



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2530

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

There is a clear demand for more healthcare professionals in the State of Florida. Expanding our nursing program facilities can address this shortage while also providing high-quality education to the students in this crucial sector. Saint Leo will utilize the previous year's \$740,000 to build out classrooms by early Spring 2024. An additional \$1-\$1.5 million is for expansion of the program. There is strong demand for the program and this funding will help us renovate more space to handle additional students. As well as help with programmatic needs for expansion.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2024-2025**

Type of Funding	Amount
Operations	554,500
Fixed Capital Outlay	465,000
Total State Funds Requested	1,019,500

7. **Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,019,500	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,019,500	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	740,000	58/59A	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Other university funds or donations.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes



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If yes, indicate the amount of funds received and what the funds were used for.

The total amount of federal assistance received by Saint Leo University during the COVID19 pandemic is \$35,559,452. The university received \$4,806,326 (Cares Act), \$10,984,932 (CRRSAA) & \$19,559,452 (American Rescue Plan). The funding was used to assist students in their transition during the pandemic with economic assistance as well as provide financial assistance to the university to maintain sustainability and capacity.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

TBD

d. What is the estimated completion date of construction?

TBD

12. List 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.

Saint Leo University

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	This request is to support additional faculty members to support growing student enrollments.	310,000
Expense/Equipment/Travel/Supplies/Other	The renovated nursing lab and classrooms will include state-of-the art nursing program equipment.	180,000
Consultants/Contracted Services/Study	Saint Leo University will use an architect and design consultant to design the state of the art nursing lab and class room space.	64,500
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of existing space on the Saint Leo University campus in Benedictine Hall to complete Phase 2 of the nursing program teaching and learning space to include classroom, practice labs, meeting, storage, and office space.	465,000
Total State Funds Requested (must equal total from question #6)		1,019,500

14. Program Performance

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



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The purpose of the project is to complete renovation of existing space to provide contemporary physical facilities for Bachelor of Science Nursing students and to facilitate future program growth. Priorities include funds for phase 2 of the nursing renovation project to include nursing classroom, practice labs, and meeting and office space.

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

Citizens of Florida will be trained and educated in nursing and will obtain a Bachelor of Science in Nursing degree. These citizens will use their skills to address the nursing shortage in Tampa Bay, Pasco County and throughout the State of Florida.

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

With full program implementation, over 200 students will be trained and educated within five years in the Bachelor of Science in Nursing program.

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

Approximately 200 university/college students per year upon program implementation.

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

Saint Leo graduates will practice as nurses in the Tampa Bay region, Pasco County, and throughout the State of Florida. They will support their patients' health by providing physical and mental health care including but not limited to performing physical exams, obtaining health histories, administering medications, monitoring vital signs, and counseling and educating to support health and wellness. Saint Leo Universities BSN program will increase the number of nurses entering the profession and support reducing nursing vacancies in the Tampa Bay region and in Pasco County.

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 the contract?

Return appropriated funds to the state.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number