



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1398

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The BayCare Hospital Manatee Neonatal Intensive Care Unit (NICU) Level II has 8 beds, doubling the number of neonatal intensive care beds in Manatee County. The goal is to provide advanced and expert care for sick neonates, premature babies born at 30 weeks, and those recovering from other serious conditions.

5. State Agency to receive requested funds

State Agency contacted?  Yes

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

Type of Funding	Amount
Operating	1,100,000
Fixed Capital Outlay	8,900,000
<b>Total State Funds Requested</b>	<b>10,000,000</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)	10,000,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,000,000	33%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>15,000,000</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?  No

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

10. Status of Construction



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a. What is the current phase of the project?

- Planning   
  Design   
  Construction   
  N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

02/17/2025

d. What is the estimated completion date of construction?

12/31/2027

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

BayCare Operating Budget

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.

BayCare Hospital Manatee

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	Equipment (including specialty warmers)	1,100,000
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	Buildout, design fee, structure and premium costs including acoustic control, special lighting controls, and additional medical gases and electrical outlets.	8,900,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>10,000,000</b>

13. Program Performance

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

The goal is to provide expert neonatal services to the citizens of Manatee County. This includes the underserved and citizens with comorbidities. This NICU doubles the number of neonatal intensive care beds in Manatee County. NICUs have a compounding positive health care effect that enhance care in the county for Women and Children as well neonates. NICU capacity in Manatee will keep more families intact, close to home, requiring less transportation burden. This NICU will have a positive impact on the Manatee community by providing complex specialty care that is usually found in metropolitan centers, close to home.

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



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BayCare Hospital Manatee will provide care and stabilization for

- a. Women with high-risk pregnancies,
- b. Stabilization for all extremely premature or critical newborns preparing them for transport to a higher level of care.
- c. Provide onsite care and support for all infants born 30 weeks and greater.

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

Neonatal Intensive Care Units not only provide lifesaving care for the most vulnerable citizens, it evaluates and creates synergies to improve maternal and newborn services offered to Manatee citizens. Placing a NICU in a hospital stimulates access to preconceptions services, Maternal Fetal Medicine services, developmental care services and many other pediatric subspecialties. Additionally, as part of a large healthcare system, Manatee County citizens cared for at BayCare Hospital Manatee NICU will have a direct line to BayCare Kids services and expert care for every stage of life.

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

It is estimated that the NICU will serve 134 NICU patients and their families per year after a 5-year ramping up. Additionally, the NICU will enhance services for the nearly 1300 newborn patients expected per year after 5 years.

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

We expect the primary benefit to the community is a large increase in the neonatal infants getting the expert care they need locally in Manatee County. This will be measured by the number of NICU discharges in Manatee County annually. Secondary benefits include the number of high-risk pregnancies that are cared for in Manatee County because we have of the presence of a NICU that makes that care possible.

**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?**

Failure to meet deliverables will result in loss of funds.

**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:**



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**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)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**



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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.*