



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 1014

1. **Title of Project:** St. Thomas University school of Nursing Program
2. **Senate Sponsor:** Manny Diaz
3. **Date of Submission:** 12/13/2018
4. **Project/Program Description:**
Expand and resource St. Thomas University Multicultural Nursing program
5. **State Agency to receive requested funds :** Department of Education
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	500,000
Fixed Capital Outlay	500,000
Total State Funds Requested	1,000,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	1,000,000	66.7%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	500,000	33.3%
Total Project Costs for Fiscal Year 2019-2020	1,500,000	100.0%

8. **Has this project previously received state funding?** No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

9. **Is future-year funding likely to be requested?** No
10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	3 FTE; Nursing professor + 2 instructors	390,400
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Medical Supplies and equipment	109,600
Consultants/Contracted Services/Study		



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Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning	Construction of a third clinical lab	500,000
Engineering		
Total State Funds Requested (must equal total from question #6)		1,000,000

11. Program Performance:

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

Address and expand the capacity of Florida's global Nursing workforce through Targeted higher educational programs

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

Student education, Degree Attainment, and assistance with Job placement.

c. What are the direct services to be provided to citizens by the appropriations project?

Funds will be used to upgrade nursing clinical lab equipment; hire additional full-time nursing instructors and provide student scholarships

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

St Thomas University focuses on introducing at-risk high school students to hands on research and innovation to earn a four year Bachelors Degree

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

Expand program capacity from 150 to 250; serves waiting list. Students completing their BSN and NCLEX

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?

To the extent possible, return appropriated funds related to fixed capital outlay to the state of Florida.

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.

St. Thomas University

13. Requestor Contact Information:

- a. Name:** David Armstrong
- b. Organization:** Saint Thomas University
- c. E-mail Address:** darmstrong@stu.edu
- d. Phone Number:** (305)628-6796



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14. Recipient Contact Information:

a. **Organization:** Saint Thomas University

b. **County:** Miami-Dade

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:** Janine Laudisio

e. **E-mail Address:** jlaudisio@stu.edu

f. **Phone Number:** (786)261-9037

15. Lobbyist Contact Information

a. **Name:** David Custin

b. **Firm Name:** David R. Custin and Associates, Inc.

c. **E-mail Address:** CustinDR@DavidRCustin.com

d. **Phone Number:** (305)607-8576