



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1049

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Herzing University Simulation Center will enhance the experiential learning of our nursing students which is critical for meeting front-line demands as new nurses. Limited availability of specialty clinical sites such as pediatrics, OBGYN, mental health require supplemental instruction in hi-fidelity simulation to prepare nursing students.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	400,000
Fixed Capital Outlay	0
Total State Funds Requested	400,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	400,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	400,000	50%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	800,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	250,000	57	Yes

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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Herzing University has utilized Federal COVID-19 funds to improve the air quality of our campuses, acquire additional PPE, staffing for temperature and COVID protocols upon entering campus, remote online development to accommodate social distancing.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funds to be expended in development of both a low and high-fidelity advanced nursing skills and simulation lab centers at Tampa and Orlando campuses The equipment includes life-like manikins with a combined software system to create realistic patient care environments. Facilities will be staffed with structural equipment such as beds, headboards, ekg, medical carts, medicine carts.	400,000
Total State Funds Requested (must equal total from question #6)		400,000

14. Program Performance

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



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Orlando and Tampa Clinical skills and low fidelity life-like lab, through visual, and hands on approach prepares the student through real-world experiences. The assessment lab will better prepare students to pass the NCLEX exam to obtain their license and be better prepared in the workforce. The Simulation Center will enhance the experiential learning for our nursing students to meet front-line real-world demands. Limited availability of specialty clinical sites such as pediatrics, OBGYN, mental health requires supplemental instruction in high-fidelity simulation to prepare nursing students.

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

Advanced Nurse Education

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

The advanced nursing lab center will be utilized to provide clinical skills, nursing assessment skills primarily by residents of Hillsborough and Orange County as students and trainees from hospital systems who do not have this technology but require it. This will greatly enhance the ability to examine patterns of health and illness in individuals with high regard for patient safety.

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

The Orlando and Tampa campuses service over 800 students. As the majority of these students fill critical nursing roles in their communities, the population impact is much greater.

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

Clinical skills and low fidelity nursing lab prepares the student by immersing them in real-world experiences. The assessment lab will better prepare students, through auditory, visual and hands on approach, to pass the NCLEX exam to obtain their license and be better prepared in this high demand workforce. Herzing University will measure the student exams against the lab experience to determine level of improvement in overall scores. Ultimately, the lab/simulation experience will better prepare the students to pass the NCLEX on the first attempt (another measurement we will report) and apply these critical skill sets to better care for their future patients.

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?

Return of funds to the state

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number