



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 3048

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In 2021, Saint Leo responded to employment needs of the State and region by offering a Bachelor of Science in Nursing (BSN) program. The BSN program will educate up to 200 students annually when fully implemented - with the nursing program courses slated to begin fall 2023. Funding is requested to renovate existing space, create clinical nursing labs, secure necessary equipment and supplies, and grow faculty and career placement capacity.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         | 708,836          |
| Fixed Capital Outlay               | 771,164          |
| <b>Total State Funds Requested</b> | <b>1,480,000</b> |

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 1,480,000        | 100%        |
| <b>Matching Funds</b>                                |                  |             |
| Federal  | 0                | 0%          |
| State (excluding the amount of this request)         | 0                | 0%          |
| Local  | 0                | 0%          |
| Other  | 0                | 0%          |
| <b>Total Project Costs for Fiscal Year 2023-2024</b> | <b>1,480,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Along with some university funds, additional financial support is being sought from sponsorships, grants, and individual donations.

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



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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 19 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

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

Yes

c. What is the estimated start date of construction?

Fall 2023

d. What is the estimated completion date of construction?

2024

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.

The facility space is owned by Saint Leo University.

### 13. 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                    |   | 0                |
| Other Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  |   | 0                |
| <b>Operational Costs: Other</b>  |   |                  |
| Salary and Benefits  | This request is to support two additional faculty members and a Clinical and Career Placement Coordinator to support growing student enrollment and their needs to be placed at the appropriate hospitals and health facilities.  | 310,000          |
| Expense/Equipment/Travel/Supplies/Other                                | The renovated nursing lab and classrooms will include state-of-the art nursing program equipment and supplies. The equipment includes models, simulation equipment, gurneys, exam tables, hospital beds, and related equipment needed for nursing lab space and classrooms. | 334,336          |
| 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           |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      | Space is available for remodeling to include a clinical nursing lab, hospital rooms, clinic exam rooms, simulation facilities, classrooms, offices, and storage space.  | 771,164          |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>1,480,000</b> |



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#### 14. Program Performance

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

In 2021, Saint Leo responded to employment needs of the State and region by offering a Bachelor of Science in Nursing (BSN) program. The BSN program will educate up to 200 students annually when fully implemented - with the nursing program courses slated to begin fall 2023. Funding is requested to renovate existing space, create clinical nursing labs, secure necessary equipment and supplies, and grow faculty and career placement capacity.

**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 annually 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?**

University students are the target population. With full implementation over 200 students will be trained and educated annually in the Bachelor of Science in Nursing program.

**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 appropriation funding to the State of Florida.

#### 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)



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- 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**