



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1732

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Expansion of existing generator capacity to power components and utilities for hospital based programs in the event of an electrical failure to ensure uninterrupted critical patient care services at free standing emergency center.

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	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	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	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,000,000	474B	No

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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Approximately \$13 million reimbursed from FEMA PA, \$48 million from the CARES Act and American Rescue Plan (ARP). These funds were used to support the response to the COVID Pandemic, including workforce, supplies, equipment, Information Systems, facilities and other expenses that were incurred in the prevention, preparation, response and recovery to COVID.

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?

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.

Mount Sinai Medical Center of Florida, Inc. - owners of facility and 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	Construction: \$1.92M and Design: \$80K	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

14. Program Performance

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

This is an additional request to assist in supporting the balance of project funding for expansion of existing generator capacity to power equipment components and utilities for hospital based programs in the event of an electrical failure to ensure uninterrupted critical patient care services at free standing emergency center.

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



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Generator expansion will allow the Emergency Department to be able to continue providing life-saving services that include laboratory diagnostics, imaging services, life-saving Rx, cooling and elevators. Various screening and diagnostic tests are performed in the emergency department to assess the patient's condition and for definitive treatment.

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

Blood counts, Blood Chemistry Profiles, Urine Tests, Electrocardiograms (ECG), Imaging, including, but not limited to; x-ray, ultrasounds, MRI, and computed tomography (CT) scans. Life-saving pharmaceuticals are mixed and compounded within the building. In addition, critical utility components including air handler units to provide cooling throughout the building and elevator services.

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

Individuals in need of emergent healthcare treatment.
> 18,000 patients per year.

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

Improve physical health: Project would provide appropriate generator run time and mechanical requirements for operation of an emergency department and support areas during an electrical outage, and/or storms.
Method: Continuity of Care for patients requiring emergency services. Will ensure that all support services for a fully functional emergency department will be available.
Protect the general public from harm: This project will continue to build resiliency at the MSMC Aventura Free Standing Emergency Department and allow Mount Sinai Medical Center to withstand and quickly recover from emergency situations, such as hurricanes and catastrophic power outages, in order continue to provide emergency services to the community.
Method: Continuous power
Improve economic activity: The project provides better access to emergent healthcare services.
Method: Continuous power

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?

Collateral

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