



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2476

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Update and renovate a campus building erected in 1966, not in current use, to house a new Licensed Practical Nursing program to address a critical shortage in our five-county service area and in North Florida. Our current Health Sciences building houses our RN, BSN, EMT, Paramedic, and CNA programs so an expansion of space is needed.

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	0
Fixed Capital Outlay	1,200,000
Total State Funds Requested	1,200,000

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)	1,200,000	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 2023-2024	1,200,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific 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.

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

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



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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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Renovation of vacant campus building to house new LPN program	1,200,000
Total State Funds Requested (must equal total from question #6)		1,200,000

14. Program Performance

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

To update a building for LPN program use.

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

To provide a facility for Nursing Educational program for area citizens.

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

To implement a new LPN program to fill a critical need in our area.



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

To open an LPN program mainly for students in our five-county district (Calhoun, Holmes, Jackson, Liberty, and Washington counties) who want to enroll in an LPN program. (25-50)

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

Benefit: To produce nursing graduates of the LPN program.
Methodology: 80% of the graduates will become licensed and employed.

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?

LPN program is offered and students enrolled become licensed and employed. Strategies will be developed for improving enrollment and graduation rate, such as new recruitment activities and tutoring if the 80% is not reached.

15. Requester Contact Information

a. First Name Sarah **Last Name** Clemmons, Ph.D.
b. Organization Chipola College
c. E-mail Address clemmonss@chipola.edu
d. Phone Number (850)718-2288 **Ext.**

16. Recipient Contact Information

a. Organization Chipola College
b. Municipality and County Jackson

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 Steve **Last Name** Young
e. E-mail Address youngs@chipola.edu
f. Phone Number (850)718-2203

17. Lobbyist Contact Information

a. Name None
b. Firm Name None
c. E-mail Address



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d. Phone Number