

Yes

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 1369** 

Local Other Total Project Costs  B. Has this project pr Fiscal Year (уууу-уу)  D. Is future funding li a. If yes, indicate r	s for Fiscal Year 20 eviously received s  Amo Recurring  kely to be requestenonrecurring amount	state funding?  ount  Nonrecurring  ed?  nt per year.	Specific Appropriation #	55% 100% Vetoed	
Local Other Total Project Costs  B. Has this project pr Fiscal Year (уууу-уу)  D. Is future funding li	s for Fiscal Year 20 eviously received s  Amo Recurring  kely to be requeste	state funding?  ount  Nonrecurring	6,000,000 11,000,000 No Specific Appropriation #	55% <b>100%</b>	
Local Other Total Project Costs  Has this project pr Fiscal Year (уууу-уу)	s for Fiscal Year 20 eviously received s Amo Recurring	state funding?  ount  Nonrecurring	6,000,000 11,000,000 No Specific Appropriation #	55% <b>100%</b>	
Local Other Total Project Costs  Has this project pr Fiscal Year	s for Fiscal Year 20 eviously received s Amo	state funding?	6,000,000 11,000,000 No	55% <b>100%</b>	
Local Other Total Project Cost: . Has this project pr Fiscal Year	s for Fiscal Year 20 eviously received s Amo	state funding?	6,000,000 11,000,000 No	55% <b>100%</b>	
Local Other Total Project Cost	s for Fiscal Year 20 eviously received s	state funding?	6,000,000 11,000,000 No	55% <b>100%</b>	
Local Other Total Project Cost:	s for Fiscal Year 20		6,000,000 <b>11,000,000</b>	55%	
Local Other		24-2025	6,000,000	55%	
Local					
,					
State (excluding the				0%	
State (excluding the amount of this request)		est)	0	0%	
Federal			0	0%	
Matching Funds	, , , , , , , , , , , , , , , , , , , ,	- /	2,000,000	1370	
	Total State Funds Requested (from question #6)		5,000,000	45%	
Total Project Cost	ior Fiscal Year 2024	4-2025 (including	matching funds avail	lable for this proje	ect)
Total State Funds	Requested			5,000,000	
Fixed Capital Outlay				5 000 000	
Operations				5,000,000	
Type of Funding			Amou		
Amount of the Non	recurring Request	for Fiscal Year 20	024-2025		
State Agency conta	acted? No				
. State Agency to re	<u>-</u>	<b>nds</b> Departm	ent of Health		
Intern (nursing stud learning environment experienced menton	ents) and Mentor-Ment to bridge the gap to the sand providing a un	entee Program (nu between nursing ed nique opportunity to	rses in their first year of ducation and real-work o apply theoretical know clude recruitment, reter	of licensure) created practice by pairing wledge, develop pr	a comprehensive g nurses with actical skills, and b
Project/Program D	· ·	continues to rise	we work to recruit, orie	ent and retain nurs	es The Student N
Date of Request	11/13/2023				
Data of Danisat					
. Senate Sponsor	Dennis Baxley				



11. Status of Construction

14. Program Performance

and reduced turnover of skilled nurses.

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

Total State Funds Requested (must equal total from question #6)

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

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5,000,000

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

\$64,9 million was received for healthcare expenses and the hospital experienced \$84.2 million in lost revenue and expenses during the same period.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

c. What is the estimated start da	ite of construction?				
d. What is the estimated comple	etion date of construction?				
2. List the owners of the facility to relationship between the owners	o receive, directly or indirectly, any fixed capital outlay funding. In ers of the facility and the entity.	nclude the			
13. Details on how the requested state funds will be expended					
Spending Category	Description	Amount			
Administrative Costs:					
Executive Director/Project Head Salary and Benefits		C			
Other Salary and Benefits		(			
Expense/Equipment/Travel/Supplies/Other		C			
Consultants/Contracted Services/Study		(			
Operational Costs: Other					
Salary and Benefits	Registered Nurse orientation, recruitment, and retention through student/resident programs, including mentors and educators.	5,000,000			
Expense/Equipment/Travel/Supplies/ Other		(			
Consultants/Contracted Services/Study		(			
Fixed Capital Construction/Majo	or Renovation:				
Construction/Renovation/Land/ Planning Engineering		C			

N/A

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

The purpose and goals that will be achieved are the successful recruitment, retention, increased clinical competence,



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Recruitment, orientation, education, and mentorship are the activities and services provided to meet the intended purposes of these funds. Namely, the Student Nurse Intern and Mentor-Mentee Program create a comprehensive learning environment to bridge the gap between nursing education and real-world practice by pairing nurses with experienced mentors and providing a unique opportunity to apply theoretical knowledge, develop practical skills, and build confidence in a clinical setting.

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

Direct services provided to citizens include more competent, experienced, and skilled nursing to patients in Volusia County through the 3 hospitals and several outpatient facilities at Halifax Hospital Medical Center.

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

All citizens of Volusia County that enter the facilities at Halifax Hospital Medical Center each year, as well as student and newly licensed nurses feeling competent to continue in their chosen career.

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

Recruitment, retention, and turnover data of nurses in healthcare system, as well as testing of and data related to clinical competence.

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?

Liquidated Damages of \$1,000 per day past the provided milestone dates.

Requester Contact	tinformation		
a. First Name	Kelly	Last Name	Kwiatek
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c. E-mail Address	kelly.kwiatek@halifax.org		
d. Phone Number	(386)425-4220	Ext.	
Recipient Contact Information			
a. Organization	Halifax Hospital Medical (	Center	
b. Municipality and	d County Volusia		
c. Organization Ty	ре		
□For Profit Entity			
□Non Profit 501(c)(3)			
□Non Profit 501(d	2)(4)		
□Local Entity			
□University or College			
☑Other (please specify) Special Tax District			
d. First Name	Kelly	Last Name	Kwiatek
e. E-mail Address	kelly.kwiatek@halifax.org		



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f. Phone Number	(386)425-4220

#### 17. Lobbyist Contact Information

. Lobbyist Contact information		
a. Name	Douglas S. Bell	
b. Firm Name	Metz Husband & Daughton PA	
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d. Phone Number	(850)205-9000	