



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2092

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide equipment for rural hospitals in Florida for safe patient movement equipment. By using this equipment instead of manually moving patients, rural hospitals can lessen work related injuries to nurses, nurse assistants and physical therapists. This will improve the work environment for hard to retain and recruit employees and keep them on the job and reduce work related injuries. It can also reduce health care costs by reducing the length of stay and increasing discharges to home environments.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	850,000
Fixed Capital Outlay	0
Total State Funds Requested	850,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	850,000	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 2024-2025	850,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

No



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If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Lifting Equipment and devices	850,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		850,000

14. Program Performance

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

Funds will be used to retrofit rural hospital patient beds with controls that mitigate the risk of harm to the caregiver, such as lifting and transfer aids or other mechanical devices used by nurses and other direct patient care workers instead of manually lifting to perform the act of lifting, transferring and repositioning health care facility patients.

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

Retrofit rural hospital beds to allow for safe patient movement.



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

Safer conditions for health care providers. Safer conditions for patients. Health care cost savings. Recruitment and retention of nurses in hard to serve areas.

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

Patients in rural hospitals. This will impact patients in rural hospitals statewide.

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

Safer conditions for health care providers and patients. Monitor workers compensation claims and reports of patient injury do to transporting patients.

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 the contract?

If the project is not completed within requirements outlined in the funding, the funding may be withdrawn.

15. Requester Contact Information

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

16. 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

17. Lobbyist Contact Information

a. Name



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b. Firm Name

c. E-mail Address

d. Phone Number