



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3188

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The proposed Nursing Simulation Lab is a critical investment in the educational infrastructure of our newly renovated Building E located on our Charlotte campus. The requested funding will equip the Nursing Simulation Lab with essential state-of-the-art equipment. This includes high-fidelity simulators, task trainers (e.g., IV arms, airway trainers), 10 hospital beds, 10 headwall units with accessories (IV poles, suction canisters), 5 stretchers, advanced audiovisual and IT systems, rolling lab benches for instructor workstations, and storage solutions. This comprehensive setup will provide students hands-on training in a realistic clinical environment, ensuring high-quality skill development and workforce readiness.

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	460,400
Fixed Capital Outlay	0
Total State Funds Requested	460,400

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)	460,400	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	460,400	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.**



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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)?

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		0
Expense/Equipment/Travel/Supplies/Other	10 High-fidelity simulators (CAE Juno or similar), 10 service plans for simulators, task trainers and specialty models (IV arms, airway trainers), 10 hospital beds, 10 headwall units, 10 headwall accessories (IV poles, suction canisters, etc.), 5 stretchers, audio-visual and IT systems, 2 rolling lab benches for instructor workstations, 30 chairs/stools, storage cabinets, disposable supplies, 10 linen sets, medication dispensing system, headwall piping and installation, electrical and plumbing.	460,400
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)		460,400

13. Program Performance

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



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The purpose of this funding is to procure and install advanced equipment for the Nursing Simulation Lab at FSW's Charlotte campus. This includes high-fidelity simulators, task trainers such as IV arms and airway trainers, hospital beds, headwall units with integrated accessories, stretchers, and cutting-edge audiovisual and IT systems. This equipment will transform the lab into a fully immersive, realistic clinical training environment, proving students with hands-on experience to enhance their skills in patient care, teamwork, and critical decision-making.

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

This equipment will provide hands-on training through advanced medical equipment and systems. Students will engage with high-fidelity simulators to practice patient care, medication administration, and emergency interventions. The inclusion of audiovisual tools will enable detailed post-simulation debriefings to reinforce learning outcomes. Team-based scenarios facilitated by this cutting-edge equipment will enhance interdisciplinary collaboration.

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

This equipment will enhance the training and preparedness of nursing and allied health students, ensuring they graduate with hands-on experience using advanced medical equipment. As a result, the community will benefit from an increased number of highly skilled healthcare professionals who are equipped to provide quality care in hospitals, clinics, and underserved areas. Graduates will improve access to healthcare, address critical workforce shortages, and enhance public health outcomes through their expertise in patient care and emergency interventions.

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

This equipment will directly serve nursing and allied health students, equipping them with critical skills to excel in healthcare careers. By preparing highly competent professionals, the lab, modernized by state-of-the-art equipment, will address regional healthcare needs, especially in underserved areas. This investment supports student success while enhancing access to quality care for the community, ensuring a healthier, better-served population.

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

The investment in specialized equipment will directly improve licensure pass rates, enrollment growth, and workforce readiness. By offering immersive clinical scenarios with high-fidelity simulators and medical task trainers, the lab will ensure students are prepared for real-world challenges. The audiovisual systems will allow instructors to assess and enhance student performance comprehensively.

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



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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.