



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1834

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The College is requesting funding to support expansion of our nursing program, which includes both our Associate of Science in Nursing (ASN) and Bachelor of Science in Nursing (BSN) degree programs. These funds will provide for the purchase of critical equipment for the professional preparation of nursing students. TCC has invested in faculty, staff, and programming and has successfully grown the ASN program by 50% since 2019. These nursing graduates are in high demand. A recent survey of healthcare administrators in our service district demonstrated that 100% of respondents expressed a need for more nurses prepared at the BSN level. We will use these requested funds to acquire equipment such as basic life support simulators, intubation, birthing and trauma care trainers, birthing, newborn and pediatric care simulators, and more.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	1,350,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,350,000</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)	1,350,000	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>1,350,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21		650,000	134	Yes

9. Is future funding likely to be requested?

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?



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Yes

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

Tallahassee Community College has been awarded \$3,881,792 for Institutional spending from the federal HEERF award.

#### 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	High technology equipment to support the nursing program including trainers, simulators, ICU equipment, life support simulators and more that will be used to provide training and experience to nursing students.	1,350,000
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>1,350,000</b>

#### 12. Program Performance

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

Funds are necessary to purchase equipment to provide instruction to nursing students. The College served 199 total nursing students (ASN and BSN) in the 2020-21 academic year, and anticipates significant growth in order to meet demand in our service district.

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

The funds will be used directly to purchase required training equipment.

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

Both area hospitals have requested an increase in the production of nurses, particularly BSN nurses as only one-third of the nurses in our region are BSN credentialed. Citizens in this district will directly benefit from both the quality of healthcare and improved access to healthcare as a direct result of our ability to increase capacity.

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

The immediate target population are the additional nursing students that could be admitted to the College. Our goal is to serve 120 students in the Bachelors Program and 140 students in our Associates degree program. The second target population this will serve are local healthcare providers including hospitals and physician officers who whole-heartedly support this expansion.

##### 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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TCC's nursing program provides immediate benefit to our healthcare community by providing qualified nursing students that remain in our region and fill the numerous vacant positions (Tallahassee Memorial Hospital alone advertises nationally to fill 250 nursing vacancies each year). This program is also an economic stimulus in our community. These new nurses would generate incomes of \$6.5 million in total each year.

**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?**

This is a request for one-time funding for equipment necessary for an existing program. Expenditure of this allocation must be limited to the purchase of equipment for the nursing program.

**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.**

Tallahassee Community College is the owner of the facility.



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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