



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2363

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

4. Project/Program Description

The Blood Bank provides lifesaving blood when a patient requires a transfusion. Therefore, it is critical that this highly technical service is located in the hospital to provide 24/7 care to patients. Our current Blood Bank is located in a Outpatient Care Center located across the street from the hospital, connected by an above ground, enclosed, bridge. This is also where our main lab is located. During hurricane weather events, our this bridge is not rated to withstand the most intense winds. As a result, we shut them down to pedestrians and staff and our Blood Bank and lab are inaccessible during the high intensity period of the storm. Therefore, the current location is not optimal and represents a risk. We would like to harden our facility from impact of storms and relocate our Blood Bank, as well as develop a small scale laboratory that could serve critical lab testing during a storm. Both functions would cost around \$1.2M to relocate and set up.

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	1,181,581
Total State Funds Requested	1,181,581

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)	1,181,581	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	1,181,581	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)?

Yes

c. What is the estimated start date of construction?

03/01/2025

d. What is the estimated completion date of construction?

09/01/2026

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

Johns Hopkins All Children's Hospital 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.

Johns Hopkins All Children's Hospital

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	N/A - Capital request only.	0
Other Salary and Benefits	N/A - Capital request only.	0
Expense/Equipment/Travel/Supplies/Other	N/A - Capital request only.	0
Consultants/Contracted Services/Study	N/A - Capital request only.	0
Operational Costs		
Salary and Benefits	N/A - Capital request only.	0
Expense/Equipment/Travel/Supplies/Other	Current equipment to be relocated.	0
Consultants/Contracted Services/Study	N/A - Capital request only.	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction costs - \$987,000. Permits, fees, insurance make up remaining balance of budgeted costs.	1,181,581
Total State Funds Requested (must equal total from question #6)		1,181,581

13. Program Performance

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

The relocation of our Blood Bank and creation of a Stat Lab would have several impacts on mitigating risk and improving quality of care, including the reduction of delay in (blood) products to patients, responsiveness to mass casualty/weather events, and centralization of blood-based services within walls of hospital.

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



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Comprehensive design and construction of the space required to meet internal needs and harden facility for future weather events. The relocated Blood Bank will provide this area access to other hospital-based support systems (supply chain, facilities, OR, etc.), as well as enhance preparedness for expanded services such as gene therapy product storage inside hospital walls.

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

Equipment, personnel, and space to safety match, prepare, and delivery blood products, in addition to the creation of an area for critical lab testing during a severe storm.

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

The target population of this project is our hospital inpatients requiring blood product from the Blood Bank, or stat lab services during several weather events. In December of 2024, we treated over 260 inpatients and 112 outpatients with services from our Blood Bank.

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

Our JHACH Quality & Safety team would evaluate the impact on delays in blood products to patients, efficiency of staff time to collect blood products (downtime hours/day), efficiency of blood supply stocking, and other outcome related measurements pertaining to massive transfusion protocols.

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?

Financial penalties for construction timeline delays outside reasonable range or ineffective hardening of facilities once completed and tested.

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):

Hurricane Milton

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

c. E-mail Address



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d. Phone Number

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