

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Tallahassee Community College - Nursing Program Expansion
2. Date of Submission: 11/11/2019
3. House Member Sponsor: Ramon Alexander
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded?
- c. Were the funds provided in the most recent fiscal year subsequently vetoed?
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					2,700,000	2,700,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? No
 - 5a. If yes, which state agency?
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Education
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

Request is to purchase simulation equipment to expand nursing program. Deliverables are the expansion of simulation center and increased enrollment in nursing. Penalties may include return of dollars or equipment.

6. Requester:

- a. Name: Jim Murdaugh
- b. Organization: Tallahassee Community College
- c. Email: murdaugj@tcc.fl.edu
- d. Phone #: (850)201-8770

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Barbara Wills
- b. Organization: Tallahassee Community College
- c. Email: willsba@tcc.fl.edu
- d. Phone #: (850)201-6060

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Erin Rock
- b. Firm: The Southern Group
- c. Email: rock@thesoutherngroup.com
- d. Phone #: (850)339-2835

9. Organization or Name of entity receiving funds:

- a. Name: Tallahassee Community College
- b. County (County where funds are to be expended): Leon
- c. Service Area (Counties being served by the service(s) provided with funding): Gadsden, Leon, Wakulla

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College

Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The requested funds will be used to expand the College’s Bachelors of Science in Nursing (BSN) and Associate of Science in Nursing/Registered Nurse degree (ADN) programs, and specifically to purchase additional equipment necessary to expand the state-of-the-art, simulation center to serve additional students. TCC is expanding the BSN program in direct response to the requests of healthcare providers in our community (100% indicated support of TCC’s intent to expand BSN program).

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter “0” if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input type="checkbox"/> e. Salaries and Benefits		
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Equipment necessary to serve 150 students annually: Low Fidelity Trainers • Basic Life Support simulators • IV training arms • Foley catheter trainers • Enema trainers • Wound and ostomy care trainers Mid Fidelity Trainers • Intubation • Code Blue • Newborn & Pediatric Care • Advanced nursing care • Birthing Care • Trauma Care High Fidelity	1,950,000

	Simulators • ICU • Advanced Birthing • Advanced newborn and pediatric care • Advanced trauma	
<input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study	Simulation Product Training • Professional Development for Technicians and Faculty • Equipment Service & Maintenance (Contracts required at time of purchase) • Patient Simulation Design Contract	750,000
Fixed Capital Construction/Major Renovation:		
<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		2,700,000

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

The two major area hospitals have both provided public testimony at Board of Trustees and letters of support for expansion of the nursing program and shared use of the simulation center.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

Survey conducted in 2017 demonstrated 100% support from all medical providers in our service area for expanding the BSN program.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Expansion of the simulation center and the BSN nursing program to double student enrollment and completion.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Higher education classes and certificate programs as well as training for healthcare professionals already employed at area hospitals through partnerships. Will result in improved healthcare for all.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons

- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

17d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input type="checkbox"/> Improve physical health		
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Increase number of BSN graduates and quality of education	Number of graduates and certificate earners. Employment placement and salary measures.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		

<input checked="" type="checkbox"/> Increase or improve economic activity	Employment	Employment rates for BSN graduates.
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	2,700,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	2,700,000	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

No