

### **The Florida Senate Local Funding Initiative Request**

**Fiscal Year 2021-2022** 

LFIR # 1097

1. Project Title	State College of	State College of Florida Nursing Center of Excellence					
2. Senate Sponsor	Jim Boyd						
3. Date of Request	01/28/2021						
4. Project/Program D	escription						
SCF requests \$1.09 registered nurses in hired through nonre	5 million in nonrecur Southwest Florida. curring state funding	ring funding to mair Funding this reques g in 2019 to expand	ntain its increased ab st will allow SCF to re enrollment in the As	ility to address the etain the instruction sociate of Science i	critical shortage of al and clinical faculty in Nursing program.		
5. State Agency to re	ceive requested fu	<b>nds</b> Departmen	nt of Education				
State Agency conta	acted? Yes						
6. Amount of the Non	recurring Request	for Fiscal Year 202	21-2022				
Type of Funding			Amo	unt	]		
Operations				1,050,000			
Fixed Capital Outlay	/		0				
Total State Funds	Requested			1,050,000			
7. Total Project Cost f	or Fiscal Year 202	1-2022 (including r	matching funds ava	ilable for this proj	ect)		
Type of Funding			Amount	Percentage			
Total State Funds R	equested (from que	estion #6)	1,050,000	100%	-		
Matching Funds			0		1		
	Federal			0%	1		
State (excluding the amount of this request)			0	0%			
Other	Local			0% 0%	1		
	o for Finant Van 20	24 2022	0		1		
Total Project Costs 8. Has this project pro			1,050,000 Yes	<u>100%</u>	J		
Fiscal Year	Amount		Specific	Vetoed			
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		_		
2020-21	0	3,810,000	134	Yes	]		
9. Is future funding lil	kelv to be requeste	2d?	No				
J	•				]		
a. If yes, indicate n	_						
b. Describe the so	urce of funding tha	nt can be used in li	eu of state funding.		_		
10. Has the entity req	unsting this project	et received any fed	oral accietance rela	stad to the COVID	10 nandomic?		
	uesting tins projet	or received any led	เซเสเ สออเอเสเเนช (ชีเส	ned to the COVID-	19 panuenne :		
Yes							
If yes, indicate the	amount of funds i	received and what	the funds were use	d for.			



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SCF received \$5.3M in Cares Act funds for PPE including masks, gloves, acrylic shields for classrooms and high traffic areas, enhanced cleaning and disinfection, technology, faculty staffing reflective of reduced class size and online course delivery where appropriate, and other Coronavirus-related relief.

Half of the funding was directed to students impacted by the pandemic.

#### 11. 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	Salary and benefits for nursing faculty, clinical nursing faculty and simulation center faculty.	1,050,000				
Expense/Equipment/Travel/Supplies/Other		0				
Consultants/Contracted Services/Study		0				
Fixed Capital Construction/Majo	r Renovation:					
Construction/Renovation/Land/ Planning Engineering		0				
Total State Funds Requested (must equal total from question #6) 1,050,0						

#### 12. Program Performance

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

SCF requests \$1.05 million in nonrecurring funding to maintain its increased ability to address the critical shortage of registered nurses in Southwest Florida. Funding this request will allow SCF to retain the instructional and clinical faculty hired through nonrecurring state funding in 2019 to expand enrollment in the Associate of Science in Nursing program.

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

Funding this request will allow SCF to retain the instructional and clinical faculty hired through nonrecurring state funding in 2019 to expand enrollment in the Associate of Science in Nursing program.

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

Increasing the number of nurses graduating and entering the workforce will increase the quality and availability of healthcare in our region. SCF nursing graduates remain in the region and are hired upon graduation by area hospitals and clinics. According to the Florida Center for Nursing, more than 40 percent of Florida's nurses are approaching retirement age in the region within 10 years.

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

Expanding the registered nursing program enrollment at SCF will benefit the health and welfare of the entire region.

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

Funding this Center will increase access to one of the state's best nursing schools for 60 more students. State performance metrics will measure the outcomes.



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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?

Failure to meet deliverables would result in financial consequences including withholding of funding or reduction in specified payments.

13. 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.

State College of Florida, Manatee-Sarasota



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14. Requestor Contact	Informat	ion						
a. First Name	Carol		Last Name	Probstfeld				
b. Organization	State College of Florida, Manatee-Sarasota							
c. E-mail Address	probstc@scf.edu							
d. Phone Number	(941)752-5001 <b>Ext.</b>							
15. Recipient Contact Information								
a. Organization	State College of Florida, Manatee-Sarasota							
b. Municipality and	l County	Manatee						
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	Brian		Last Name	Thomas				
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f. Phone Number	(941)752-5392							
16. Lobbyist Contact Information								
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b. Firm Name	MHD							
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