



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 3480

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

NCH would purchase and install flood barriers protecting our ground floors from storm surge and/or flooding. Proximity to Florida's Gulf Coast and numerous smaller waterways present multiple threats to lower floors from water inundation. Reducing the impact of flood waters and/or storm surge allows NCH to continue uninterrupted health care service in our region during and after a disaster.

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	781,614
<b>Total State Funds Requested</b>	<b>781,614</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)	781,614	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2024-2025</b>	<b>781,614</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?**

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



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2020: \$32,389,049; 2021 \$29,995,500; 2022: \$7,693,947  
 during the pandemic, the federal aid included funds to reimburse NCH for staffing increases, supplies, conversion of care spaces for pandemic care (negative pressure rooms), and other responses to the evolving standard of care.

## 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?

Upon funding

d. What is the estimated completion date of construction?

within fiscal year

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.

NCH owns both hospital locations these funds would be used to permanently install flood barriers.

### 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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The entirety of the funds will be used to purchase and install flood mitigation barriers at BOTH hospital campuses NCH operates. This project cost protects 6 entrances in total.	781,614
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>781,614</b>

### 14. Program Performance

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

Proximity to the coast and susceptibility to storm surge have shown the need to mitigate potential flooding at both hospitals owned by NCH. Reducing the impact of flood waters and/or storm surge allow NCH to continue to provide critical health care services during a major disaster and to assist regional health care partners post-disaster.

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



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NCH will purchase and install the flood mitigation barriers as recommended and proper utilization during storm surge/flooding will mitigate the impact, allowing NCH to continue to function, providing critical care during and after an emergency.

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

Continued provision of health care services, reduction of impact to citizens, and reduction in recovery costs will be achieved.

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

NCH provides care to citizens across our region, including communities in Immokalee.

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

NCH will be better protected from the hazards associated with tropical cyclone storm surge and other flooding. Proper installation and utilization of the flood barriers will reduce damages.

**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?**

Failure to install the flood barriers would result in reversion to the state.

**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	<input type="text" value="Matthew R. Holliday"/>
b. Firm Name	<input type="text"/>
c. E-mail Address	<input type="text" value="matthew.holliday@nchmd.org"/>
d. Phone Number	<input type="text" value="(239)826-7864"/>