

**LFIR # 3007** 

1. Project Title	Saint Leo University				
2. Senate Sponsor	Danny Burgess				
3. Date of Request	3/6/2025				
4. Project/Program De	escription				
Nursing Program Exp	n of previous Saint Leo pansion project increas assrooms, student and	es the ability o	f the program to increa	ase enrollment cap	aint Leo University: acity through addition of enhanced teaching and
5. State Agency to rec	eive requested funds	Departm	ent of Education		
State Agency contact of the Nonro		Fiscal Year 20	025-2026		
Type of Funding			Amo	unt	
Operating				549,000	
Fixed Capital Outlay				670,000	
<b>Total State Funds R</b>	Requested			1,219,000	
7. Total Project Cost fo	or Fiscal Year 2025-20	26 (including	matching funds avai	lable for this proj	ect)
-				Doroontogo	
Type of Funding			Amount	Percentage	
Type of Funding Total State Funds Re	equested (from question			Percentage 100%	
Type of Funding Total State Funds Re Matching Funds			Amount 1,219,000	100%	
Type of Funding Total State Funds Re Matching Funds Federal	equested (from question	n #6)	Amount	100%	
Type of Funding Total State Funds Re Matching Funds Federal		n #6)	Amount 1,219,000	100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the	equested (from question	n #6)	Amount 1,219,000 0	100% 0% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other	equested (from question	n #6)	Amount 1,219,000 0 0 0	100% 0% 0% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre	equested (from question amount of this request) for Fiscal Year 2025-2	n #6)	Amount 1,219,000 0 0 0	100% 0% 0% 0% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r	equested (from question amount of this request) for Fiscal Year 2025-2 eviously received state most recent instance:  Amount	2026 e funding?	Amount 1,219,000  0 0 0 1,219,000  Yes  Specific	100% 0% 0% 0% 0%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)	equested (from question amount of this request) for Fiscal Year 2025-2 eviously received state most recent instance:  Amount Recurring N	2026 e funding?	Amount 1,219,000  0 0 0 1,219,000  Yes  Specific Appropriation #	100%  0% 0% 0% 0% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r	equested (from question amount of this request) for Fiscal Year 2025-2 eviously received state most recent instance:  Amount	2026 e funding?	Amount  1,219,000  0 0 0 1,219,000  Yes  Specific Appropriation #	100%  0% 0% 0% 0% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)	amount of this request)  for Fiscal Year 2025-2  eviously received state most recent instance:  Amount Recurring N	2026 e funding? lonrecurring 740,000	Amount 1,219,000  0 0 0 1,219,000  Yes  Specific Appropriation #	100%  0% 0% 0% 0% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2023-24  9. Is future-year funding	amount of this request)  for Fiscal Year 2025-2  eviously received state most recent instance:  Amount Recurring N	2026 e funding? lonrecurring 740,000	Amount 1,219,000  0 0 0 1,219,000  Yes  Specific Appropriation # 0 58/59A	100%  0% 0% 0% 0% 100%	
Type of Funding Total State Funds Re Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (yyyy-yy) 2023-24  9. Is future-year funding a. If yes, indicate no	equested (from question amount of this request) for Fiscal Year 2025-2 eviously received state most recent instance:  Amount Recurring N 0	2026 e funding? lonrecurring 740,000 ted? er year.	Amount 1,219,000  0 0 0 1,219,000  Yes  Specific Appropriation # 0 58/59A  Yes  274,000	100%  0% 0% 0% 0% 100%	



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10. Status of Const	truction				
a. What is the c	urrent phase of t	he project?			
<ul><li>Planning</li></ul>	O Design	Construction	J/A		
b. Is the project	"shovel ready"	(i.e permitted)?	No		
c. What is the es	stimated start da	te of construction?	10/01/2025		
d. What is the es	stimated comple	tion date of construction?	06/01/2026		
e. What funding	stream will be u	sed for ongoing operation	ns and maintenance	of the project?	
University funds	3				
		o receive, directly or indirers of the facility and the e		tal outlay funding. Includ	e the
Saint Leo Univ	ersity	-			

### 12. 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		
Salary and Benefits	Additional full-time faculty, adjunct faculty, administrative assistant, student experience coordinator, tutoring services, course development stipends to enhance delivery of teaching and learning.	444,500
Expense/Equipment/Travel/Supplies/ Other	Nursing supplies for skills practice/demonstration and simulation room equipment. Professional development funds for faculty for curriculum development and teaching and learning strategies.	40,000
Consultants/Contracted Services/Study	Services of an architect and design consultant to design the classroom and office spaces.	64,500
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funds to renovate existing space on campus to accommodate higher nursing student enrollments (addition of three classrooms and space for additional faculty and staff).	670,000
<b>Total State Funds Requested (m</b>	ust equal total from question #6)	1,219,000

### 13. Program Performance

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

The purpose of the project is to facilitate increased nursing student enrollments and student success through expansion of classrooms, student support services, and additional faculty and staff. Ultimately, the project will increase the number of nurses available for employment in Pasco County and the State of Florida.

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



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Funding will provide for:

- -Addition of classrooms (in existing space) to facilitate larger class size
- -Enhanced tutoring and student support résources

a. If yes, provide the FEMA project worksheet ID#:

- -Additional full-time, adjunct faculty, and support staff
- -Additional equipment and supply resources
- -Funds for faculty professional development
- -Development of courses to support nursing student success and retention
- -Addition of an executive coordinator and clinical experience coordinator to facilitate work of the program, clinical coordination, and lab and simulation coordination
- c. What direct services will be provided to citizens by the appropriation project?

Direct services provided to citizens include opportunity for an increase in nursing student program enrollments, ultimately resulting in an increase in the number of nurses available to serve citizens in Pasco County and the State of Florida.

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

The target population served are Saint Leo University Pre-Nursing and Bachelor of Science in Nursing students. The project is expected to serve 51-100 students.

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

The expected outcome of the Saint Leo University: Nursing Program Expansion project is increased enrollment due to addition of classroom space and resources including additional faculty and staff. The project will also benefit enrolled students who receive additional program support. The outcome will be measured by the total number of students served by project resources.

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 in the contract?

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	The university would return appropriate funds to the State of Florida.						
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No					
6	a. If	Yes, what phase best describes the project?					
		Mitigation (reducing or eliminating potential loss of life or property)					
		Response (addressing the immediate and short-term effects of a natural disaster)					
		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)					
ı	b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):						
15.	Has	s the entity applied for or received federal assistance for this project?					
		Yes, Applied					
		es, Received					
	<b>□</b> N	No					
	<b>□</b> 1	No, but intends to apply					



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b. Provide the total	project c	ost listed on the	FEMA pro	ject worksheet:		
16. Has the entity app	olied for o	r received state	assistance	for this project (	other than this req	uest)?
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends to	o annly					
a. If yes, specify the		n and state ager	ncy (ex. Loc	al Government E	Emergency Bridge	Loan, Department
Commerce):						
7. Requester Contact	t Informat	ion				
a. First Name	Stephen		Last Name	Kubasek		
b. Organization	Saint Led	o University				
c. E-mail Address	stephen.	kubasek@saintle	eo.edu			
d. Phone Number	(352)588	-8242	Ext.			
8. Recipient Contact						
a. Organization		University				
b. Municipality and	d County	Pasco				
c. Organization Ty	pe					
□For Profit Entity						
□Non Profit 501(c	c)(3)					
□Non Profit 501(d	c)(4)					
□Local Entity						
☑University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Jennifer		Last Name	Martel		
e. E-mail Address	jennifer.n	martel@saintleo.e	edu			
f. Phone Number	(352)588	-8465	Ext.			
9. Lobbyist Contact I	nformatio	on				

Alan J. Suskey

a. Name



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b. Firm Name	Shumaker Advisors Florida, LLC	
c. E-mail Address	asuskey@shumakeradvisors.com	
d. Phone Number	(850)510-8314	

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.