



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2144

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Individuals with sickle cell disease often face significant barriers to accessing consistent medical care, including routine outpatient visits, specialist consultations, and emergency care for pain crises and other complications. Transportation challenges disproportionately affect this patient population, especially those in underserved and rural areas. Reliable, accessible, and affordable transportation is critical to improving health outcomes, reducing hospitalizations, & enhancing the quality of life for these individuals. Access to reliable, patient-centered transportation is a significant barrier for individuals with sickle cell disease. Missed appointments and delays in care, particularly for routine & outpatient visits, lead to preventable complications, increased hospitalizations, and worsened health outcomes. To address this critical need, the establishment of a transportation program for Florida's 15 Sickle Cell Centers of Excellence is essential. We need 2 vans per center.

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	2,500,000
Fixed Capital Outlay	0
Total State Funds Requested	2,500,000

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)	2,500,000	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	2,500,000	100%

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.



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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)?

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Responsible for the oversight and overall management of the project	150,000
Other Salary and Benefits	Grants and finance administrators are responsible to provide financial and administrative support services to designated program staff, assist with oversight of implementation and monitoring.	250,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Relevant staff such as drivers	600,000
Expense/Equipment/Travel/Supplies/Other	\$1.5 million for van acquisition: \$100,000 per center to purchase and equip two vans each.	1,500,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,500,000

13. Program Performance

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



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

1. Van Acquisition and Deployment
2. Operating and Maintenance Support
3. Coordination with Sickle Cell Centers of Excellence
4. Community Outreach and Awareness
5. Monitoring and Reporting

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

Transportation to medical appointments.

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

Individuals living with Sickle Cell Disease. Over 800

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

- Increase in medical appointment attendance by at least 40% within the first year.
- Reduction in preventable hospitalizations and emergency visits by 20%.
- Enhanced patient satisfaction and overall well-being.

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?

For a failure to meet deliverables, service provider may be penalized by determined percentage with respect to any failure by service provider to meet the acceptance criteria for any deliverable as set forth in the applicable work agreement.

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



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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)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2144

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.