



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1062

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

NSU is seeking funds to maintain and expand its Veterans Access Clinic, which was established in 2019-20 to provide primary health care, audiology, optometry, dental, psychological, physical and speech therapy, and pharmacy services to military veterans and their immediate families through a dedicated clinic (Veterans Access Clinic) at the Davie Campus of Nova Southeastern University and through the expansion of services available at the Kendall Clinic of Nova Southeastern University in south Miami Dade County. The service delivery system will include clinical supervision of students and residents enrolled at Nova Southeastern University in the Health Professions Division.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100px;" type="text" value="8,000,000"/>
Fixed Capital Outlay	<input style="width: 100px;" type="text" value="500,000"/>
<b>Total State Funds Requested</b>	<b>8,500,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100px;" type="text" value="8500000"/>	<input style="width: 50px;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Local	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
Other	<input style="width: 50px;" type="text" value="00"/>	<input style="width: 50px;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>8,500,000</b>	<b>100</b> %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80px;" type="text" value="2019-20"/>	<input style="width: 80px;" type="text" value="00"/>	<input style="width: 100px;" type="text" value="5,000,000"/>	<input style="width: 50px;" type="text" value="450"/>	<input type="text" value="No"/>

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

If yes, indicate nonrecurring amount per year.



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**10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	Funding will be allocated to the network of clinics operated by Nova Southeastern University, including the Veterans Access Clinic, for the provision of primary care and therapeutic care. The university will assign and hire medical and service professionals to provide care to veterans and their families	8,000,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Build out space in the University's Collaborative Research Center to house a hyperbaric chamber which the university has acquired; research has indicated that veterans who face traumatic disorders benefit from treatment in a hyperbaric chamber	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>8,500,000</b>



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## 11. Program Performance

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

Provide health care and therapeutic services to veterans and their families who do not have insurance through the VA or choose not to use it due to barriers in accessing services. Therapeutic services include vision, dental, physical therapy, speech therapy, audiology, psychology and pharmacy.

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

Veterans and their families will be served by medical professionals and trainees through the network of clinics that Nova Southeastern University directly operates in Broward and Miami-Dade Counties. Veterans and their families will receive primary care, dental care, vision care, therapies at no cost.

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

Primary care, dental care, vision care, physical therapy, speech therapy, audiology, psychology and pharmacy

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

Veterans and their families. Estimates are that over 10,000 will be served

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

Improved physical and mental health of veterans and families

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 in the contract?

Withholding of funds



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12. **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.**

Nova Southeastern University is a private, not for profit university which will use the fixed capital outlay funding to improve space in one a building that the university has ownership of.

13. **Requestor Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number  Ext.