



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3142

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Dade Institute of Technology Coding & Nursing Certification Program is designed to provide three-week Home Health Aide (HHA) program, six-week Nursing Assistant (CNA), 46-week Practical Nursing (LPN), & 75-week Professional Nursing (ASN/RN) programs in medical theory with skilled based practical training. Also providing IT certification in Microsoft, Cisco, VMware, Citrix, Oracle and ComptiA for at-risk youth & young adults. Dade Institute will assist with job placements in all nursing and IT certification programs through already established CareerSource South Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	250,000
Fixed Capital Outlay	0
Total State Funds Requested	250,000

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)	250,000	62%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	38%
Total Project Costs for Fiscal Year 2023-2024	400,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	250,000	122	Yes

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

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?

12. 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.

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	Prorated amount to fulfill all logistical responsibilities, including but not limited to program correspondence, ordering and stocking supplies, budget management and expenditure reports, student attendance, meals, travel, staff schedules, payroll, etc.	55,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	A pro-rated share of these funds will be used to purchase additional supplies for nursing and coding materials, increase service to youth in high-crime communities, and expand access to workforce development through professional training.	150,000
Consultants/Contracted Services/Study	Prorated amount for contracted services related to intern and job opportunities, career field and services, student and program enrollment, auditing and budget management	45,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		250,000

14. Program Performance

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



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Provide three-week Home Health Aide (HHA) program, six-week Nursing Assistant (CNA), 46-week Practical Nursing (LPN), & 75-week Professional Nursing (ASN/RN) programs in medical theory with skilled based practical training. Also providing IT certification in Microsoft, Cisco, VMWare, Citrix, Oracle and ComptiA for at-risk youth & young adults. Dade Institute will assist with job placements in all nursing and IT certification programs through already established CareerSource South Florida.

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

Daily HHA, CNA, LPN, and ASN/RN instruction, along with IT & coding studies, designed to expand certifications in Microsoft, Cisco, VMWare, Citrix, Oracle and ComptiA for at-risk youth & young adults throughout the Broward & Miami-Dade County through already established CareerSource South Florida partnership.

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

Nursing certifications through three-week HHA program, six-week CNA program, 46-week LPN program, and 75-week ASN/RN program. Also providing, Coding and math instruction; certification in Microsoft, Cisco, VMWare, Citrix, Oracle and ComptiA; assistance with job placements in IT and nursing career field

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

The target population for this project is jobless persons; Economically disadvantaged persons; at-risk youth; Homeless; Grade school students; high school students; university/college students; formerly incarcerated persons and veterans.

Dade Institute intends to serve up to 400 residents throughout Miami-Dade and Broward County.

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

Expected outcome is more nursing students passing board certified examinations. We will report exam proficiency along with job placement numbers to Department of Education, Department of Economic Opportunity and proper CareerSource Florida.

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 the contract?

Paying back 10% of the awarded amount to the Department of Education, respective state agencies and the legislature.

15. Requester Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

16. 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)



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☐ Local Entity

☐ University or College

☐ Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number