

1. Project Title

Yes

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

Ascension St. Vincent's Nurse Residency Program

**LFIR # 1900** 

9. Is future funding li a. If yes, indicate r			No					
			No					
(уууу-уу)	Recurring	Nonrecurri	ng Appr	opriation #				
Fiscal Year	Amount		s	pecific	Vetoed			
8. Has this project pr	eviously received	state funding	? No					
<b>Total Project Cost</b>	s for Fiscal Year 2	024-2025		636,288	100%			
Other				0	0%			
Local				57,600	9%	1		
	State (excluding the amount of this request)			0	0%	1		
Matching Funds Federal				0	0%			
	Requested (from que	estion #6)		578,688	91%			
Type of Funding			Am	Amount Percentage				
7. Total Project Cost	for Fiscal Year 202	24-2025 (includ	ding matchi	ng funds ava	ilable for this proj	ect)		
Total State Funds Requested				578,688				
Fixed Capital Outlay					0			
Operations					578,688			
Type of Funding	<u> </u>			Amo	unt			
6. Amount of the Non	recurring Request	for Fiscal Yea	ar 2024-202	5				
State Agency cont	•	nus nyc	noy for Fleat	in Jaio Auiilli	iiotiation			
5. State Agency to re	caive requested fo	ınde Ago	ncy for Heal	th Care Admir	nietration			
graduated, the new the nurse spends 1 hospital also pays t	hire is required to one of the second in apprention of the second in the experienced nurses.	complete a 2 wo iceship training se mentor and	eek orientation . In addition additional \$3	on and then ar to funding the Nhour to train.	n additional one yea new nurse's salary This expense is ab	erienced nurse. Once ar of residency where during this time, the psorbed by the hospital all need to hire 100 new		
4. Project/Program D	escription							
3. Date of Request	Date of Request 10/30/2023							
2. Senate Sponsor	Clay Yarborough	1						



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Funds were for operations and au	udited by the federal government.	
omplete questions 11 a	nd 12 for Fixed Capital Outlay Proje	ects
Status of Construction		
a. What is the current phase of t	he project?	
Planning Design	○ Construction	
b. Is the project "shovel ready" (	(i.e permitted)?	
c. What is the estimated start da	te of construction?	
d. What is the estimated comple	tion date of construction?	
Details on how the requested st	ate funds will be expended	
Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	100 nurses @ \$30.14/hour X 192 total hours.	578,68
Salary and Benefits  Expense/Equipment/Travel/Supplies/	100 nurses @ \$30.14/hour X 192 total hours.	578,68
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted	100 nurses @ \$30.14/hour X 192 total hours.	578,68
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo		578,68
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/		578,68
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/ Planning Engineering		578,686 578,688
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/ Planning Engineering  Total State Funds Requested (m	r Renovation:	
Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/ Planning Engineering  Total State Funds Requested (m	r Renovation:	
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/ Planning Engineering  Total State Funds Requested (m  Program Performance  a. What specific purpose or go	r Renovation:  ust equal total from question #6)  al will be achieved by the funds requested?	
Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other  Consultants/Contracted Services/Study  Fixed Capital Construction/Majo Construction/Renovation/Land/ Planning Engineering  Total State Funds Requested (m  Program Performance a. What specific purpose or go  Ascension St. Vincent's expects	r Renovation: ust equal total from question #6)	578,68

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



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Addressing the nu	ırse shorta	ge will improve a	access to care	Э.				
d. Who is the targ	et popula	tion served by t	his project?	How many in	dividuals a	re expecte	d to be serve	:d?
New nurse gradua	ates.							
e. What is the exp be measured?	ected ben	efit or outcome	of this proje	ect? What is t	he methodo	ology by w	hich this out	come will
We expect to brin	g 100 new	nurses into our	St. Vincent's	system.				
f. What are the su for failing to meet							to its standa	rd penalties
Repayment of fun	ds.							
45 Danwastan Cantan								
15. Requester Contact a. First Name		ion	Last Name	Karihar		]		
b. Organization	Jules Last Name Kariher							
_	Ascension St Vincent's Health System							
d. Phone Number	jules.kariher@ascension.org  (850)206-9495 Ext.							
			LAU			J		
<ul><li>16. Recipient Contact</li><li>a. Organization</li></ul>		n St. Vincent's H	loolth Systom					
b. Municipality and		Duval	leaith System		]			
	-	Duvai						
c. Organization Ty	pe							
□For Profit Entity								
☑Non Profit 501(d	c)(3)							
□Non Profit 501(d	c)(4)							
□Local Entity								
□University or Co	llege							
□Other (please sp	pecify)							
d. First Name	Jules		Last Name	Kariher		]		
e. E-mail Address	jules.karil	her@ascension.	org					
f. Phone Number	(850)206	-9495						
17. Lobbyist Contact I	nformatio	n						
a. Name		V. larossi						
b. Firm Name	Capital C	City Consulting L	LC					
c. E-mail Address	nick@ccd	cfla.com						



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d. Phone Number (850)222-9075	d. Phone Number	(850)222-9075
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