



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1223

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

**4. Project/Program Description**

Martin County Healthy Start Coalition is building a community-based maternity center in Martin County, ensuring access to safe, high-quality maternity care following the closure of the local labor and delivery unit. This facility will provide prenatal, labor and delivery, postpartum and neonatal care, improving maternal and infant health outcomes while reducing costs associated with high-risk births and NICU admissions. It will serve as a cost-effective, community-integrated model for maternity care.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</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)	2,000,000	39%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	2,119,060	41%
Other	1,000,000	20%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>5,119,060</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

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?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Local philanthropy and grants would be leveraged in lieu of state funding. The accumulation of funding from these local resources would draw out the time to completion leaving our community without maternity care for an extended period of time.



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

### 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)?

No

c. What is the estimated start date of construction?

08/01/2025

d. What is the estimated completion date of construction?

05/01/2027

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

Private insurance, medicaid, and self-pay would sustain ongoing operations. Funding from the Children Services Council of Martin County, United Way of Martin County, Hobe Sound Community Chest, Community Foundation of Martin-St Lucie, Community Foundation of Palm Beach and Martin Counties, and local donors would provide the base of charitable services.

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.

Martin County Healthy Start Coalition, Inc. will receive all fixed capital outlay funding.

### 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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funding will be allocated towards design, planning, and construction of the maternity center.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 13. Program Performance

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



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The requested funds will build a community-based maternity center in Martin County, ensuring access to safe, high-quality maternity care. This facility will improve maternal and infant health outcomes while reducing costs associated with high-risk births and NICU admissions. It will serve as a cost-effective, community-integrated model for maternity care. The facility will include 4 exam rooms, 6 birth suites, 1 triage room, 2 recovery rooms, 1 lab room, 1 multipurpose/overflow room, a classroom, and office space for wraparound services.

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

A land lease is being negotiated with the Martin County Board of County Commissioners. Next steps include securing necessary permits and preparing the land for construction; engaging professionals to develop detailed plans to ensure compliance with birth center and health care facility regulations; ADA accessibility and sustainability standards; construction and development; procurement of equipment and design; ensuring compliance with state and local building codes; and meeting accreditation requirements.

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

The direct services provided to citizens at the facility funded by the appropriation include comprehensive prenatal, labor and delivery, postpartum, and neonatal care to low-risk pregnant women. Additional wrap around services to include care coordination, doula care, health education, childbirth education, parenting education, lactation support, and mental health support.

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

The target population served by this project will primarily be pregnant women and their expectant families in Martin County, Okeechobee and St Lucie Counties. This includes women of all demographics and income levels. This project is anticipated to serve up to 700 women per year.

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

Maternal and infant outcomes such as access to care (Kotelchuk Index), preterm birth, low birth weight, infant mortality, and maternal mortality will improve. The Electronic Health Record (EHR) system integrated will track patient outcome data and local data will be gathered from FL Health Charts.

**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?**

Martin County Healthy Start Coalition is open to discussing any and all penalties for failing to meet deliverables or performance measures provided for in the contract. It is prepared to make restitution of the amount awarded and/or discuss additional/alternative penalties with the contracting agency as part of the contract negotiation process.

**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



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- 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

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)



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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.*