

**State Agency contacted?** 

### The Florida Senate Local Funding Initiative Request Fiscal Year 2026-2027

**LFIR # 1219** 

1. Project Title	Nova Southeastern University	ersity Veterans Health	
2. Senate Sponsor	Alexis Calatayud		
3. Date of Request	11/19/2025		
4. Project/Program De	escription		
Veterans Access Cli clients-patients. Dire and behavioral healt	nic (VAC) to provide direct pet care includes primary can h care. 2) Continued funding icine program which is a pro	niversity related to Veterans Health: 1) Continuation function to catient care services to veterans and their families at not re, dental care, vision care, physical and speech therape to advance the modernization of our dental facilities. Or or care and enroll military personnel with medical care.	o cost to the by, psychological (3) Funding for
5. State Agency to rec	ceive requested funds	Department of Health	

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	7,250,000
Fixed Capital Outlay	0
Total State Funds Requested	7,250,000

### 7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	7,250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	7,250,000	100%

8. Has this project previously received state funding? If yes, provide the most recent instance:

Yes

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2025-26	0	6,000,000	436	No

9. Is future-year funding likely to be requested?

Yes

a. If yes, indicate nonrecurring amount per year.

6,000,000

b. Describe the source of funding that can be used in lieu of state funding.

NSU has worked with federal Veterans Administration and local community veterans organizations to identify other funding sources; however, the state funds requested are typically because patients don't qualify or cannot access those funds.



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### **Complete questions 10 and 11 for Fixed Capital Outlay Projects**

0. Status of Const a. What is the cu		the project?				
Planning	O Design	Construction	O N/A			
b. Is the project	"shovel ready"	(i.e permitted)?				
c. What is the es	stimated start da	ate of construction?				
d. What is the es	stimated comple	etion date of constru	ction?			
e. What funding	stream will be ι	used for ongoing ope	erations and mair	ntenance of the p	project?	
4 . Liet the annual	f th - f : ! : t t	a na a sina alima albu an	. !			_
		o receive, directly or ers of the facility and		xed capital outla	y funding. Include th	.е 

### 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		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study	\$7,250,000 of the funds will be allocated to the network of clinics operated by NSU in South Florida and Tampa Bay regions to provide direct patient care services and to upgrade and modernize dental facilities. In addition, funds will be used too coordinate the NSU Military to Medicine Program.	7,250,000
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	nust equal total from question #6)	7,250,000

### 13. Program Performance

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



☐ No, but intends to apply

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	to the faci pos	rapy, and psychological and behavioral health care. In addition, funds would be used to modernize the dental lities that are the primary service that veterans and families are accessing. Finally, funds will be used to fund a ition and provide services to military personnel with medical training to build a transition for them to enroll and ceed in NSU's health professions programs, including osteopathic and allopathic medicine nursing, optometry, tal medicine and pharmacy.
	b. W	/hat activities and services will be provided to meet the intended purpose of these funds?
	Dir	ect provision of health care services.
	med	istance to military personnel through interview and test preparation workshops, assistance with enrolling in pre- dical masters' bridge programs, and personalized advising sessions for military personnel to individualize their erience to enroll in health professions
	c. W	hat direct services will be provided to citizens by the appropriation project?
	Pri	mary care, dental care, vision care, physical and speech therapy, behavioral and mental health
	d. W	ho is the target population served by this project? How many individuals are expected to be served?
	Ve	terans and their families. In excess of 7,000.
		/hat is the expected benefit or outcome of this project? What is the methodology by which this outcome will
	be r	neasured?
	Imp	proved health care for veterans and their families, including mental health care.
		vide a structured, transparent, and supportive pathway for military members and veterans to pursue advanced cation in healthcare and medicine.
		hat are the suggested penalties that the contracting agency may consider in addition to its standard penalties failing to meet deliverables or performance measures provided for in the contract?
	Re	turn of state funds
14.	Is th	is project related to mitigation, response, or recovery from a natural disaster? No
a	a. If Y	es, what phase best describes the project?
I		Mitigation (reducing or eliminating potential loss of life or property)
ı		Response (addressing the immediate and short-term effects of a natural disaster)
ı		Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
k	o. Na	me of the natural disaster (or Executive Order # for events not under a federal declaration):
15.	Has	the entity applied for or received federal assistance for this project?
	□ Y	es, Applied
	□ Y	es, Received
	□ N	0



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a. If yes, provide th	ne FEMA project worksheet ID#:	
b. Provide the total	I project cost listed on the FEMA project worksheet:	
6. Has the entity app	olied for or received state assistance for this project (other than this reques	t)?
☐ Yes, Applied		
☐ Yes, Received		
□ No		
☐ No, but intends to	o apply	
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loa	n, Departme
7. Requester Contact		
a. First Name	Harry Last Name Moon	
b. Organization	Nova Southeastern University	
	Hmoon@nova.edu	
d. Phone Number	(954)262-7575 <b>Ext.</b>	
8. Recipient Contact	Information	
a. Organization	Nova Southeastern University	
b. Municipality and	d County Statewide	
c. Organization Typ	ре	
□For Profit Entity		
☑Non Profit 501(c	2)(3)	
□Non Profit 501(c	c)(4)	
□Local Entity		
□University or Co	ollege	
□Other (please sp		
d. First Name	Leonard Last Name Pounds	

Ext.

**f. Phone Number** (954)262-7575



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19. Lobbyi	st Contact	Information
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a. Name	Brian D. Ballard	
b. Firm Name	Ballard Partners	
c. E-mail Address	skcrawley@ballardpartners.com	
d. Phone Number	(850)577-0444	

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