



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 2010

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Institute of Health Careers, Inc (IHC) aims to bridge the gap between the supply and demand of knowledgeable and trained health care professionals in the SW Florida region (Lee, Collier, Glades, Hendry, Charlotte counties), by addressing and alleviating the nursing shortage crisis. This project request is for educating and training Home Health Aides (HHAs), Certified Nursing Assistants (CNAs), and Medical Assistants (MAs) within our communities. IHC intends to service 120 students follows, 60 CNAs, 48 HHAs, and 12 MAs, if approved. Our licensed and accredited institution provides rigorous curriculums and prepares our graduates for real life experiences, thus producing highly competent and industry ready healthcare professionals capable of providing high quality care in an array of settings.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	296,400
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>296,400</b>

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)	296,400	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>296,400</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.



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

### 10. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	60 Nursing Assistants @ \$1500 12 Medical Assistants @ \$14,000 48 Home Health Aides @ \$800	296,400
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>296,400</b>

### 13. Program Performance

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

The goal is to address the growing need for healthcare professionals for Florida's aging population, specifically SW Florida; whereby reducing the number of job vacancies and increasing the workforce. This will result in students earning in-demand industry credentials to begin financially sustainable careers.

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



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Successful completion of the training program will lead to employment opportunities within the healthcare sector. Our Academic support personnel will assist students with credentialing exam preparation and job readiness.

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

Provide financial support that allows students to complete their program, whereby resulting in employment and self sufficiency.

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

The targeted population is the unemployed, underemployed, single parents, minorities, socially/economically disadvantaged, at-risk age-appropriate persons, high school/college students, and persons wanting to upskill. IHC is expected to serve 120 persons.

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

Increase the healthcare workforce, decrease vacancies, provide grants to persons who would not have been able to financially afford the training, job placement, high wage jobs, providing job stability and opportunities for career development/advancement in the healthcare sector, and strengthening the economy. IHC is required to track, maintain detailed documentation of, and report student retention, graduation, completion, placement, and credentialing data by ABHES (accreditor) and Florida CIE annually.

**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?**

Funding must be reduced/eliminated and return of all unused funds.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**b. Name 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?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

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

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**



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- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

#### 18. Recipient Contact Information

- a. Organization
- b. Municipality and County

#### c. Organization Type

- ☒ For Profit Entity
- ☐ 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  Ext.

#### 19. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number



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