



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3034

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

NWFSC requests funding for the addition of new health sciences programs, expanded public safety offerings, and maintenance of training facilities required to teach and test public safety students, projects which directly support critical infrastructure education and training operations.

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

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	990,000
Fixed Capital Outlay	0
Total State Funds Requested	990,000

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)	990,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,240,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?** No

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?**

No

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	(1) Director of Health Sciences Technician Programs (1.0 FTE, BSN-qualified with teaching load), (2) one faculty for Certified Nursing Assistant, Patient Care Technician, and Certified Hemodialysis Technician (1.0 FTE), (3) one Clinical Coordinator for all five new programs (1.0 FTE), (4) four part-time clinical instructors, and (5) two part-time didactic instructors for CNA, PCT, and HT.	265,480
Expense/Equipment/Travel/Supplies/Other	Classroom furniture and instructional technology for four labs, equipment for phlebotomy and hemodialysis, technology (surface pros, phones, software licenses) for faculty and staff, driving pad materials, recruitment materials, instructional and office materials and supplies, industry certification exams for five programs.	724,520
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		990,000

14. Program Performance

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



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NA

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

NA

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

NA

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

NA

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

NA

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?

NA

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

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

a. Name	<input type="text" value="None"/>
b. Firm Name	<input type="text" value="None"/>
c. E-mail Address	<input type="text"/>
d. Phone Number	<input type="text"/>