



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1412

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

4. Project/Program Description

St. Vincent's Clay seeks to expand access to women's services by establishing a NICU Level II unit. Level II neonatal care is designed for newborn infants born at or after 30 weeks' gestations who weigh at least 1,250 grams (2.75 pounds). It is also for newborns who are full-term but require close monitoring.

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	0
Fixed Capital Outlay	900,000
Total State Funds Requested	900,000

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)	900,000	14%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,500,000	86%
Total Project Costs for Fiscal Year 2025-2026	6,400,000	100%

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

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)?

No

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

05/01/2026

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

Ascension St. Vincent's operational dollars will fund the program

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.

Ascension St. Vincent's is part of Ascension, the largest Catholic hospital system in the country. It is a non profit 501c3.

12. 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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction costs of NICU level 2 unit.	900,000
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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

Premature births (less than 37 weeks gestation) in Florida are soaring and have increased 4% over the last 10 years. Babies born too small/too soon are three times more likely to need specialized medical care before age 3. A 2024 Community Needs Assessment shows an OB/GYN deficit of 36 physicians, and the population of women of childbearing age increasing significantly in the next 5 years.

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

St. Vincent's Clay delivers over 1,000 infants annually and with this expansion, expects a 25% increase in births. This project will increase capabilities beyond the current nursery, allowing for the care and safe treatment of hundreds of newborns requiring these critical services. St. Vincent's expects to care for over 120 newborns needing Level II services in its first year.



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

A NICU Level 2 will allow moms to deliver closer to home with the assurance that the community hospital has the level of services needed should the baby be born prematurely. The NICU and wraparound services for mothers will improve maternal health care in Clay County and the region.

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

Expecting mothers and newborns.

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

St. Vincent's Clay delivers over 1,000 infants annually and with this expansion, expects a 25% increase in births. This project will increase capabilities beyond the current nursery, allowing for the care and safe treatment of hundreds of newborns requiring these critical services. St. Vincent's expects to care for over 120 newborns needing Level II services in its first year.

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?

The State has the purview to approve the licensing of beds and opening of the facility. Clay hospitals have existing NICU units. This request is to expand those units and allow the hospital to care for sicker babies.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

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



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- 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

c. E-mail Address

d. Phone Number



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