



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1168

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide safe patient movement equipment to rural hospitals. By using this equipment, instead of manually moving patients, rural hospitals can lesson patient injuries and work related injuries to hospital staff. This will also improve the work environment for hard to retain and recruit employees. The program will also reduce health care costs by reducing the length of stay and lessening workers compensation claims.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	850,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>850,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	850,000	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 2025-2026</b>	<b>850,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. 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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**11. 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.**

**12. 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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Lifting Equipment and Devices	850,000
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>850,000</b>

**13. Program Performance**

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

Funds will be used to retrofit rural hospital patient beds with controls that mitigate the risk of harm to a caregiver and patients. This will be done by nurses and other direct patient caregivers utilizing lifting, transfer aids and other mechanical devices to transfer patients.

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

Retrofit rural hospitals to allow for safe patient movement.

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



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Safer conditions for health care providers and patients, health care cost savings and recruitment and retention of nurses in hard to staff areas.

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

Patients and caregivers in rural hospitals. This will impact patients and caregivers statewide.

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

Safer conditions for health care providers and patients. Monitor worker compensation claims and reports of patient injuries due to transporting patients.

**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 in the contract?**

If the project is not completed within the requirements outlined in the funding, the funding will be withdrawn.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply



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a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

**17. Requester Contact Information**

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

**18. 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  Ext.

**19. Lobbyist Contact Information**

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*