



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3117

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

FSW is seeking legislative support to establish an Associate of Science in Non-Invasive Cardiovascular technology to complement its existing Invasive Cardiovascular Technology program. As healthcare demands grow, Southwest Florida faces a critical shortage of non-invasive cardiovascular technologists, with no accredited training programs within a three hour radius of FSW. Funding will cover essential equipment, including ultrasound machines, a vascular testing system, a simulator, lab supplies, software, and textbooks for didactic and lab courses.

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	1,372,953
Fixed Capital Outlay	0
Total State Funds Requested	1,372,953

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)	1,372,953	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	1,372,953	100%

8. Has this project previously received state funding? No

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? No

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Program coordinator for the NICVT Program, Adjunct Faculty with RDCS/RVT credentials, CA staff with RDCS/RVT Credentials.	313,560
Expense/Equipment/Travel/Supplies/Other	Ultrasound Machines, Vascular Testing System, Ergonomic Chairs, Lab Supplies (consumables), Simulator - Echo, Software, Books, Exam Preparation, Accreditation, Travel.	1,059,393
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)		1,372,953

13. Program Performance

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

The funds will establish a new Associate of Science in Non-Invasive Cardiovascular Technology program, addressing Southwest Florida's critical shortage of trained technologists and creating sustainable career pathways while meeting growing healthcare demands.

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



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The funds for the Non-Invasive Cardiovascular Technology program will support activities such as acquiring specialized equipment, developing curriculum, securing clinical training sites, obtaining program accreditation, and offering student services like advising, tutoring, and career preparation.

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

The funds will provide access to specialized training in non-invasive cardiovascular technology, address local workforce shortages by training skilled professionals ready to fill positions in healthcare facilities, and enhance the quality and availability of healthcare services in the region.

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

The primary target audience for this program are eligible FSW applicants interested in the allied health professions careers in Non-Invasive Cardiovascular Technology.

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

The project will produce skilled cardiovascular technologists, filling workforce gaps, improving community healthcare, and increasing local employment opportunities. Outcomes will be measured through job placement rates, licensure pass rates, program enrollment, student retention, and feedback from healthcare employers. Data will be reviewed annually as part of the college's institutional assessment process.

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 appropriated funds.

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)?



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- 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

- 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.