



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nova Southeastern University - Health Professions Division

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 11/17/2017

4. **Project/Program Description:**

Tuition Assistance for Florida residents enrolled in specific health related programs (Osteopathic Medicine, Pharmacy, Optometry and Nursing). Funds are used to offset the cost of tuition for all Florida residents who are enrolled in these four programs.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Education

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
5,200,000		5,200,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,200,000

9. **Previous Year Funding Details:**

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

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 4

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		2,000,000	2,000,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

unknown

11. Program Performance:

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

Reduction in tuition for Florida residents

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

Tuition for Florida students enrolled in Osteopathic Medicine, Optometry, Pharmacy and Nursing will be reduced.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Tuition reduction for Florida residents enrolled in health programs	5,200,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		5,200,000

d. What are the direct services to be provided to citizens by the appropriations project?

100% of funds used to reduce tuition

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

Florida residents enrolled in osteopathic medicine, optometry, pharmacy and nursing programs. 2000+/- students

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

Increase # of health professionals in Florida measured by % of graduates practicing in Florida; increase access to health care in rural areas measured by # of students participating in rotations in rural health settings and public health clinics and # of graduates who practice in rural health settings and areas of unmet need; lower tuition cost for Florida residents measured by cost of tuition per student in each program; increase economic self sufficiency of students who graduate with salaries at high levels measured by the average salary of graduates upon entering workforce

g. 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?

None.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

n/a

13. Requestor Contact Information:

- a. **Name:** George Hanbury
- b. **Organization:** Nova Southeastern University
- c. **Email:** hanbury@nova.edu
- d. **Phone Number:** (954)262-7575



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14. Recipient Contact Information:

a. **Organization:** Nova Southeastern University

b. **County:** Broward

c. **Organization Type:**

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

d. **Contact Name:** George Hanbury

e. **E-mail Address:** hanbury@nova.edu

f. **Phone Number:** (954)262-7575

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. **Name:** Sandra Harris

b. **Firm:** Panza, Maurer & Maynard

c. **Email:** sharris@panzamaurer.com

d. **Phone Number:** (850)681-0980