



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2879

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Women's Cancer Center at the Miami Cancer Institute will be a 150,000 square foot facility dedicated to expanding access to cancer services to women by providing a coordinated patient-centered environment created to meet growing patient demand and physician development needs. Services provided will include benign and high-risk imaging, medical and surgical oncology, plastics and reconstructive and gynecologic surgery.

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	2,500,000
<b>Total State Funds Requested</b>	<b>2,500,000</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)	2,500,000	2%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	2,500,000	1%
Local	0	0%
Other	175,000,000	97%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>180,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  Yes

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	2,500,000	466A	No

9. **Is future-year funding likely to be requested?**  Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

We plan to request a total of \$10,000,000 in state funds to support the project -  
 SFY 24-25 Received \$2.5M  
 SFY 25-26 Requesting \$2.5M  
 SFY 26-27 Plan to request final \$5M



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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?

07/31/2024

d. What is the estimated completion date of construction?

10/01/2026

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

Baptist Health South Florida will fund 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.**

Baptist Health South Florida is the owner of the facility and the entity making the funding request.

**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		0
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	Total construction costs estimated at \$180,000,000. Baptist Health South Florida (BHSF) will fund \$120,000,000 and the Baptist Health Foundation has committed to raise \$50,000,000 in private philanthropic support, BHSF intends to request a total of \$10,000,000 in non-recurring support from the Legislature beginning in SFY 24-25 and concluding in SFY 26-27. We were appropriated \$2.5M in SFY24-25.	2,500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,500,000</b>

**13. Program Performance**

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



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Funds requested will support a total construction budget estimated at \$180,000,000

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

Baptist Health South Florida will construct, operate and maintain the facility

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

The Women's Cancer Center at the Miami Cancer Institute will be a 150,000 square foot facility dedicated to expanding access to cancer services to women by providing a coordinated patient-centered environment created to meet growing patient demand and physician development needs. Services provided will benign and high-risk imaging, medical and surgical oncology, plastics and reconstructive and gynecologic oncology surgery.

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

The target population includes living in our service area, Monroe County, Miami-Dade County, Broward County and Palm Beach County and includes any patient seeking diagnosis and treatment of cancer and related services.

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

The Women's Cancer Center at the Miami Cancer Institute will provide expanded access to cancer services and expanded opportunities for physician training and research.

**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?**

Return of state funding

**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**

**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.*