1. **Title of Project:** LECOM Health Programs
2. **Senate Sponsor:** Greg Steube
3. **Date of Submission:** 11/20/2017
4. **Project/Program Description:**
   Funds will be used to support Florida residents enrolled in the School of Osteopathic Medicine and School of Pharmacy. This project has been funded since 2006-2007 FY
5. **State Agency Contacted?** Yes
   a. If yes, which state agency? Department of Education
   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Amount Requested for Operations</th>
<th>Amount Requested for Fixed Capital Outlay</th>
<th>Total Amount of Requested State Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>425,897</td>
<td></td>
<td>425,897</td>
</tr>
</tbody>
</table>

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>1,691,010</td>
<td>15.2%</td>
</tr>
<tr>
<td>Local</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>9,000,000</td>
<td>81.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10,691,010</td>
<td>96.2%</td>
</tr>
</tbody>
</table>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 11,116,907
9. **Previous Year Funding Details:**
   a. Has funding been provided in a previous state budget for this activity? Yes
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 5
   c. What is the most recent fiscal year the project was funded? 2017-18
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
   e. Complete the following Worksheet.
### Input Prior FY Appropriation for this project for FY 2017-18

(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)

<table>
<thead>
<tr>
<th>Column:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Description:</td>
<td>Prior Year Recurring Funds *</td>
<td>Prior Year Nonrecurring Funds *</td>
<td>Total Funds Appropriated (Column A + Column B)</td>
</tr>
<tr>
<td>Input Amounts:</td>
<td>1,691,010</td>
<td>425,897</td>
<td>2,116,907</td>
</tr>
</tbody>
</table>

10. Is future-year funding likely to be requested?

   Yes

   a. If yes, indicate non-recurring amount per year.

   $1,691,010 Recurring; $425,897 Non-Recurring

11. Program Performance:

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

   Train and retain skilled Doctors of Osteopathic Medicine (D.O) and Doctors of Pharmacy (PharmD). Since its inception in Florida, LECOM has educated and trained over 1,600 Osteopathic Physicians, 786 Pharmacists and 200 Dentists to live and serve in our communities. US News and World Report Best Medical Colleges National Ranking shows LECOM as the #1 most applied to medical college; #6 for highest number of medical college graduates going into primary care. In addition, LECOM is ranked #16 in the Diverse Issues of Higher Education ranking for enrolling minority students.

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

   Clinical education and training for Doctors of Osteopathic Medicine (D.O) and Doctors of Pharmacy (PharmD)

   c. How will the funds be expended?

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
d. **What are the direct services to be provided to citizens by the appropriations project?**

   LECOM educates and trains Doctors of Osteopathic Medicine (D.O) and Doctors of Pharmacy (PharmD) that live and serve in our communities. LECOM’s belief is that “the community is our campus.” As such, students give back to the community and state by their extensive outreach and volunteer efforts while receiving their education. LECOM’s residency and training programs are located throughout the State of Florida, providing tremendous benefits outside the local community.

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

   LECOM has 435 +/- Florida residents enrolled in the College of Osteopathic Medicine and 325 +/- Florida residents enrolled in the School of Pharmacy.

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

   LECOM benefits the State of Florida by training and retaining skilled Doctors of Osteopathic Medicine, Doctors of Pharmacy and Dentists. Since its inception in Florida, LECOM has educated and trained over 1,600 Osteopathic Physicians, 786 Pharmacists and 200 Dentists to live and serve in our communities.

   The 2016 total estimated economic benefit LECOM Bradenton provides the State of Florida is $179.3 million. This includes the direct operational impact of $78 million and the indirect impact of $101.3 million. This impact is nearly 12% higher than the economic impact for this campus in 2013. The growth is very strong and as the campus continues to grow, the impact on the State of Florida will grow as well. U.S. News & World Report ranks LECOM as the most applied to medical college in the country, among the top ten medical colleges graduating the most primary care physicians and reports that the College offers one of the lowest tuitions among all private medical colleges in the US.

g. **What are the suggested penalties that the contracting agency may consider in addition to its standard**
11. How will the entity ensure that penalties for failing to meet deliverables or performance measures provided for in the contract?
   Return funding to State

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
   NA

13. Requestor Contact Information:
   a. Name: Richard Olinger
   b. Organization: LECOM
   c. Email: rolinger1@mch1.org
   d. Phone Number: (814)868-7767

14. Recipient Contact Information:
   a. Organization: LECOM
   b. County: Manatee
   c. Organization Type:
      ○ For Profit
      ○ Non Profit 501(c) (3)
      ○ Non Profit 501(c) (4)
      ○ Local Entity
      ○ University or College
      ○ Other (Please specify)
   d. Contact Name: Richard Olinger
   e. E-mail Address: rolinger1@mch1.org
   f. Phone Number: (814)868-7767

15. If there is a registered lobbyist, fill out the lobbyist information below.
   a. Name: Michelle McKay
   b. Firm: TB Consultants, Inc
   c. Email: michelle@tbconsultants.net
   d. Phone Number: (941)750-0110