

LFIR # 2146

| I. Project Title | UCF - Nursing B | uilding | | | | | |
|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-----------------------|-------------------------------------------|---------------------------------------------|--|--|
| 2. Senate Sponsor | Linda Stewart | | | | | | |
| 3. Date of Request | 01/10/2022 | | | | | | |
| • | | | | | | | |
| I. Project/Program D | • | | | | | | |
| City, and provide th | create a permanent he space critical to the RNs among the State | e growth of UCF | F's high | e of Nursing in the -quality nursing p | heart of Lake Non rograms. UCF alread | | |
| 5. State Agency to re | ceive requested fu | nds Board | d of Gov | vernors | | | |
| State Agency cont | acted? Yes | | | | | | |
| . Amount of the Non | recurring Request | for Fiscal Year | r 2022-2 | 2023 | | | |
| Type of Funding | | | Amount | | | | |
| Operations | | | | 0 | | | |
| Fixed Capital Outla | | | | 4,000,000 | | | |
| Total State Funds | Requested | | | | 4,000,000 | | |
| . Total Project Cost | for Fiscal Year 202 | 2-2023 (includi | | | | | |
| Type of Funding | Requested (from que | ection #6) | | 4,000,000 | Percentage 100% | | |
| Matching Funds | Requested (Irom que | Stion #6) | | 4,000,000 | 100% | | |
| Federal | | | | 0 | 0% | | |
| | e amount of this requ | uest) | | 0 | 0% | | |
| Local | | | | 0 | 0% | | |
| Other | | | | 0 | 0% | | |
| Total Project Cost | s for Fiscal Year 20 |)22-2023 | | 4,000,000 | 100% | | |
| 3. Has this project pr | reviously received | state funding? | No |) | | | |
| Fiscal Year | Amo | ount | | Specific | Vetoed | | |
| (уууу-уу) | Recurring | Nonrecurrin | ıg A | Appropriation # | | | |
| | | | | | | | |
|). Is future funding li | kely to be requeste | ∌d? | Ye | S | | | |
| a. If yes, indicate r | nonrecurring amou | nt per year. | 25 | ,000,000 | | | |
| b. Describe the so | urce of funding tha | it can be used | in lieu | of state funding. | | | |
| Donations from pri state non-recurring requests. | ivate foundations ma would be requested | y be used in lie I for the next two | eu of sta o fiscal | te funding. The a years, totaling \$5 | bove \$25 million in 0 million in future | | |
| 10. Has the entity red | guesting this projec | ct received any | , federa | l assistance rela | ated to the COVID | | |
| | , 5 p. 0,00 | | , | | | | |
| 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 | | | | |
|---------------------------------------------------------------------------|-----------------------------------------------------|-----------|--|--|--|--|
| 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 | | 0 | | | | |
| Expense/Equipment/Travel/Supplies/Other | | 0 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Majo | r Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | Planning and Construction of Nursing Building (new) | 4,000,000 | | | | |
| Total State Funds Requested (must equal total from question #6) 4,000,000 | | | | | | |

12. Program Performance

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

The facility would create a permanent home for UCF's College of Nursing in the heart of Lake Nona, Orlando's Medical City, and provide the space critical to the growth of UCF's high-quality nursing programs. UCF already graduates the highest number of RNs among the State University System.

Goal/Purpose: Increase the state's supply of licensed registered nurses, prepare faculty for Florida's college and university nursing programs; provide state of the art teaching facilities to prepare high quality nursing graduates for meeting the health needs of the present and the future.

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

The 90,000 gross square foot building (60,000 assignable square footage) will be focused on the future, designed to provide flexible instructional space, innovative simulation and skills labs for hands-on learning and Objective Structured Clinical Examinations, and space for Virtual Reality Interprofessional Healthcare Education. More than 70% (71%) of the facility is dedicated to classrooms, teaching and research laboratories, and study facilities.

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

UCF's College of Nursing currently serves more than 2,800 undergraduate and graduate students, awarding 800 degrees annually. There are more than 12,500 Knight nurse alumni, of which 88% are employed in Florida, making a difference in the lives of patients throughout the state.

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

Entire population of the State of Florida.

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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Benefit: Increase the state's supply of licensed registered nurses, prepare faculty for Florida's college and university nursing programs.

Outcome: Closing the gap of a critically-needed healthcare workforce.

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?

Return of funding to the state.

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.

This is a state building. Owner is a state university.



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| 14. | 14. Requestor Contact Information | | | | | | | | |
|-----|--------------------------------------|-------------------------------|----------|-----------|------------|--|--|--|--|
| | a. First Name | Alexande | er | Last Name | Cartwright | | | | |
| | b. Organization | University of Central Florida | | | | | | | |
| | c. E-mail Address | President@ucf.edu | | | | | | | |
| | d. Phone Number | (407)823-2484 Ext. | | | | | | | |
| 15. | 15. Recipient Contact Information | | | | | | | | |
| | a. Organization | University of Central Florida | | | | | | | |
| | b. Municipality and County Statewide | | | | | | | | |
| | c. Organization Type | | | | | | | | |
| | □For Profit Entity | | | | | | | | |
| | □Non Profit 501(c | c)(3) | | | | | | | |
| | □Non Profit 501(c | c)(4) | | | | | | | |
| | □Local Entity | | | | | | | | |
| | ☑University or College | | | | | | | | |
| | □Other (please specify) | | | | | | | | |
| | d. First Name | Jonathan | <u> </u> | Last Name | Varnell | | | | |
| | e. E-mail Address | jonathan.varnell@ucf.edu | | | | | | | |
| | f. Phone Number | | | | | | | | |
| 16. | 16. Lobbyist Contact Information | | | | | | | | |
| | a. Name | Janet D. Owen | | | | | | | |
| | b. Firm Name | | | | | | | | |
| | c. E-mail Address | janet.owen@ucf.edu | | | | | | | |
| | d. Phone Number | (407)823-3733 | | | | | | | |