



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 1467

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The requested funds will be used to expand the College's Bachelors of Science in Nursing (BSN) and Associate of Science in Nursing/Registered Nurse degree (ADN) programs, and specifically to purchase additional equipment necessary to expand the state-of-the-art, simulation center to serve additional students. TCC is expanding the BSN program in direct response to the requests of healthcare providers in our community (100% indicated support of TCC's intent to expand BSN program).

5. **State Agency to receive requested funds**
- State Agency contacted?  Yes  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 80%;" type="text" value="2,700,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>2,700,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 80%;" type="text" value="2700000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,700,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**  Yes  No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

9. **Is future-year funding likely to be requested?**  Yes  No
- If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	equipment necessary to serve 150 students annually: Low Fidelity Trainers <ul style="list-style-type: none"> <li>• Basic Life Support simulators</li> <li>• IV training arms</li> <li>• Foley catheter trainers</li> <li>• Enema trainers</li> </ul>	1,950,000
Consultants/Contracted Services/Study	Simulation Product Training <ul style="list-style-type: none"> <li>• Professional Development for Technicians and Faculty</li> <li>• Equipment Service &amp; Maintenance (Contracts required at time of purchase)</li> <li>• Patient Simulation Design Contract</li> </ul>	750,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,700,000</b>



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## 11. Program Performance

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

The requested funds will be used to expand the College's Bachelors of Science in Nursing (BSN) and Associate of Science in Nursing/Registered Nurse degree (ADN) programs, and specifically to purchase additional equipment necessary to expand the state-of-the-art, simulation center to serve additional students. TCC is expanding the BSN program in direct response to the requests of healthcare providers in our community (100% indicated support of TCC's intent to expand BSN program).

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

The requested funds will be used to expand the College's Bachelors of Science in Nursing (BSN) and Associate of Science in Nursing/Registered Nurse degree (ADN) programs, and specifically to purchase additional equipment necessary to expand the state-of-the-art, simulation center to serve additional students.

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

Higher education classes and certificate programs as well as training for healthcare professionals already employed at area hospitals through partnerships. Will result in improved healthcare for all.

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

The target population includes individuals eligible for the BSN degree program as well as area hospitals who will benefit from the output of quality graduates.

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

Increase number of BSN graduates and quality of education. Number of graduates and certificate earners. Employment placement and salary measures. Employment rates for graduates.

- 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?

Request is to purchase simulation equipment to expand nursing program. Deliverables are the expansion of simulation center and increased enrollment in nursing. Penalties may include return of dollars or equipment.



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12. **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.**

NA

13. **Requestor Contact Information**

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

14. **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)
- d. First Name  Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.