

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 1945

AMPLIFY Clearwater Chamber Foundation's - IGNITE Entrepreneurship Center

2. Senate Sponsor Nick DiCeglie

**3. Date of Request** 11/29/2023

#### 4. Project/Program Description

AMPLIFY Clearwater Chamber Foundation proudly introduces the IGNITE Entrepreneurship Center. The goal of the IGNITE Entrepreneurship Center is to enhance efforts to develop an increasingly resilient and successful business community for West-Central Florida by offering a combination of certifications, classes, and entrepreneurship resources through the first-and-only tourism business incubator in Florida.

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

Department of Commerce

State Agency contacted? No

### 6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	430,000
Fixed Capital Outlay	250,000
Total State Funds Requested	680,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	680,000	78%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	100,000	11%
Other	100,000	11%
Total Project Costs for Fiscal Year 2024-2025	880,000	100%

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

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

#### 9. Is future funding likely to be requested?

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

No



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

### **Complete questions 11 and 12 for Fixed Capital Outlay Projects**

11. Status of Construction

a. What is the current phase of the project?

📀 Planning	🔘 Design	Construction	🔘 N/A		
b. Is the project '	'shovel ready" (	i.e permitted)?		No	
c. What is the es	timated start da	te of construction?		6/30/2024	
d. What is the es	timated complet	tion date of construe	ction?	9/20/2024	

12. List 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.

AMPLIFY is the owner of the facility utilizing these funds. AMPLIFY Clearwater Chamber Foundation is a subsidiary of AMPLIFY Clearwater.

#### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Portion of compensation	78,000
Other Salary and Benefits	Portion of health insurance, 401k, etc	10,000
Expense/Equipment/Travel/Supplies/ Other	Computers, desks, etc.	20,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	Compensation for marketing, administrative and other needs.	100,000
Expense/Equipment/Travel/Supplies/ Other	Computers, desks, projector, etc.	72,000
Consultants/Contracted Services/Study	Curriculum and technology	150,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Allocations to optimize space for efficiency and to allow for flexibility in programming	250,000
Total State Funds Requested (must equal total from question #6) 680,000		

#### 14. Program Performance

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

The goal of the IGNITE Entrepreneurship Center is to enhance efforts to develop an increasingly resilient and successful business community for west central Florida by offering a combination of certifications, classes, and entrepreneurship resources through the first and only tourism business incubator in Florida.

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



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Launched in October, the IGNITE Entrepreneurship Center focuses on equipping businesses with the tools and resources they need to grow and scale sustainability. This space will be a one stop shop offering resources and programming including two 10-week incubator cohorts per year, along with two pitch night events, and full calendar of boot camp classes, offered in partnership with St. Petersburg College.

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

Opportunity tor receive business support services for entrepreneurs. Opportunity for citizens to receive training allowing them to skill up in the workforce. Opportunity for apprenticeships and on the job training for students and adults. Provide ongoing support for our small business community.

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

Small business owners, entrepreneurs, high school and college students. Any person eligible to be employed and willing to be a member of the workforce.

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

Our specific measure of the benefit will be the number of individuals and businesses served through year round programming and resources. Through this program, ROI is tracked through entrepreneurial success (revenue growth, FTE increases, location expansion, etc.)

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?

TBD with administering agency

#### **15. Requester Contact Information**

a. First Name	Amanda	Last Name	Payne
b. Organization	AMPLIFY Clearwater Cha	mber Found	ation
c. E-mail Address	Amanda@amplifyclearwa	ter.com	
d. Phone Number	(727)461-0011	Ext.	

#### **16. Recipient Contact Information**

b. Municipality and County Pinellas

#### c. Organization Type

□For Profit Entity

☑Non Profit 501(c)(3)

□Non Profit 501(c)(4)

□Local Entity

□University or College

□Other (please specify)

Amanda

d. First Name

Last Name Payne



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e. E-mail Address	Amanda@amplifyclearwater.com
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**f. Phone Number** (727)461-0011

### **17. Lobbyist Contact Information**

- a. Name
  - Anita Berry
- Johnston & Stewart Government Strategies, LLC b. Firm Name
- c. E-mail Address anita@johnstonstewart.com
- **d. Phone Number** (813)345-4104