



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1507

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

**4. Project/Program Description**

The Florida Center for Nursing is tasked by the legislature with collecting nursing workforce data from both the provider and education sectors to determine the status of the workforce, analyze the data and make projections of current and future needs for the state of Florida. This data includes information such as vacancy rates, ages of the nursing population, graduation rates and pass rates on the licensing exams to provide data on supply and demand to inform strategy for the future.

5. State Agency to receive requested funds

State Agency contacted?  No

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	800,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>800,000</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	800,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>800,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	500,000	150	Yes

9. Is future funding likely to be requested?  Yes

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?

No



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

**11. 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	Executive Director Salary, Health Insurance, Unemployment, FICA, SS	80,000
Other Salary and Benefits	Researcher Support Staff	200,000
Expense/Equipment/Travel/Supplies/Other	Computer equipment and software, financial software, software for data analysis, office supplies.	300,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Health Insurance, Unemployment, Disability, Vacation/PTO	100,000
Expense/Equipment/Travel/Supplies/Other	Travel to state and national meetings, Board of Directors travel, Computers and related supplies, Software, Website, phone	120,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>800,000</b>

**12. Program Performance**

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

The funding would provide the needed resources to continue the work of the Florida Center for Nursing which provided vital data to various agencies and organizations regarding the nursing workforce and manpower needs in the state of Florida. This data is vital to making projects that help to shape strategic initiatives related to building a strong nursing workforce and providing a safe work environment for patients in our state.

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

Annual survey of employers across the healthcare spectrum regarding staffing , vacancies and other workforce data, surveys of all Florida educational programs, compilation of data regarding enrollment, license exam pass/fail rates(NCLEX), compilation of data regarding current nurses licensees and their licensure status ( active, retired, inactive, null and void, etc) .

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

The direct service involved the work resulting from analysis of the data to which creates strategies and actions to enhance the nursing population.  
Analysis of the data also identifies the shortfalls in the nursing workforce which can leader to deficits in care.

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

The citizens of Florida, educational institutions(regional data), healthcare institutions, related businesses such as insurance companies, the Florida Legislature has also requested this data over the years before the Center closed.

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



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The expected benefit is to have continuous knowledge of the status of the nursing workforce through annual collection of data to be able to identify areas of shortage and develop strategies to target that population, such as development of innovative clinical sites and clinical experiences, to increase nursing faculty (another shortage) to be able to increase graduation rates of nurses while maintaining the quality of education.

The outcome is measured by analysis of the data to provide consistent reporting of the data so that the status of the nursing workforce is continuously available.

**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?**

Closure of the Center.  
The Center has always provided the mandate reports based on funding received.

**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.**

To be determined



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number