



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1621

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Orlando Health seeks funding for the purchase of two vehicles. The first will replace an old mobile unit that serves the Teen Xpress program at our Howard Phillips Center for Children and Families, and the second is a new NICU Ambulance to serve Orlando Health Winnie Palmer Hospital for Women and Babies and Orlando Health Arnold Palmer Hospital.

5. State Agency to receive requested funds

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	600,000
Fixed Capital Outlay	0
Total State Funds Requested	600,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	50%
Matching Funds		
Federal	600,000	50%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	1,200,000	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? No

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?

Yes

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



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As a medical provider, Orlando Health received over \$80M in resources from the Provider Relief Fund. This funding was used for two purposes: (1) to cover COVID-19-related preparation and spending, and (2) to cover losses directly related to the COVID-19 pandemic. Any funding received that was not accounted to either of those purposes must be returned to the Federal Government.

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

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	Replace our aging mobile service unit and purchase a new NICU ambulance	600,000
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)		600,000

14. Program Performance

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

Orlando Health will be able to continue to provide health services to uninsured, underinsured, and at-risk youth with the purchase of a new mobile service unit and a new NICU ambulance.

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



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Our new mobile Teen Xpress unit will allow us to continue visiting middle and high schools, providing free medical and mental health services to underserved, uninsured, and at-risk students. Our new NICU Ambulance will allow us to safely transport neonatal patients in need of emergency care or in need of inter-facility transfer.

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

For underserved, uninsured, and at-risk students, we will provide - with parental consent - physical exams (such as annual check-ups), immunizations, vision screenings, assistance finding dental care, mental health counseling, nutrition counseling, treatment for common illnesses, and in-depth diagnosis. For neonatal patients, transportation requires a specialized ambulance with enhanced safety.

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

The target population for the mobile unit is at-risk, underinsured and uninsured youth. The target population for the NICU ambulance is neonatal patients in need of emergency services or facility transfer. The number of individuals served will depend on need, but we estimate over 1,000 individuals will be served.

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

We are continuing services already offered with this project, but hope to increase safety and quality of both.

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?

If the vehicles are not purchased, the resources will be returned 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



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number