



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1979

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of the funds is to address the needs of two Statewide High Demand, High Skill, High Wage occupations identified by CareerSource Central Florida, Hillsborough, and Pinellas County. Herzing University (HU) will build out the necessary space implement and run a Dental Hygiene program to include a public community clinic. The community clinic will be located in the same facility as the existing Herzing University - Tampa location and provide non-invasive dental services in the scope of practice of a dental hygienist. The Radiology Lab expansion will increase the capacity of a high demand career in the area served.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	250,000
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>750,000</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)	750,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	750,000	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year 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.



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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)?

Yes

c. What is the estimated start date of construction?

10/06/2025

d. What is the estimated completion date of construction?

06/01/2026

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

Herzing University will allocate funding to maintain 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.

Herzing University (Orlando) is owned by Herzing University and will receive funds for the radiology lab. Sabal Venture, LLC is the landlord of the facility occupied by Herzing University - Tampa where the dental clinic will be constructed.

### 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	\$90,000 will be used for Radiology Equipment including: C-Arm, and Universal Rad Room, and acquisition workstation \$160,000 will be used for Dental Chairs, and dental delivery systems	250,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	\$100,000 will be used to convert a classroom space to a radiology lab \$400,000 will be used in the build out of a dental lab	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>750,000</b>

### 13. Program Performance

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



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The creation of a Dental Hygiene Program which will contribute to the training of new dental hygienist in the Tampa Bay area and the creation of a community clinic where students will gain valuable experience, and local residents will benefit from dental services for a nominal fee. The clinic will specifically provide outreach to under insured and uninsured individuals in an effort to increase overall wellness of local citizens. The additional Radiology lab will allow for an increased program capacity resulting in additional graduates per year.

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

Herzing University (HU) will build out the necessary space to run a Dental Hygiene program to include a free public community clinic at the existing HU Tampa location. HU will hire the properly credentialed personnel to run the program and seek state approvals required to open the program. HU will seek programmatic accreditation. A second radiology lab will be built in HU Orlando (Winter Park).

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

The free community clinic will provide preventative non-invasive dental care services including periodontal treatment, cleanings, oral health assessments, dental screenings and other limited approved services for hygienist to perform. The additional radiology lab will provide an increase in program enrollment opportunities into the A.S. in Radiologic Technology program.

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

The target population for the dental hygiene program includes high school graduates or individuals who have earned a GED and are seeking to enter the profession. The community clinic seeks to service residents within a 50 mi radius including but not limited to: elderly, jobless persons, economically disadvantaged, grade school kids. The goal is to service 800 patients per year. The radiology lab target includes existing college students at HU in the Radiologic Technology, as well as future students. Veterans make-up 10% of the program enrollment.

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

The project seeks to reduce the number of families living in the area that forgo preventative dental services. According to U.S. Census Bureau (2023), 17.3% of the 40,302 individuals living in the zip code 33619, same as the campus, live in poverty. The goal is to service 800 patients per year. The lab will increase the enrollment capacity of both the Radiologic Technology program, with an expected outcome of 20 additional graduates every 2 years.

**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?**

If Herzing University does not execute the plan as proposed, the state of Florida may recall funds associated with this request

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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



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- 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
- 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)



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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

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