



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1771

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

Funding for two initiatives at Nova Southeastern University related to Veterans Health: 1) Continuation funding for the Veterans Access Clinic (VAC) to provide direct patient care to veterans and their families at no cost to the patients; and 2) Coordination of placement of veteran students into health professions programs (medicine, nursing, dentistry, allied health) and provision of services to those students to enable them to attend classes by providing ancillary services such as transportation, child care and other necessary expenses not otherwise covered through their federal benefits.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operating                          | 7,500,000        |
| Fixed Capital Outlay               | 0                |
| <b>Total State Funds Requested</b> | <b>7,500,000</b> |

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

| Type of Funding                                      | Amount           | Percentage  |
|--|------------------|-------------|
| Total State Funds Requested (from question #6)       | 7,500,000        | 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 2025-2026</b> | <b>7,500,000</b> | <b>100%</b> |

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2024-25                  | 0         | 5,000,000    | 455                         | No     |

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

NSU has worked with federal Veterans Administration and local community veterans organizations to identify other funding sources; however, the state funds requested are typically because patients don't qualify or cannot access those funds



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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

**10. Status of Construction**

a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

**11. 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.**

**12. 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</b>   |   |                  |
| Salary and Benefits  |   | 0                |
| Expense/Equipment/Travel/Supplies/Other                                |   | 0                |
| Consultants/Contracted Services/Study                                  | \$7,500,000 of the funds will be allocated to the network of clinics operated by NSU in South Florida and Tampa Bay regions to provide direct patient care services and to upgrade and modernize dental facilities. | 7,500,000        |
| <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>7,500,000</b> |

**13. Program Performance**

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

The purpose of the funds is to continue to provide direct health care services to veterans and their families at no cost to the clients/patients. Direct health care services include primary care, dental care, vision care, speech and physical therapy, and psychological and behavioral health care. In addition, funds would be used to modernize the dental facilities that are the primary service that veterans and families are accessing



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

Direct provision of health care services.

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

Primary care, dental care, vision care, physical and speech therapy, behavioral and mental health

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

Veterans and their families. In excess of 3,000.

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

Improved health care for veterans and their families, including mental health care.

**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 in the contract?**

Return of state funds

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received



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No

No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*