



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2136

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

4. Project/Program Description

The primary goal of this funding request is to establish a fully functional digital pathology program, which will revolutionize the diagnostic and operational capabilities of our pathology department and fuel the development of new artificial intelligence algorithms for use in cancer care through the use of big data. The funds sought will be used to support the initial year of implementation, enabling the acquisition of advanced scanning technologies, integration of software solutions, and training for personnel. Digital pathology transforms traditional histopathology by digitizing microscope slides into high-resolution digital images, facilitating remote analysis, seamless data integration, and enhanced diagnostic accuracy. The unique pathology imaging data will be linked to other cancer patient data, including treatment information and outcomes, in order to identify cohorts of patients that can be used to train novel artificial intelligence algorithms.

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	3,070,000
Fixed Capital Outlay	5,642,000
Total State Funds Requested	8,712,000

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)	8,712,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	8,712,000	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.
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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)?

Yes

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

06/30/2026

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

Internal funding

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.

CFO, Joanna Weiss

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	New FTE hires in Pathology (2) and IT (3) departments. 5 new FTEs to support the project.	1,116,000
Expense/Equipment/Travel/Supplies/Other	Maintenance agreements, licensing costs, digital storage cost, networking & firewall cost	1,954,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	construction, scanner purchases, network & infrastructure equipment, VNA, and firewall.	5,642,000
Total State Funds Requested (must equal total from question #6)		8,712,000

13. Program Performance

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

Enhanced patient care: faster, more accurate diagnoses, patients will benefit from expedited treatment plans & improved outcomes. The integration of AI tools will further enhance decision-making in complex cases.

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



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Increased efficiency with broader accessibility: telepathology will address disparities in healthcare access, especially for rural communities that currently lack access.

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

Cancer diagnosis via digital imaging.

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

Initially Moffitt Cancer Center patients – approximately 18,000 per year. Ultimately, this service can be expanded to serve other communities as a consultation service.

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

Efficiency and speed to pathological diagnoses and staging of cancer.

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?

Funds will be returned.

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



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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.