



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2716

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Nova Southeastern University will address the critical needs for nurses in the state of Florida by addressing faculty shortages, increasing hospital capacity for clinical rotations, and expanding our accelerated BSN programs to our Miami campus.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	2,000,000
Fixed Capital Outlay	0
Total State Funds Requested	2,000,000

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)	2,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested?

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?

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



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NSU received \$17,854,287 from HEERF I, II, III that was for direct student aid; NSU received \$22,089,642 from HEERF I, II, III that was for institutional aid; NSU received \$2,980,489 from HEERF I,II, III as a minority serving institution; NSU received \$194,222 for telehealth; NSU received \$4,410,023 from the CDC to study the long-term health effects on persons who contracted COVID.

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/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	\$1,000,000 will be used for a nursing faculty recruitment and retention initiative to provide tuition assistance and/or bonuses to recruit BSNs to enroll in Masters and PhD programs. \$500,000 will be used to increase clinical rotation slots for nurses and to increase preceptors at safety net and teaching hospitals in Broward, Miami-Dade and Lee counties. \$500,000 will be used to establish an accelerated NSN program in Miami.	2,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,000,000

12. Program Performance

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

To increase nurses available in the healthcare workforce.

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

Increase students enrolled in Master's and PhD nursing programs, accelerate the graduations of nurses, and increase nursing clinical rotation slots.

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

Increase nursing and health care services to Floridians in hospital and healthcare settings.

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

Floridians who require healthcare services in hospitals and clinics.

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

Improve physical health.

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?



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Return of funds to the state.

- 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.**

No capital outlay funding requested.



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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