboratory and extraction services for small to mid-size regional farmers that yield lower volume hemp biomass. This project will create jobs in an underserved urban area requiring at least 13 full time positions to start ranging from \$15 per hour to \$36 per hour as well as free educational opportunities, internships and on the job training for those interested in the burgeoning hemp industry within the State of Florida.							
5.	State Agency to re	ceive requested fun	ds De	partme	ent of Agriculture and	Consumer Service	es	
	State Agency conta	acted? No						
6	Amount of the Non	recurring Request for	or Fiscal Ye	ear 202	22-2023			
	Type of Funding				Amount			
	Operations					3,505,000		
	Fixed Capital Outlay	V				995,000	1	
	Total State Funds					4,500,000	1	
						1,000,000	1	
7. ⁻	Total Project Cost f	for Fiscal Year 2022-	·2023 (inclu	ıdina r	natching funds ava	ilable for this proj	001)	
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	Type of Funding		·		Amount	Percentage		
		Requested (from ques	·			· ·	eci)	
		Requested (from ques	·		Amount	Percentage		
	Total State Funds R	Requested (from ques	·		Amount	Percentage		
	Total State Funds R Matching Funds Federal	Requested (from ques	tion #6)		Amount 4,500,000	Percentage 100%		
	Total State Funds R Matching Funds Federal		tion #6)		Amount 4,500,000	Percentage 100%		
	Total State Funds R Matching Funds Federal State (excluding the		tion #6)		Amount 4,500,000 0	Percentage 100% 0% 0%		
	Total State Funds R Matching Funds Federal State (excluding the Local Other		tion #6)		Amount 4,500,000 0 0	Percentage 100% 0% 0% 0%		
,	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this reque	tion #6)		Amount 4,500,000 0 0 0	Percentage 100% 0% 0% 0% 0% 0%		
,	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs	amount of this reque	tion #6) est) 2-2023 eate funding	g?	Amount 4,500,000 0 0 4,500,000	Percentage 100% 0% 0% 0% 0% 0%		
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8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу)	s for Fiscal Year 202 eviously received st	tion #6) 2-2023 ate funding Int Nonrecurr	g?	Amount 4,500,000 0 0 0 4,500,000 No Specific	Percentage 100% 0% 0% 0% 0% 100%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li	e amount of this requests for Fiscal Year 202 eviously received standard Recurring	tion #6) 2-2023 ate funding Int Nonrecurr	g?	Amount 4,500,000 0 0 0 4,500,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100%		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li a. If yes, indicate r	e amount of this requests for Fiscal Year 202 eviously received st Amou Recurring kely to be requested anonrecurring amoun	tion #6) 2-2023 ate funding Int Nonrecurr 1? t per year.	g?	Amount 4,500,000 0 0 0 4,500,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100% Vetoed		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li a. If yes, indicate r	e amount of this requests for Fiscal Year 202 eviously received st Amou Recurring	tion #6) 2-2023 ate funding Int Nonrecurr 1? t per year.	g?	Amount 4,500,000 0 0 0 4,500,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100% Vetoed		
8.	Total State Funds R Matching Funds Federal State (excluding the Local Other Total Project Costs Has this project pr Fiscal Year (уууу-уу) Is future funding li a. If yes, indicate r	e amount of this requests for Fiscal Year 202 eviously received st Amou Recurring kely to be requested anonrecurring amoun	tion #6) 2-2023 ate funding Int Nonrecurr 1? t per year.	g?	Amount 4,500,000 0 0 0 4,500,000 No Specific Appropriation #	Percentage 100% 0% 0% 0% 0% 100% Vetoed		



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

Spending Category	Description	Amount		
Administrative Costs:				
Executive Director/Project Head Salary and Benefits	Project Manager \$75,000 - overseeing all planning, sourcing, construction and implementation of project	225,000		
	Horticulture / Processing Manager \$75,000 - overseeing all aspects of indoor growing facilities and biomass processing implementation			
	Extraction / Laboratory Manager \$75,000 - overseeing all aspects of extraction technology and laboratory tech process implementation			
Other Salary and Benefits	Head Lab Technician -\$50,000 + health benefits	110,000		
	Head Extraction Technician - \$50,000 + health benefits			
Expense/Equipment/Travel/Supplies/ Other		0		
Consultants/Contracted Services/Study	TBD - \$100,000 budget	100,000		
Operational Costs: Other				
Salary and Benefits	Lab Technician - \$17 per hour + health benefits X 2 technicians Extraction / Processing Technician - \$17 per hour + health benefits X 2 technicians White Label Packaging Technician - \$15 per hour + health benefits X 2 technicians Horticultural Processing Assistant - \$15 per hour + health benefits X2 technicians	320,000		
Expense/Equipment/Travel/Supplies/ Other	Horticultural growing & processing equipment - \$300,000 Extraction processing equipment & ancillary - \$800,000 DEA certified modular laboratory & equipment - \$750,000 White label manufacturing & ancillary equipment - \$450,000 FF&E, Overhead, Utilities, Insurance, etc\$250,000 Contingency - \$200,000	2,750,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Majo	r Renovation:			
Construction/Renovation/Land/ Planning Engineering	Renovation of 6300sf at \$150 per sf estimated - \$945,000 Architectural & engineering estimated - \$50,000	995,000		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

To create a vertically integrated pilot urban hemp horticultural facility offering growing, extraction, processing, laboratory and end use manufacturing services as well as free educational, internship and research opportunities in an underserved urban redevelopment area.

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



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Implementation of a state of the art indoor growing facility, full processing, laboratory analysis and extraction services for regional small to mid-size farmers and processors as well as white label product manufacturing for hemp derivatives. Free educational opportunities and internships for those wishing learn more about the various aspects of the seed to sale process and industry.

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

Job creation, free educational opportunities, internships and research opportunities.

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

This projects' target reach is anyone in the local community and region wishing to expand their knowledge and involvement in the Florida hemp industry via the project's specified operational goals of horticulture, processing, extraction, laboratory science, research and training in an urban environment.

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

To increase opportunities for employment and training in the hemp industry in underserved areas. To create a consistent, clean and high value Fresh From Florida sustainable hemp strain and derivatives. To offer affordable processing, extraction and laboratory services to small to mid-size regional hemp farmers with lower biomass volumes and regional processors. To be an educational opportunity for those in the community wishing to learn new skills in urban horticultural techniques, laboratory sciences, processing and manufacturing for the Florida hemp industry. The methodology to measure will be by the project meeting job creation goals and proving financial viability of the business model without recurring need for investment.

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?

Forfeiture of funds

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.

The owners of the entity are the owners of the proposed facility. The owners of the entity currently have 6300 square feet of unused space in the 32,000 square foot Proof Brewing Co. facility at 1320 S Monroe St. in Tallahassee which they are offering for the proposed project.



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14	. Requestor Contact	Informat	ion				
	a. First Name	Byron		Last Name	Burroughs		
	b. Organization	North Flo	North Florida Urban Farm Initiative				
	c. E-mail Address	byron@p	byron@proofbrewingco.com				
	d. Phone Number (850)443-6757 Ext.						
15	. Recipient Contact	Informatio	on				
	a. Organization	North Flo	rida Urban Farm	Initiative			
	b. Municipality and	l County	Leon				
	c. Organization Ty	ре					
	☑For Profit Entity						
	□Non Profit 501(c)(3)						
	□Non Profit 501(c)(4)						
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Byron		Last Name	Burroughs		
	e. E-mail Address	byron@proofbrewingco.com					
	f. Phone Number						
16	16. Lobbyist Contact Information						
	a. Name	None					
	b. Firm Name	None					
	c. E-mail Address						
	d. Phone Number						