Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

Title of Project: <u>BRIDG Operations</u>
 Date of Submission: <u>11/14/2019</u>

3. House Member Sponsor: Mike La Rosa

Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

a. Has funding been provided in a previous state budget for this activity? Yes

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? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	(If app	Year Appropriat for FY 2019- ropriated in 2019 riated amount, e	9-20 enter the	(Reque	re prohibited.)	
Column:	Α	В	С	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: column A + column B)	Recurring Base Budget (Will equal non- vetoed amounts provided in Column A)	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds (Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)
Input Amounts:	5,000,000	6,250,000	11,250,000		10,000,000	10,000,000

- 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? $\underline{\text{Yes}}$
 - 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.

Osceola County agrees to guarantee state funds via re-payment in accordance with a time performance schedule outlined by the Governor if the Governor determines that BRIDG has not met deliverables or performance measures.

6. Req	uester
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- a. Name: <u>Chester Kennedy Fran Korosec</u> b. Organization: ICAMR, Inc. (dba BRIDG)
- c. Email: <a href="mailto:ckennedy@gobridg.com/fkorosec@gobridg.com/fkor
- d. Phone #: (407)742-4253
- 7. Contact for questions about specific technical or financial details about the project:
 - a. Name: Chester Kennedy Fran Korosec
 - b. Organization: ICAMR, Inc. (dba BRIDG)
 - c. Email: <a href="mailto:ckennedy@gobridg.com/fkorosec@gobridg.com/fkor
 - d. Phone #: (407)742-4253
- 8. Is there a registered lobbyist working to secure funding for this project?
 - a. Name: Steve Crisafulli
 - b. Firm: Crisafulli Consulting LLC
 - c. Email: steve@stevecrisafulli.com
 - d. Phone #: (321)223-8862
- 9. Organization or Name of entity receiving funds:
 - a. Name: ICAMR, Inc. (dba BRIDG)
 - b. County (County where funds are to be expended): Osceola
 - c. Service Area (Counties being served by the service(s) provided with funding): <u>Statewide</u>
- 10. What type of organization is the entity that will receive the funds? (Select one)
 - O For Profit
 - O Non Profit 501(c) (3)
 - O Non Profit 501(c) (4)
 - O Local Government
 - O University or College

• Other (Please describe) 501(c)6 Not-for-Profit

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

For the continued operations and ramp up of BRIDG (501c6) microelectronics manufacturing development and research activities that help catalyze high-skill, high-wage jobs creation, diversify our economy, foster innovation, and support US-based manufacturing.

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:		
☐a. Executive Director/Project Head Salary and Benefits		
□b. Other Salary and Benefits		
□c. Expense/Equipment/Travel/Supplies/Other		
□d. Consultants/Contracted Services/Study		
Operational Costs:		
□e. Salaries and Benefits		
☑f. Expenses/Equipment/Travel/Supplies/Other	Support expenses related to the operations of complex tools and equipment used for microelectronics manufacturing development to increase capabilities of BRIDG. This includes tools operation/maintenance, utilities, cleanroom ramp up, IT services, business development and marketing to position BRIDG for long term sustainable revenue generation.	10,000,000

□g. Consultants/Contracted Services/Study	
Fixed Capital Construction/Major Renovation:	
□h. Construction/Renovation/Land/Planning Engineering	
TOTAL	10,000,000

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)

OFor Profit

ONon Profit 501(c) (3)

ONon Profit 501(c) (4)

OLocal Government (e.g., police, fire or local government buildings, local roads, etc.)

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

OOther (Please describe)

14. Is the project request an information technology project?

<u>No</u>

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?

Yes

15a. Please Describe:

Agreement signed on August 25, 2014 between Osceola County, UCF, and the Florida High Tech Corridor Council. Agreement approved by the Osceola Board of County Commissioners on August 25, 2014. Support also from the Universities of Florida, South Florida, Florida International University, L3Harris, Tokyo Electron, Siemens, i3 Microsystems, Massey Services, US Dept. of Defense, and others.

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

16a. Please Describe:

Management Insights (Dr. Robert Porter, 1/4/16) under contract with Osceola County, has a documented business case for the BRIDG/Sensor project. Report concluded that 4,000-5,000 direct and 12,000-20,000 indirect jobs could be created over 10 years with the investment in BRIDG and the subsequent industry clustering it would induce in Florida. This has also been validated by Florida Tax Watch.

17. Will the requested funds be used directly for services to citizens? $\underline{\text{No}}$

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
□Improve physical health		
□Improve mental health		
□Enrich cultural experience		
□Improve agricultural production/promotion/education		
☑Improve quality of education	Provide STEM-focused educational opportunities for students partnering with the industry affiliates expected to work alongside BRIDG, not the least of which being experiential learning and increased in-state job placement opportunities for Florida graduates.	Surveys with BRIDG and the schools that partner with BRIDG for student engagement (internships, field trips, mentoring programs, etc.)
□Enhance/preserve/improve environmental or fish and wildlife quality		
□Protect the general public from harm (environmental, criminal, etc.)		
□Improve transportation conditions		
☑Increase or improve economic activity	4,000-5,000 direct and 12,000-20,000 indirect jobs created in10 years in	Surveys with BRIDG and companies that establish operations in Florida to

	Florida.	collaborate with BRIDG.
□Increase tourism		
□Create specific immediate job opportunities		
□Enhance specific individual's economic self sufficiency		
□Reduce recidivism		
□Reduce substance abuse		
□Divert from Criminal/Juvenile justice system		
□Improve wastewater management		
□Improve stormwater management		
□Improve groundwater quality		
□Improve drinking water quality		
□Improve surface water quality		
□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?
Amount Requested from the State in this Appropriations Project Request:	10,000,000	100.0%	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:	0	0.0%	No
TOTAL	10,000,000	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 red	quested after	2020-21 c	over the next 5 y	vears
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O<1M

O1-3M

O>3-10M

⊙>10M

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

O1 year

O2 years

⊙3 years

O4 years

O>= 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".

Oongoing activity – no total cost

O<1M

O1-3M

O>3-10M

⊙>10M