

LFIR # 1346

1. Project Title	West Ocala Bus	iness Incubator Vi	llage			
2. Senate Sponsor	Stan McClain					
3. Date of Request	11/20/2025					
4. Project/Program De	escription					
incubator in West Od Ocala Metro CEP te- under resourced cor the local community. The funds will purch will need to be prepr	cala will help reside am, the incubator w mmunity. It will also ase up to 12 cottag bed with necessary	ents create their ow vill bring extensive provide spaces fo e-style shops, buil electrical, fiber Int	s prosper is through er yn jobs and wealth gen entrepreneurial progra r businesses to grow a t off-site and transporte ernet, lighting, security of Ocala will provide a	erators. Utilizing the mming and suppor nd thrive in a visible ed, to create a vend cameras and hard	e expertise of the to this diverse, e location known to dor village. The site scaping. Each shop	
5. State Agency to rec	ceive requested fu	inds Departr	nent of Commerce			
State Agency conta	icted? Yes					
6. Amount of the Nonr		for Eigeal Voor 2	026-2027			
	ecurring Request	TOI FISCAI TEAI 2			1	
	Type of Funding Amount					
Operating			0			
Fixed Capital Outlay			600,000			
Total State Funds F	Requestea			600,000		
7. Total Project Cost f	or Fiscal Year 202	6-2027 (including	matching funds avai	ilable for this proj	ect)	
Type of Funding			Amount	Percentage		
Total State Funds R	equested (from que	estion #6)	600,000	86%		
Matching Funds		·	· ·			
Federal			0	0%		
01-1-7-1-11			0	0 70		
State (excluding the	amount of this requ	uest)	0	0%	†	
State (excluding the Local	amount of this requ	uest)				
	amount of this requ	uest)	0	0%		
Local			0	0% 0%		
Local Other	for Fiscal Year 20	026-2027 state funding?	0 0 100,000	0% 0% 14%		
Local Other Total Project Costs 8. Has this project pre If yes, provide the I	s for Fiscal Year 20 eviously received most recent instar	026-2027 state funding?	0 0 100,000 700,000 No	0% 0% 14%		
Local Other Total Project Costs 8. Has this project pre If yes, provide the i	s for Fiscal Year 20 eviously received most recent instar	026-2027 state funding? nce:	0 0 100,000 700,000 No	0% 0% 14% 100%		
Local Other Total Project Costs 8. Has this project pre If yes, provide the I	s for Fiscal Year 20 eviously received most recent instar Amo	o26-2027 state funding? nce:	0 0 100,000 700,000 No	0% 0% 14% 100%		
Local Other Total Project Costs 8. Has this project pre If yes, provide the I	eviously received most recent instar Amo	state funding? nce: ount Nonrecurring	0 0 100,000 700,000 No	0% 0% 14% 100%		
Local Other Total Project Costs 8. Has this project pre If yes, provide the i	eviously received most recent instar Amore Recurring	state funding? nce: Dunt Nonrecurring uested?	0 0 100,000 700,000 No Specific Appropriation #	0% 0% 14% 100%		
Local Other Total Project Costs 8. Has this project predict of the result of the resu	eviously received most recent instar Amore Recurring Ing likely to be reconsecurring amounts.	state funding? nce: Dunt Nonrecurring quested? int per year.	0 0 100,000 700,000 No Specific Appropriation #	0% 0% 14% 100%		



10. Status of Construction

Planning

Other

Other

a. What is the current phase of the project?

Design

The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

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0

0

0

0

0

600,000

600,000

Complete questions 10 and 11 for Fixed Capital Outlay Projects

Construction

b. Is the project "shovel ready" (i.e permitted)?	No	
c. What is the estimated start date of construction	? 10/01/2026	
d. What is the estimated completion date of constr	ruction? 03/01/2027	
e. What funding stream will be used for ongoing o	perations and maintenance of the p	project?
Funding received for the project from philanthropic d Foundation.	onations to the Ocala Metro Chamber	and Economic Partnership
11. List the owners of the facility to receive, directly relationship between the owners of the facility and Ocala Metro Chamber & Economic Partnership Four operations of the project.	nd the entity.	
relationship between the owners of the facility an	nd the entity. Indation would be responsible for the o	
relationship between the owners of the facility and Ocala Metro Chamber & Economic Partnership Fou operations of the project.	nd the entity. Indation would be responsible for the o	
Ocala Metro Chamber & Economic Partnership Fou operations of the project. 12. Details on how the requested state funds will be expressed as the project of the project.	nd the entity. Indation would be responsible for the certain and the entity. Expended	construction and ongoing
relationship between the owners of the facility and Ocala Metro Chamber & Economic Partnership Fou operations of the project. 12. Details on how the requested state funds will be expending Category	nd the entity. Indation would be responsible for the certain and the entity. Expended	construction and ongoing

N/A

13. Program Performance

Planning Engineering

Expense/Equipment/Travel/Supplies/

Expense/Equipment/Travel/Supplies/

Fixed Capital Construction/Major Renovation:

Consultants/Contracted

Operational Costs Salary and Benefits

Consultants/Contracted

Construction/Renovation/Land/

Services/Study

Services/Study

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

Total State Funds Requested (must equal total from question #6)

The funds will purchase up to 12 cottage-style shops, built off-site and transported, to create a vendor village. The site will need to be prepped with necessary electrical, fiber Internet, lighting, security cameras and hardscaping. Each shop will house a business in the incubator program. The City of Ocala will provide a central office for incubator services and a restroom.

Planning, permitting and construction of business incubator village.



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

The incubator will provide office space with Internet and utilities included, one-on-one technical assistance, financial literacy programming, entrepreneurial mindset training, Kauffman FastTrac Program (10-week ideation to launch training), networking and mentorship opportunities. The site will be a vendor village of cottage-style shops, lending itself well to retail vendors & community events.

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

The incubator will provide office space with Internet and utilities included, one-on-one technical assistance, financial literacy programming, entrepreneurial mindset training, Kauffman FastTrac Program (10-week ideation to launch training), networking and mentorship opportunities. The site will be a vendor village of cottage-style shops, lending itself well to retail vendors & community events.

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

Jobless persons, economically disadvantaged persons, high school students, university/college students, currently or formerly incarcerated persons, Other - Supporting individuals interested in starting or growing a business.

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

Expect to serve 200-400 individuals. Registrations and survey mechanism to measure.

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 in the contract?

rformance

		tandard penalties per Florida Law should apply for failure to meet agreed upon program delivera	ıbles or perf
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No	
a	ı. If	Yes, what phase best describes the project?	
I		Mitigation (reducing or eliminating potential loss of life or property)	
ı		Response (addressing the immediate and short-term effects of a natural disaster)	
ı		Recovery (assisting communities return to normal operations, including rebuilding damaged in	fastructure)
k). N	ame of the natural disaster (or Executive Order # for events not under a federal declaration	on):
15.	Has	s the entity applied for or received federal assistance for this project?	
	□ \	Yes, Applied	
	□ \	Yes, Received	
	□ N	No	
	□ N	No, but intends to apply	
а	ı. If	yes, provide the FEMA project worksheet ID#:	

b. Provide the total project cost listed on the FEMA project worksheet:



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6. Has the entity app	olied for or received sta	ate assistance f	or this project (other than th	is request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce):	e program and state a	gency (ex. Loca	I Government I	Emergency Bı	ridge Loan, Depart
7. Requester Contact	t Information				
a. First Name	Jessica	Last Name	Gilbert		
b. Organization	Ocala Metro Chamber	and Economic F	artnership Foun	dation	
c. E-mail Address	foundation@ocalacep.	com			
d. Phone Number	(352)629-8051	Ext.			
B. Recipient Contact a. Organization	Information Ocala Metro Chamber Partnership Foundation				
b. Municipality and	d County Marion				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(c	c)(3)				
□Non Profit 501(c	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Jessica	Last Name	Gilbert		
e. E-mail Address	foundation@ocalacep.	com			
f. Phone Number	(352)629-8051	Ext.			
9. Lobbyist Contact I	nformation				
a. Name	None				



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

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.