



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1227

1. **Project Title** State College of Florida, Manatee-Sarasota -- Center for Nursing Excellence2. **Senate Sponsor** Joe Gruters3. **Date of Request** 11/04/20194. **Project/Program Description**

State College of Florida, Manatee-Sarasota, requests \$3.81 million in recurring funding to address the critical shortage of registered nurses in Southwest Florida. This funding will allow SCF to hire the instructional and clinical faculty required to double the annual enrollment of the Associate of Science in Nursing two-year degree program to at least 320 students.

5. **State Agency to receive requested funds** Department of EducationState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	3,810,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>3,810,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3810000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>3,810,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	00	2,150,000	130	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 3,810,000



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**10. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits	Funding will provide salary and benefits for nursing classroom and clinical faculty members.	3,810,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,810,000</b>



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#### 11. Program Performance

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

This funding will allow SCF to hire the instructional and clinical faculty required to double the annual enrollment of the Associate of Science in Nursing two-year degree program to at least 320 students.

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

SCF will hire the nursing classroom and clinical faculty required to expand the enrollment in the ASN two-year registered nursing program from 160 to 320.

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

An additional 160 academically qualified nursing students will be able to enroll in SCF's low-cost ASN program, providing a low-cost nursing education to students who would otherwise potentially incur debt at a more expensive public or private option. Increasing SCF's registered nursing output will help reduce the registered nursing shortage in the College's service area.

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

Expanding the registered nursing program enrollment at SCF will benefit the health and welfare of the entire region.

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

Funding this Center will increase access to one of the state's best nursing schools for 160 more students per year. State performance metrics will measure the outcomes.

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?

None.



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12. 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.

N/A

13. Requestor Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
  - ☐ Non-Profit 501(c) (3)
  - ☐ Non-Profit 501(c) (4)
  - ☐ Local Entity
  - ☒ University or College
  - ☐ Other (please specify)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

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