



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2540

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expand the number of students studying and graduating with nursing degrees at all levels of practice. Increased programs, educational opportunities for nursing students that lead to degrees in high-demand nursing positions to address state nursing shortage.

5. State Agency to receive requested funds

State Agency contacted?  No

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	33,000,000
<b>Total State Funds Requested</b>	<b>33,000,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	33,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>33,000,000</b>	<b>100%</b>

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?

Yes

If yes, indicate the amount of funds received and what the funds were used for.



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USF has received institutional COVID-19 assistance funding from the federal government but the funds we received did not allow for the payment of the ongoing operational expenses.

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Reconfigure and equip existing space on campus to accommodate more nursing students.	33,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>33,000,000</b>

**12. Program Performance**

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

Expand the number of students studying and graduating with nursing degrees at all levels of practice.

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

Expanded nursing undergraduate and graduate programs offered at USF.

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

Increased programs, educational opportunities for nursing students that lead to degrees in high-demand nursing positions to address state nursing shortage.

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

Nursing undergraduate and graduate students. Approx. 200 students.

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

(1) Expand nursing undergraduate and graduate programs at USF. Increased students graduating with a nursing undergraduate and/or graduate degree to fill critical workforce needs. (2) Increased nursing programs will produce additional nurses that can immediately be placed in high-demand nursing jobs. More nursing job placements in the Tampa Bay Region and across the state.

**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?**

None



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13. 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.

University of South Florida



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#### 14. Requestor Contact Information

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name   
b. Firm Name   
c. E-mail Address   
d. Phone Number