



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2225

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This request is for the construction of emergency wells to prepare for, respond to and recover from a total or partial interruption to Lee Health's healthcare facilities normal water supply. This critical resiliency measure will ensure water supply interruption caused by natural disaster, failure of county or municipal water infrastructure, construction or even acts of terrorism do not hinder the continued operation of Lee Health's healthcare facilities.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,300,000
Total State Funds Requested	4,300,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	4,300,000	72%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	1,700,000	28%
Total Project Costs for Fiscal Year 2023-2024	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

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

3/1/2024

d. What is the estimated completion date of construction?

3/1/2025

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.

CEO Larry Antonucci

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	This request is for the construction of emergency wells to prepare for, respond to and recover from a total or partial interruption to Lee Health's normal water supply. This critical hardening and resiliency measure will ensure water supply interruption caused by natural disaster, failure of county or municipal water infrastructure.	4,300,000
Total State Funds Requested (must equal total from question #6)		4,300,000

14. Program Performance

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

This request is for the construction of emergency wells to prepare for, respond to and recover from a total or partial interruption to Lee Health's healthcare facilities normal water supply. This critical resiliency measure will ensure water supply interruption caused by natural disaster, failure of county or municipal water infrastructure, construction or even acts of terrorism do not hinder the continued operation of Lee Health's healthcare facilities.



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

Lee Health's healthcare facilities are integral to the health and well-being of Southwest Florida residents and visitors. These funds will be used to further strengthen Lee Health's resiliency efforts by providing an emergency water supply in the event of county or municipal water infrastructure failure.

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

The construction of emergency wells at Lee Health's healthcare facilities will ensure the health system can maintain operation before, during and after a disaster like Hurricane Ian. Direct services to be provided include a fully functioning acute care healthcare facility with level I trauma capabilities in the wake of a natural disaster.

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

The target population is the patient population of Southwest Florida. Lee Health has over 2 million patient contacts every year.

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

By ensuring Lee Health's healthcare facilities can maintain operations and critical care services before, during and after a disaster strikes. Increases patient safety, quality of care and the normal operations of Lee Health's healthcare facilities before, during and after a natural disaster like Hurricane Ian.

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?

Repayment of state funds if the emergency wells are not constructed.

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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number