



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3128

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Webber International University is looking to serve the community by filling the need for quality healthcare professionals in the field of nursing by providing post-secondary education to the region of Southeast Polk County. Funding is requested to grow the program's enrollment and support the infrastructure and faculty/staff needs of the program. Infrastructure included securing necessary equipment and supplies, increased faculty, and providing resources to our nursing students.

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	755,922
Fixed Capital Outlay	0
Total State Funds Requested	755,922

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)	755,922	99%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	10,000	1%
Total Project Costs for Fiscal Year 2024-2025	765,922	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.

General operating budget would be used.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

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



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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	The request is to support student enrollment growth and their needs for increased instructional faculty and staff. Additional employees include; four faculty members (\$100,000 salary including benefits), a Clinical Coordinator (\$100,000 salary including benefits), an administrative assistant (\$50,000 salary including benefits), academic operations coordinator (\$55,000 salary including benefits).	605,000
Expense/Equipment/Travel/Supplies/Other	Secure ownership of nursing lab and classrooms nursing program equipment and supplies. The equipment includes models, simulation equipment, gurneys, exam tables, hospital beds, and related equipment needed for nursing lab space and classrooms. Additionally, support the purchase of disposable supplies required in nursing education. The annual cost for operation equipment is \$150,922	150,922
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)		755,922

14. Program Performance

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



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

On a local scale Webber's Health Science program serves the community in need of qualified trained registered nurses. We provide access to healthcare education in Southeast Polk County that would otherwise be limited to residents in the area.

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

Webber has been approved to admit up to 36 nursing students per cohort. Producing 72 nursing graduates per year. The funding of this project will provide the institution the ability to provide citizens in the region an opportunity to access quality education to further close the gap on critical workforce needs.

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

The target population will be university students. The individuals will be traditional and non traditional students. The institution plans on serving 100 students per academic year.

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

Increase access to quality education to fill a critical workforce need. The request will provide a high-quality instructional and learning environment that is currently not present in Southeast Polk County. Increased faculty/staff will provide students an opportunity to better prepare for their industry exams and access to gainful employment.

The nursing program will allow the institution to provide economic self sufficiency to 72 graduating nurses a year. These individuals will be workforce ready and enter the healthcare industry and address the ongoing shortage of nurses in Florida.

Student outcomes will be measured by the following; Graduation/completion rates, licensure exam pass rate, and placement rates

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?

If programmatic nursing outcomes are not met funds will be returned.

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



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- 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**

d. **Phone Number**