

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Tech Diversity Accelerator
2. Date of Submission: 11/15/2019
3. House Member Sponsor: Jackie Toledo
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					250,000	250,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Economic Opportunity
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
- Return of Funds

6. Requester:

- a. Name: Cesar Hernandez
- b. Organization: Tampa Bay Latin Chamber of Commerce
- c. Email: cesar.hernandez.fl@gmail.com
- d. Phone #: (813)277-6540

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Cesar Hernandez
- b. Organization: Tampa Bay Latin Chamber of Commerce
- c. Email: cesar.hernandez.fl@gmail.com
- d. Phone #: (813)277-6540

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Cesar Hernandez
- b. Firm: Omni Public LLC
- c. Email: cesar.hernandez.fl@gmail.com
- d. Phone #: (813)277-6540

9. Organization or Name of entity receiving funds:

- a. Name: Tampa Bay Latin Chamber of Commerce
- b. County (County where funds are to be expended): Hillsborough
- c. Service Area (Counties being served by the service(s) provided with funding): Citrus, Hernando, Hillsborough, Pasco, Pinellas, Polk, Sarasota

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

To help small and mid-sized start ups through the accelerator, which in return will bring more companies both abroad and across the state of Florida to Tampa. This will increase employment and promote diverse business ownership and employment in the region.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Personnel (Program leadership) \$50,000 x% of total compensation for accelerator staff	50,000
<input checked="" type="checkbox"/> b. Other Salary and Benefits	Entrepreneur In Residence (Cohort Director) \$40,000 100% dedicated to the Tech Diversity Accelerator Program.	40,000
<input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other	Space, Equipment, and Supplies \$25,000 Co-work space expenses, physical equipment, and misc overhead Incremental Recruitment Travel Budget \$17,500 Major tech events like SXSW, Hosting events at Nielsen office, etc. Hosting Recruitment Events \$7,500 For Venues, F&B, Tables at Events CEO Roundtables and Events \$10,000 Event expenses for the cohort including F&B Travel Stipend for Companies \$20,000 To provide travel/lodging c	80,000

<input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	PR & Marketing \$15,000 Direct Costs of PR Newswire distribution, PR Company Recruiting Manager \$35,000 Incremental role to lead our recruitment efforts (x% of total cost of position Promotion and Applicant Recruitment \$15,000 Working with national entities such as the Checkered Flag Run Foundation and the AEMS Association to recruit applicants nationwide Union Tech Platform \$3,000 25% of total annual fee Global Accelerator Network Membership \$12,000 Membership, curriculum access, perks partner	80,000
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		250,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)

State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)

Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

No

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

No

17. Will the requested funds be used directly for services to citizens?

No

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input checked="" type="checkbox"/> Enrich cultural experience	More ethnically diverse entrepreneurs	Will see an increase in ethnically diverse entrepreneurs
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		

<input type="checkbox"/> Improve transportation conditions		
<input checked="" type="checkbox"/> Increase or improve economic activity	Number of companies coming from abroad and from around the state of Florida that are going to participate in the accelerator program	Growth of the company and the number of employees they are hiring.
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Bringing in multiple new companies	Measuring the amount of jobs and opportunities provided
<input checked="" type="checkbox"/> Enhance specific individual's economic self sufficiency	Number of companies that compete to bring lower prices and better products	Increased consumer spending
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?

1. Amount Requested from the State in this Appropriations Project Request:	250,000	71.4%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	100,000	28.6%	Yes
TOTAL	350,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- >= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select "ongoing activity".

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M

O>10M