



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bethune-Cookman University Petrock College of Health Sciences

2. **Senate Sponsor:** Dorothy Hukill

3. **Date of Submission:** 11/22/2017

4. **Project/Program Description:**

The mission of the Petrock College of Health Sciences (PCHS) is to address the health needs of the local and global community by focusing on excellent education and professional preparation of students while ensuring significant immersion in community health and leadership on policy initiatives. The PCHS is the only College of Health Sciences in the Volusia County area.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Education

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
750,000		750,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 750,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3

c. What is the most recent fiscal year the project was funded? 2017-18

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		250,000	250,000

### 10. Is future-year funding likely to be requested?

Yes

#### a. If yes, indicate non-recurring amount per year.

\$750,000

### 11. Program Performance:

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

During FY 2018-2019, the Petrock College of Health Sciences will work to accomplish the following: 1) Ensure completed renovation of the Master of Athletic Training clinical learning laboratory and the undergraduate Exercise Science learning lab; 2) Initiate search/complete of hiring of two additional faculty members (necessary to meet the baseline for specialty accreditation standards). The College will undergo two accreditation site visits in 2018; 3) Graduate Assistantships

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

Fulfillment of specialty accreditation standards. Teaching students clinical Master of Athletic training skills in the laboratory to enable them to apply these skills in the clinical hospital rotations, in ambulatory care centers, and on the field. Teaching students in all six academic health science programs within the College. Provide graduate assistantships to help in recruitment of stellar applicants for graduate programs (Master of Athletic Training, Master of Clinical Mental Health Counseling, Master of Public Health) within the College.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Consultant for accreditation site visits (\$6000), Accreditation fees (site visits, document/CD preparation, membership fees)	600,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Equipment/supplies for clinical learning labs	100,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Consultant for accreditation site visits (\$6000), Accreditation fees (site visits, document/CD preparation, membership fees)	50,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		750,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Teaching in the College's six academic programs, working with elderly persons in the Enhance Fitness partnership with the YMCA (both faculty and students provide services), community counseling center for mental health (Counseling faculty), care and treatment of local/national athletes (Rehabilitation Science faculty), health education and nutrition /clinical care (public health faculty)

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

University and College students, High School students, Elderly Persons, Community members (mental health, health education, nutrition), University, local, and national athletes. Estimated Number served >1000

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



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Provide six academic programs in the health sciences (undergraduate and graduate). Measurement- Commencement twice annually serves as confirmation of completion of programs. Increase the number of elderly and older adults receiving education and resources in support of healthy living. Provide initial assessment and care for University and local/national athletes. Measurement - Documentation of Enhanced Fitness training and service dates/sessions and evidence based data. Documentation of students/faculty who receive training to provide the services. Documentation of games/sports events covered by faculty/students. 3. Community Counseling Center in the PCHS. Measurement - Documentation of number of patients seen (and their home community)

- g. 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?**

Standard penalties are sufficient

- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Bethune-Cookman University

- 13. Requestor Contact Information:**

- a. Name:** Hubert Grimes
- b. Organization:** Bethune-Cookman University
- c. Email:** hugers@cookman.edu
- d. Phone Number:** (386)481-2651

- 14. Recipient Contact Information:**

- a. Organization:** Bethune-Cookman University
- b. County:** Volusia
- c. Organization Type:**
  - ☐ For Profit
  - ☐ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☒ University or College
  - ☐ Other (Please specify)
- d. Contact Name:** Hubert Grimes
- e. E-mail Address:** hugers@cookman.edu
- f. Phone Number:** (386)481-2651

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. Name:** Yolanda Cash
- b. Firm:** Becker and Poliakoff
- c. Email:** yjackson@bplegal.com
- d. Phone Number:** (954)985-4132