

Operations

Fixed Capital Outlay

**Total State Funds Requested** 

## The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 1350

5,000,000

5,000,000

6. Amount of the N	om ocarring reduced for 1 loc		
	onrecurring Request for Fisc	cal Year 2023-2024	
State Agency co	ntacted? No		
5. State Agency to	receive requested funds	Department of Health	
outreach and dire	ect patient care services to vete	ic (VAC) at Nova Southeastern University (NSU) terans and their families who are unable to acce- rices include primary care, dental care, vision ca are.	ss care through other
4. Project/Program	n Description		
3. Date of Request	02/09/2023		
2. Senate Sponsor	Alexis Calatayud		
1. Project Title	Veterans Access Clinic a	at Nova Southeastern University	

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	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 2023-2024	5.000.000	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2022-23	0	1,000,000	451	No

	9.	Is	future	funding	likelv	to be	requested?
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Yes

a. If yes, indicate nonrecurring amount per year.

5,000,000

b. Describe the source of funding that can be used in lieu of state funding.

NSU has worked with the federal Veterans Administration and local community veterans organizations to identify other funding sources; however, the state funds that are requested are typically because these patients don't qualify or cannot access those funds.

<ol><li>Has the entity requesting this project received any federal assistance relate</li></ol>	ea to 1	o tne	COVIL	9-19	pandem	NIC ?
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Yes
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11. Status of Construction

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If yes, indicate the amount of funds received and what the funds were used for.

NSU received \$17,854,287 from HEERF I, II and III that was for direct student aid; NSU received \$22,089,642 from HEERF I, II and III that was for institutional aid; NSU received \$2,980,489 from HEERF I, II and III as a minority serving institution; NSU received \$194,222 for telehealth; NSU received \$4,410,023 from the CDC to study the long term health effects on persons who contracted COVID.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the	current phase of	of the project?
Planning	ODesign	Construction
b. Is the proje	ct "shovel read	y" (i.e permitted)?
c. What is the	estimated start	date of construction?
d. What is the	estimated com	pletion date of construction?
12. List the owner relationship	ers of the facilit between the ow	y to receive, directly or indirectly, any fixed capital outlay funding. Include the ners of the facility and the entity.

#### 13. 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: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study	Funding will be allocated to the network of clinics operated by Nova Southeastern University, including the Veterans Access Clinic which opened in January 2020, to provide primary and therapeutic care.	5,000,000			
Fixed Capital Construction/Major	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (m	ust equal total from question #6)	5,000,000			

#### 14. Program Performance

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



15.

16.

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The goal is to improve physical and mental health of veterans and their families and to increase the clinical skills and knowledge of the healthcare workforce on specific issues facing veterans.

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b. What activities	and services will be prov	rided to mee	t the intended purpose o	f these funds?
Primary Care; Dental Care; Vision Care; Physical and spee Psychological and	ch therapy; and Behavioral health care			
c. What direct ser	vices will be provided to	citizens by t	he appropriation project	?
Outreach to veter	ans and their families and t	he provision	of direct clinical care servi	ces at no charge to the patients.
d. Who is the targ	et population served by t	his project?	How many individuals a	re expected to be served?
Veterans and their	r families			
-	ected benefit or outcome	of this proj	ect? What is the method	ology by which this outcome will
be measured?				
	I health; improved mental h		•	
	ggested penalties that that the			n addition to its standard penalties
	•	ince measur	es provided for the conti	actr
Return of funds to	the state.			
Requester Contac	t Information			
a. First Name	George	Last Name	Hanbury	
b. Organization	Nova Southeastern Unive	ersity		
c. E-mail Address	Hanbury@nova.edu	_		
d. Phone Number	(954)262-7575	Ext.		
Recipient Contact	Information			
a. Organization	Nova Southeastern Unive	ersity		
b. Municipality and	d County Broward			
c. Organization Ty	ре			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
☑Non Profit 501(d	c)(4)			
□Local Entity				
□University or Co	ollege			
□Other (please s	pecify)			
d. First Name	George	Last Name	Hanbury	



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e. E-maii Address	Hanbury@nova.edu	
f. Phone Number	(954)262-7575	
17. Lobbyist Contact II	nformation	
a. Name	Brian D. Ballard	
b. Firm Name	Ballard Partners	
c. E-mail Address	skcrawley@ballardpartners.com	
d. Phone Number	(850)577-0444	