



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3597

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purposes of these funds is to support the indigent care mission in Jacksonville. Currently, UF Health in Jacksonville runs at a significant deficit and requires additional resources to meet the uncompensated care needs for the benefit of the community.

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	15,000,000
Fixed Capital Outlay	0
Total State Funds Requested	15,000,000

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)	15,000,000	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	15,000,000	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? Yes

a. If yes, indicate nonrecurring amount per year.

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

Due to the amount of unfunded care provided, UF Health Jacksonville constantly seeks funds from private sources, as well as the local, state, and federal governments to meet its operating budget annually.

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

Yes



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

Revenue:\$76M Direct Student Aid & \$93M Institutional Support;

Expenses:
 1)\$76M-Direct Student Aid;
 2)\$93M-Campus Operations:\$8.7M for IT Infrastructure & Equipment for Remote/Distance Learning;\$9.4M for Housing/Study Abroad;\$9.1M Campus Health/Safety \$8.2M Other
 Operating/Research costs: Student mental health/basic needs;\$57.6M for Lost Revenues in the student union, educational business activities, parking, research service centers, museums/performing arts centers.

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	Special category: Community Care Operating Funds	15,000,000
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)		15,000,000

14. Program Performance

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



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To treat the indigent and uncompensated care populations.

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

Standard medical care for the community through indigent care.

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

Standard medical services.

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

Northeast Florida has a large population that is eligible to receive indigent care from UF Health Jacksonville.

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

Medical services to the community.

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?

Standard penalties are sufficient.

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



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17. Lobbyist Contact Information

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