



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3606

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The GMCEC will expand Lee Health's medical education programs to train more than 132 physician residents annually. The center will bring medical research capabilities to SWFL as well as a state-of-the-art simulation lab for physician training in an 84,255 square foot facility outfitted with the latest technology, patient rooms, and clinical education space. This facility will increase the number of residency opportunities in Florida which is essential to address the physician shortage.

Funding to support the initial phase of the GMCEC at Gulf Coast Medical Center in Fort Myers. State funds could be used for planning, design, construction and other eligible purposes. Private and other funds will be used to match the state's investment.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	10,000,000
Total State Funds Requested	10,000,000

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)	10,000,000	41%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	14,400,000	59%
Total Project Costs for Fiscal Year 2024-2025	24,400,000	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.

Lee Health intends to seek additional funding through the philanthropic donor community and will match state funding. Operational dollars will also be utilized to staff, equip, and maintain the GMCEC in perpetuity.



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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.

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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funding to support the initial phase of the GMEC at Gulf Coast Medical Center in Fort Myers. State funds could be used for planning, design, construction and other eligible purposes. Private and other funds will be used to match the state's investment.	10,000,000
Total State Funds Requested (must equal total from question #6)		10,000,000

14. Program Performance

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



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The GMEC will expand Lee Health's medical education programs to train more than 132 physician residents annually. The center will bring medical research capabilities to SWFL as well as a state-of-the-art simulation lab for physician training in an 84,255 square foot facility outfitted with the latest technology, patient rooms, and clinical education space. This facility will increase the number of residency opportunities in Florida which is essential to address the physician shortage.

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

The funding will be used to support the initial planning, design and construction of a 82,377 sq. ft. Graduate Medical Education Center outfitted with the latest technology, patient rooms and clinical education space. This facility will increase the number of residency opportunities in Florida which is essential to address the physician shortage.

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

Training additional physicians in SWFL will have far-reaching benefits to improve the health of a community. Most directly, increases the pipeline of physicians who consider careers in areas close to where they train. Indirectly, improvements in patient care outcomes, decreases in physician burnout, and implementation of innovative programs. Estimated \$30 million in annual local economic impact.

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

Lee, Collier, Charlotte, Hendry, and Glades Counties, approximately 1 million people.

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

Lee Health GME programs will bring a total economic impact of approximately \$30 million annually.
Lee Health GME programs are expected to generate approximately 250 new jobs.

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 contract 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



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University or College

Other (please specify)

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