



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Nova Southeastern University - NSU Health

2. **Senate Sponsor:** Lauren Book

3. **Date of Submission:** 01/26/2018

4. **Project/Program Description:**

Support for NSU Health, an initiative which uses Population Health model to provide services through a network of university and community based clinics, including the provision of medical, dental, eye care and pharmacy services to patients

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Health

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
5,200,000		5,200,000

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):** 5,200,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

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:			

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

Yes

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

yes, TBD

11. Program Performance:

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

Improved health outcomes for residents of Palm Beach, Broward, Miami-Dade and rural communities throughout the state

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

Medical care (focusing on primary care and preventive health care), dental care, eye care and pharmacy services

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Clinical operations by retaining extenders (PAs, ARNPs, Dental Assts), stipends for students involved in clinical rotations, payments to medical professionals providing services in clinics	5,200,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		5,200,000

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

Medical care, dental care, eye care, pharmacy services

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

Residents of Palm Beach, Broward, Miami-Dade and other areas of state that are rural or have unmet need that are targeted through Population Health (low income, poor health)

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

Decrease the prevalence of serious health risks in low income populations by providing preventive health care measured by the number of persons receiving care; increase access to care for at risk children and adults measured by the number of persons receiving care by income level and age group; increase access to health care in rural areas measured by # of students and licensed health professionals participating in rotations in rural health settings and public health clinics and # of patients receiving care

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?

loss of funding

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.

n/a

13. Requestor Contact Information:

a. Name: George Hanbury



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- b. Organization:** Nova Southeastern University
- c. Email:** hanbury@nova.edu
- d. Phone Number:** (954)262-7575

14. Recipient Contact Information:

- a. Organization:** Nova Southeastern University
- b. County:** Broward
- 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:** George Hanbury
- e. E-mail Address:** hanbury@nova.edu
- f. Phone Number:** (954)262-7575

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

- a. Name:** Tom Panza
- b. Firm:** Panza, Maurer & Maynard
- c. Email:** tpanza@panzamaurer.com
- d. Phone Number:** (850)681-0980