



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2853

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

**4. Project/Program Description**

By 2035, Florida's healthcare ecosystem will be in a full-blown emergency, with a projected shortage of 59,000 nurses. Jacksonville University's GROW program is a forward-thinking workforce development initiative designed to expand and strengthen Florida's nursing and healthcare workforce. The program includes three innovative pathways: 1) Expand traditional BSN enrollment by reaching new student markets to increase access. 2) Optimize the current BSN program, using technology to enhance outcomes and alleviate clinical practicum shortages. 3) Grow specialty graduate nursing programs in psychiatric, rehabilitative, and palliative care to address critical gaps in underserved areas. With continued investment, including the introduction of the DEMSN program and enhanced simulation labs, JU's GROW program can expand its impact, maintain high NCLEX pass rates, and support Florida's healthcare needs.

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

**State Agency contacted?**  Yes

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

Type of Funding	Amount
Operating	3,000,000
Fixed Capital Outlay	1,500,000
<b>Total State Funds Requested</b>	<b>4,500,000</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)	4,500,000	39%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	7,100,000	61%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>11,600,000</b>	<b>100%</b>

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	7,100,000	61	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.**



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If the state does not provide funding, the project will not be able to enhance and expand as described.

## 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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

01/29/2027

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

The operational funding for the project will be supported through a diversified approach. This includes revenue generated from a variety of activities such as tuition, program fees, as well as strategic healthcare industry partnerships.

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.

Jacksonville University is the sole owner of any facilities or improvements funded through any fixed capital outlay funding.

### 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	Faculty and staff hires to support the development of the programs.	3,000,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovations of space to support the expansion of larger medical, nursing and healthcare programming.	1,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,500,000</b>

### 13. Program Performance

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



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The funds will address Florida’s healthcare professional shortage by expanding nursing programs (ABSN and DEMSN), increasing nurse practitioner enrollment, and enhancing clinical training. Goals include maintaining high NCLEX pass rates, creating a graduate nursing skills lab, upgrading simulation technology, and hiring faculty to support program growth and improve healthcare access statewide.

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

The GROW program will increase faculty and staff to prepare for rapid expansion of several key programs including the existing and highly successful Accelerated Bachelor of Nursing program (ABSN), the new Direct Entry Master of Science in Nursing, and create new specialty graduate degrees that are in critically needed specialties in Florida. Also, GROW will add cutting edge simulation and virtual reality technology labs and equipment to match industry standards and allow for growth of BSN programs.

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

Graduates from the GROW program will provide direct health care and treatment to the citizens of Florida from traditional floor nurses to virtual nurses and within critical areas of high need including, palliative care, rehabilitative care and cancer care.

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

The citizens of Florida will be the ultimate beneficiaries of the program and would number in the tens of thousands.

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

JU's GROW program aims to increase the nursing and specialty-nursing workforces by more than 3,500 over ten years. Importantly, these healthcare workers will supplement those already being produced in traditional nursing and workforce programs for a true increase in net workforce. Outcomes can be measured by number of participants in and graduates from the program as well as by licensure exam success rates.

**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?**

Awardee to return any unexpended funds to the state of Florida.

**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#:**



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**



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- 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.*