



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2871

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Provide access to primary health care, mental health (telehealth), and healthcare navigation to rural and underserved areas in the state with Advanced Practice Registered Nurses (APRN), while providing undergraduate and graduate nursing training to students through the University of South Florida's College of Nursing.

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	3,000,000
Fixed Capital Outlay	0
Total State Funds Requested	3,000,000

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)	3,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,000,000	100%

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.**

University operational funds can be used to offset the ongoing costs to staff and maintain the MoBull units.

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase and Equip Mobile Health Units.	1,500,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Advanced Practice Registered Nurses to operate the Mobile Health Units.	1,000,000
Expense/Equipment/Travel/Supplies/Other	Mobile Health Unit fuel, maintenance, and supplies.	500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		3,000,000

13. Program Performance

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

Provide access to primary health care, mental health (telehealth), and healthcare navigation to rural and underserved areas in the state with Advanced Practice Registered Nurses (APRN), while providing undergraduate and graduate nursing training to students.

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

Provide access to primary health care, mental health (telehealth), and healthcare navigation to rural and underserved areas in the state with Advanced Practice Registered Nurses (APRN), while providing undergraduate and graduate nursing training to students.



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LFIR # 2871

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

Provide access to primary health care, mental health (telehealth), and healthcare navigation to rural and underserved areas in the state with Advanced Practice Registered Nurses (APRN), while providing undergraduate and graduate nursing training to students.

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

Floridians in rural and underserved areas. More than 800 individuals in a fully scaled regional program.

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

Provide access to primary health care, mental health (telehealth), and healthcare navigation to rural and underserved areas in the state with Advanced Practice Registered Nurses (APRN), while providing undergraduate and graduate nursing training to students. Tracking the number of patients served and nursing students trained.

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?

State statutes and BOG regulations provide specific penalties for noncompliance by state universities.

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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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2871

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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LFIR # 2871

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