



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1197

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In the fourth and final year of a nurse's education, they are required to spend 1:1 time with an experienced nurse. Once graduated, the new hire is required to complete a 2 week orientation and then an additional one year of residency where the nurse spends 192 hours in apprenticeship training. In addition to funding the new nurse's salary during this time, the hospital also pays the experienced nurse mentor and additional \$3/hour to train. This expense is absorbed by the hospitals in an effort to bring the most qualified nurse to the bedside. Ascension Sacred Heart Health System will need to hire 100 new nurses in 2024-25.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	578,688
Fixed Capital Outlay	0
Total State Funds Requested	578,688

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	578,688	91%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	57,600	9%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	636,288	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

Funds were for operations and audited by the federal government

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

b. Is the project "shovel ready" (i.e permitted)? No

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	100 nurses @ \$30.14/hour X 192 total hours.	578,688
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		578,688

14. Program Performance

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

Ascension Sared Heart expects to recruit and train 100 nurses in 2024-25.

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

The residency program consists of 192 hours of training, using mentors and clinical rotations.

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



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Addressing the nurse shortage will improve access to care.

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

New nurse graduates.

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

We expect to bring 100 new nurses into our Sacred Heart system.

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?

repayment of funds.

15. Requester Contact Information

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

16. 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**

17. Lobbyist Contact Information

- a. **Name**
- b. **Firm Name**
- c. **E-mail Address**



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Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1197

d. Phone Number