

LFIR # 1317

| 1. Project Title                                    | State College of                                | Florida Nursing F   | Partnership Match  |                        |                          |  |
|---|---|---------------------|--|------------------------|--------------------------|--|
| 2. Senate Sponsor                                   | Jim Boyd  |                     |  |                        |                          |  |
| 3. Date of Request                                  | 11/15/2021                                      |                     |  |                        |                          |  |
| 4. Project/Program I                                | Description                                     |                     |  |                        |                          |  |
| community foundar                                   | tions to fund nursing<br>SCF to hire the requir | faculty positions i | h the \$675,000 contri<br>in one of the state's b<br>y to expand enrollmer | est registered nursing | g programs. Funding this |  |
| 5. State Agency to re                               | eceive requested fu                             | nds Depart          | ment of Education  |                        |                          |  |
| State Agency con                                    | tacted? Yes                                     |                     |  |                        |                          |  |
| 6. Amount of the No                                 | nrecurring Request                              | for Fiscal Year     | 2022-2023  |                        |                          |  |
| Type of Funding                                     |   |                     | An   | nount                  |                          |  |
| Operations  |   |                     |  | 675,000                | -                        |  |
| Fixed Capital Outla                                 |   |                     |  | 0                      | 1                        |  |
| Total State Funds                                   | Requested                                       |                     |  | 675,000                |                          |  |
| 7. Total Project Cost                               | for Fiscal Year 202                             | 2-2023 (includin    | g matching funds a   | vailable for this proj | ect)                     |  |
| Type of Funding                                     |   |                     | Amount   | Percentage             | ]                        |  |
| Total State Funds Requested (from question #6)      |   |                     | 675,00   | 0 50%                  | _                        |  |
| Matching Funds                                      |   |                     |  |                        | 1                        |  |
| Federal   |   |                     |  | 0 0%                   | 1                        |  |
| State (excluding the amount of this request)  Local |   |                     | 675,00   | 0 0%<br>75,000 50%     |                          |  |
| Other   |   |                     | •  | 0 0%                   |                          |  |
|   | ts for Fiscal Year 20                           | 022-2023            | 1,350,00   |                        | 1                        |  |
| 8. Has this project p                               | reviously received                              | state funding?      | No   |                        |                          |  |
| Fiscal Year   | Ame   | ount                | Specific   | Vetoed                 | ]                        |  |
| (уууу-уу)   | Recurring                                       | Nonrecurring        | A  |                        |                          |  |
|   |   |                     |  |                        |                          |  |
| 9. Is future funding                                | likely to be requeste                           | ∍d?                 | No   |                        |                          |  |
| a. If yes, indicate                                 | nonrecurring amou                               | nt per year.        |  |                        |                          |  |
| b. Describe the so                                  | ource of funding tha                            | at can be used ir   | n lieu of state fundin   | g.                     |                          |  |
|   |   |                     |  |                        | ]                        |  |
| 40.11   |   |                     |  | 1. 1. 1. 20            | 40 1 10                  |  |
| 10. Has the entity re                               | questing this proje                             | et received any f   | rederal assistance re  | elated to the COVID-   | 19 pandemic?             |  |
| Yes   |   |                     |  |                        |                          |  |
| If yes, indicate th                                 | e amount of funds                               | received and wh     | at the funds were us   | sed for.               |                          |  |



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SCF has received \$35.8 million in Higher Education Emergency Relief Act Funding. \$14.7 million is designated for student assistance. \$19.7 million is being used to cover the costs of ensuring the college's facilities and programs provide students a safe, effective educational environment.

### 11. 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/<br>Other           |  | 0       |  |  |
| Consultants/Contracted<br>Services/Study              |  | 0       |  |  |
| Operational Costs: Other                              |  |         |  |  |
| Salary and Benefits                                   | \$675,000 in nonrecurring funding to match the \$675,000 contribution from area hospitals (Manatee Memorial Hospital, Sarasota Memorial Hospital, Venice Regional Bayfront Health), and community foundations (Gulf Coast Community Foundation and Barancik Foundation) to fund nursing faculty positions. | 675,000 |  |  |
| Expense/Equipment/Travel/Supplies/Other               |  | 0       |  |  |
| Consultants/Contracted Services/Study                 |  | 0       |  |  |
| Fixed Capital Construction/Majo                       | r Renovation:  |         |  |  |
| Construction/Renovation/Land/<br>Planning Engineering |  | 0       |  |  |
| Total State Funds Requested (m                        | ust equal total from question #6)  | 675,000 |  |  |

### 12. Program Performance

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

SCF requests \$675,000 in nonrecurring funding to match the \$675,000 contribution from our region's hospitals and community foundations to fund nursing faculty positions in one of the state's best registered nursing programs. Funding this request will allow SCF to hire the required nursing faculty to expand enrollment in the Associate of Science in Nursing program by at least 40 percent.

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

SCF will be able to double the number of nursing faculty hired if local contributions are matched by the state, resulting in twice the number of nursing students that can be enrolled through the partnership. According to the Florida Center for Nursing, more than 40 percent of Florida's nurses are approaching retirement age in the region within the next 10 years.

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

The state of Florida needs about 60,000 additional nurses over the next 15 years. Matching the capacity of SCF's partnership contribution will allow the college to enroll 40 percent more nursing students to contribute to the state's need.

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

Expanding the registered nursing program enrollment at SCF will benefit the health and welfare of the entire region.

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

Funding this Center will increase access to one of the state's best nursing schools for at least 40 percent more students. State performance metrics will measure the outcomes.



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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?

Failure to meet deliverables would result in financial consequences including withholding of funding or reduction in specified payments.

| ıs. | the owners of the facilit                                       | ly to receive, directi | y or indirectly, any  | Tixed Capital Outlay | unding. Include the |  |  |
|-----|---|------------------------|-----------------------|----------------------|---------------------|--|--|
|     | relationship between the owners of the facility and the entity. |                        |                       |                      |                     |  |  |
|     | relationship between th   | 5 OWING S OF THE FACIL | inty and the criticy. |                      |                     |  |  |
|     |   |                        |                       |                      |                     |  |  |

| N/A |  |
|-----|--|
|     |  |
|     |  |



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| 14                                 | 14. Requestor Contact Information |  |                    |               |            |  |
|------------------------------------|-----------------------------------|--|--------------------|---------------|------------|--|
|                                    | a. First Name                     | Carol                                      |                    | Last Name     | Probstfeld |  |
|                                    | b. Organization                   | State College of Florida, Manatee-Sarasota |                    |               |            |  |
|                                    | c. E-mail Address                 | probstc@scf.edu                            |                    |               |            |  |
|                                    | d. Phone Number                   | (941)752-5001 <b>Ext.</b>                  |                    |               |            |  |
| 15                                 | . Recipient Contact               | Information                                | on                 |               |            |  |
|                                    | a. Organization                   | State Col                                  | lege of Florida, N | /lanatee-Sara | ısota      |  |
| b. Municipality and County Manatee |                                   |  |                    |               |            |  |
|                                    | c. Organization Typ               | ре   |                    |               |            |  |
|                                    | □For Profit Entity                |  |                    |               |            |  |
|                                    | □Non Profit 501(c                 | c)(3)                                      |                    |               |            |  |
|                                    | □Non Profit 501(c                 | (c)(4)                                     |                    |               |            |  |
|                                    | □Local Entity                     |  |                    |               |            |  |
|                                    | ☑University or Co                 | niversity or College                       |                    |               |            |  |
|                                    | □Other (please specify)           |  |                    |               |            |  |
|                                    | d. First Name                     | Brian                                      |                    | Last Name     | Thomas     |  |
|                                    | e. E-mail Address                 | thomasb1@scf.edu                           |                    |               |            |  |
|                                    | f. Phone Number                   |  |                    |               |            |  |
| 16                                 | 16. Lobbyist Contact Information  |  |                    |               |            |  |
|                                    | a. Name                           | Andrew T. Palmer                           |                    |               |            |  |
|                                    | b. Firm Name                      | Metz Husband & Daughton PA                 |                    |               |            |  |
|                                    | c. E-mail Address                 | andy.palmer@metzlaw.com                    |                    |               |            |  |
|                                    | d. Phone Number                   | (850)205-9000                              |                    |               |            |  |