

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

LFIR # 3699

I. Project Title	Hillsborough Community College Year Round Nursing Initiative					
2. Senate Sponsor	Jay Collins					
B. Date of Request	01/24/2024					
. Project/Program De	escription					
their full curriculum.	The plan is to proc	luce 325 additiona	providing a shorter time I nursing graduates anr n seat or clinical time).	e frame for nursing nually and decrease	students to complete e the months in trainin	
. State Agency to red	ceive requested for	unds Departi	ment of Education			
State Agency conta	cted? Yes					
. Amount of the Noni	ecurrina Reaues	t for Fiscal Year 2	2024-2025			
Type of Funding			Amo	unt	]	
Operations			Allio	4,000,000		
Fixed Capital Outlay	,			<del>-1,000,000</del>	-	
Total State Funds F				4,000,000		
•	or Fiscal Year 202	24-2025 (including	g matching funds avai	· <i>'</i>	ect)	
Type of Funding		(' //0)	Amount	Percentage	_	
Total State Funds R	equested (from qu	estion #6)	4,000,000	100%		
Matching Funds			0	00/		
Federal State (excluding the	amount of this roa	uost)	0	0% 0%	†	
Local	amount of this req	uestj	0	0%	†	
Other Other			0	0%	†	
Total Project Costs	for Eisaal Vaar 2	024-2025	4,000,000	100%	1	
. Has this project pre			No	10070	1	
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
. Is future funding lik	rely to be request	ad2	No		ı	
•	•		140		1	
a. If yes, indicate n	onrecurring amou	unt per year.				
b. Describe the sou	irce of funding th	at can be used in	lieu of state funding.			
0. Has the entity req	uesting this proje	ect received any fo	ederal assistance rela	ted to the COVID-	19 pandemic?	
Yes						
If you indicate the	amount of funds	rossived and wh	at the funds were use	d for		



11. Status of Construction

14. Program Performance

Planning

a. What is the current phase of the project?

Design

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

c. What is the estimated start date of construction?

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\$118,000,000 for federally mandated aid to students, deferred maintenance and technology for students.

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

Construction

d. What is the estimated completion date of construction?  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.					
. Details on how the requested so	tate funds will be expended  Description	Amount			
Administrative Costs:	Description	Amount			
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	Recruitment and retention of nursing faculty due to new summer course offerings.	3,950,000			
Expense/Equipment/Travel/Supplies/ Other	Instructional Supplies	50,000			
Consultants/Contracted Services/Study		(			
Fixed Capital Construction/Majo	or Renovation:				
Construction/Renovation/Land/ Planning Engineering		(			
Total State Funds Requested (m	nust equal total from question #6)	4.000.000			

N/A

their full curriculum. The plan is to produce 325 additional nursing graduates annually and decrease the months in training an average of 4 months per graduate (with no decrease in seat or clinical time).

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

Increasing the annual number of nursing graduates and providing a shorter time frame for nursing students to complete

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



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Decreasing the time from start to graduation by an average of 4 months per nursing graduate. Increasing the annual

number of nursing	ı graduates an additional 32	5 each year.			3
c. What direct ser	vices will be provided to	citizens by t	he appropriati	ion project?	)
Nursing Training					
d. Who is the targ	get population served by t	his project?	How many in	dividuals ar	re expected to be served?
	y students, veterans, jobles ted persons, veterans.	s persons, e	conomically dis	advantaged	persons, high school students,
	<u> </u>	of this proj	ect? What is t	he methodo	ology by which this outcome will
graduation and inc resource system a	creasing the number of nurs	sing graduate lata for each	s. Outcomes w student includir	rill be measu ng: (1) certifi	ar months from admission to ired through HCC's enterprise cations, degrees or licenses earned
	iggested penalties that the tdeliverables or performa				n addition to its standard penalties act?
Reversal of fundir	ng.				
15. Requester Contac	t Information				
a. First Name	Ken	Last Name	Atwater		
b. Organization	Hillsborough Community College				
c. E-mail Address	katwater@hccfl.edu				
d. Phone Number	(813)253-7560	Ext.			
16. Recipient Contact	Information				
a. Organization	Hillsborough Community College				
b. Municipality and	d County Hillsborough				
c. Organization Ty	/pe				
□For Profit Entity					
□Non Profit 501(d	c)(3)				
□Non Profit 501(	c)(4)				
□Local Entity					
☑University or Co	ollege				
□Other (please s	pecify)				
d. First Name	Eric	Last Name	Johnson		
e. E-mail Address					
f. Phone Number	(850)491-2905				



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### 17. Lobbyist Contact Information

a. Name	Laura E. Boehmer
b. Firm Name	The Southern Group
c. E-mail Address	boehmer@thesoutherngroup.com
d. Phone Number	(850)671-4401