



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2355

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Seeking funding to acquire 20 High-Performance Starlink devices to provide critical services like emergency communication, telemedicine, data exchange, and coordination for relief efforts – ensuring connectivity in remote or affected areas after a natural disaster or other emergency. Starlink devices proved to be an incredibly helpful tool to stay connected post-Hurricane Ian. Lee Health is requesting funding to maintain a local stock to be able to deploy immediately to assist the residents of Lee County to stay connected to their medical providers and more broadly with the outside world.

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	109,315
<b>Total State Funds Requested</b>	<b>109,315</b>

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)	109,315	65%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	60,000	35%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>169,315</b>	<b>100%</b>

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?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2355

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

\$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)?

Yes

c. What is the estimated start date of construction?

2024

d. What is the estimated completion date of construction?

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.

Lee Memorial Health System dba Lee Health

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of 20 Flat High-Performance Starlink devices including hardware, 12 months of service, shipping and handling, and taxes.	109,315
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>109,315</b>

### 14. Program Performance

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

The 20 Starlink devices will be utilized after connectivity loss like experienced after Hurricane Ian to ensure uninterrupted, reliable internet connectivity for telemedicine, communication, and data exchange, enabling efficient emergency response and patient care.

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



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2355

The Starlink devices will provide critical services like emergency communication, telemedicine, data exchange, and coordination for relief efforts, ensuring connectivity in remote or affected areas.

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

The Starlink devices will provide citizens with essential services, including reliable internet access for communication, emergency alerts, access to information, telemedicine support, and coordination with rescue and relief efforts, ensuring their safety and well-being.

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

Elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, physically disabled, homeless and general population. Over 800 individuals are expected to be served when devices are in-use.

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

Starlink devices are expected to enhance physical health post-disaster by enabling telemedicine consultations, immediate medical assistance, and access to health information. Measuring benefits can be done through surveys assessing the frequency and effectiveness of medical consultations, response times, and improved health outcomes among affected individuals.

**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 of funds to administering state agency.

**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**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2355

e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number