



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2354

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will support the development of the Golisano Children's Hospital National Center of Pediatrics Special Needs Medical program. The National Center will provide early intervention, early access to screening, healthcare services and treatment, behavioral health, education, and vocational community partners with family engagement to properly help the young child to young adult with special needs have a self-sufficient and productive future.

5. State Agency to receive requested funds

State Agency contacted?

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 0 |
| Fixed Capital Outlay | 4,000,000 |
| Total State Funds Requested | 4,000,000 |

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) | 4,000,000 | 67% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 2,000,000 | 33% |
| Total Project Costs for Fiscal Year 2024-2025 | 6,000,000 | 100% |

8. Has this project previously received state funding?

| Fiscal Year (YYYY-YY) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. Is future 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.

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

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



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\$84M used to cover additional labor, loss in revenues. \$7.5M used for supplies and equipment rentals.

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)?

No

c. What is the estimated start date of construction?

2025

d. What is the estimated completion date of construction?

2027

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.

Lee Memorial Health System dba Lee Health

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 | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Funding will support development of the National Center of Pediatrics Special Needs Medical Program, located in Fort Myers, FL. State funds could be used for planning, design, construction and other eligible purposes. | 4,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 4,000,000 |

14. Program Performance

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

Develop and build the National Center of Pediatric Special Needs Medical Program, that will serve as a "all inclusive—under one roof" medical and social services and treatment facility for children and young adults with special needs, including autism and Down syndrome.

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



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Building a national center that will provide early intervention, early access to screening, healthcare services and treatment, behavioral health, education and vocational community partners with family engagement to properly help the young child to young adult with special needs have a self-sufficient and productive future.

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

Providing early autism screening to those in desperate needs of services, increasing the accessibility of autism screening and early intervention and helping those diagnosed with special needs to lead happy and productive lives.

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

Persons with poor mental health, persons with poor physical health, developmentally disabled, physically disabled, preschools students, grade school students and high school students.

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

Enhance physical health by offering specialized therapies, early interventions, and support services, addressing physical symptoms and promoting overall well-being in individuals with autism and Down syndrome. Data on improved physical health indicators, like motor skills, sensory functions, and overall physical development can be used to measure outcomes.

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?

Return percentage of state funds until deliverables or performance measures are met.

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



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number