



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1281

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Indian River State College is doubling the capacity of its nursing program in an effort to meet local and state workforce demands. Subsequently, the College intends to improve the resources available to students and faculty that support student success and completion of the National Council Licensure Examination (NCLEX) for registered nurses. Resources will be used to purchase software programs that provide multi-lingual tutorials to students, promote advanced test-taking and study skills, and provide opportunities to develop and exercise clinical judgment without negatively impacting patients. The resulting high-fidelity simulation laboratory will be staffed with clinical skills and simulation coordinators able to provide one-to-one instruction to students. This program will simulate real-life, clinical experiences providing students best-in-class preparation for exceptional patient care.

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	2,200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>2,200,000</b>

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)	2,200,000	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 2023-2024</b>	<b>2,200,000</b>	<b>100%</b>

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?



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Yes

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

IRSC has received \$65.7 million in CARES/HEERF funding as part of federal COVID stimulus. \$26.61 million was pass through to students to assist them in maintaining educational progress; \$3.45 million was provided to Minority Serving Institutions, and these funds were to directly and positively impact minority students and programs; and \$35.64 million awarded to the institution was used for PPE purchases, technology upgrades and transition to distance learning, and lost revenue.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits	Lab manager and two lab assistants	200,000
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	Software, lab simulation equipment	2,000,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,200,000</b>

### 14. Program Performance

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



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IRSC will double its registered nursing student output to produce 300 registered nurses annually. Currently, IRSC's nursing students have a 92.65% passing rate on the NCLEX exam. Through this program and the resulting augmented learning opportunities for students, IRSC will continuously improve its pass rate with an ultimate goal of having all students who complete the program pass the NCLEX exam.

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

Simulated clinical learning opportunities, multi-lingual tutorials, NCLEX exam study skills, and one-to-one clinical learning experiences will be provided with these funds. These additional learning opportunities can be customized for individual learners and will provide real-life experiences.

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

This program will provide additional learning opportunities and promote the success of Indian River State College students.

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

Indian River State College is a Hispanic Serving Institution. 51% of the student body consists of minority students and 42% of our students are eligible for Pell funding, and one third are first generation students.

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

Additional graduates and a greater percentage of students passing the NCLEX.

**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?**

If this simulation laboratory is not completed, the funding will be returned 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)  
☐ Local Entity  
☒ University or College  
☐ Other (please specify)



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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