



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2506

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Program creates a comprehensive learning environment between nursing education and real-world practice by providing a unique opportunity to apply theoretical knowledge, develop practical skills, and build confidence in a clinical setting. The program goals include recruitment, retention, clinical competence, and reduced turnover. The most recent class of SNIs resulted in 100% hire rate at Halifax Health, and 100% pass rate on the NCLEX exam. Goal is to double the program.

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	750,000
Fixed Capital Outlay	0
<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.

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



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**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	Salaries for program faculty, as well as salaries for the interns, which is not a billable expense to the insurance or patient.	750,000
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		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>750,000</b>

**13. Program Performance**

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

The purpose and goals that will be achieved are the successful recruitment, retention, increased clinical competence, and reduced turnover of skilled nurses.

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

Recruitment, orientation, education and mentorship are the activities and services provided to meet the intended purposes of these funds. The Student Nurse Intern Program creates a comprehensive learning environment to bridge the gap between nursing education and real-world practice by pairing nurses with experienced mentors and providing a unique opportunity to apply theoretical knowledge, develop practical skills, and build confidence in a clinical setting.



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

Direct services provided to citizens include more competent, experienced, and skilled nursing to patients in Volusia County through the 3 hospitals and several outpatient facilities and Halifax Hospital Medical Center.

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

All citizens of Volusia County that enter the facilities at Halifax Hospital Medical Center each year, as well as the nursing students who will feel more competent to continue their chosen career.

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

Recruitment, retention, and turnover data of nurses in the healthcare system, as well as testing of and data related to clinical competence.

**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?**

Liquidated damages of \$1,000 per day past the provided milestone dates.

**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
- 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) Special Tax District

**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.*