



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2933

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Receiving funds will help offset some of the expenses relative to operating a Level II trauma center. Although designated a Level II, TMH provides trauma care to one of the largest geographic service areas (21 counties) for any Level I or II trauma center in the State, including areas of Georgia and Alabama. The trauma volume has grown significantly as other hospital's have closed their trauma programs.

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	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

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)	1,000,000	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	1,000,000	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		
2024-25	0	750,000	455	No

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



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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		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	On-call coverage for surgeons and specialties required for 24-hour immediate coverage and trauma center readiness.	1,000,000
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)		1,000,000

13. Program Performance

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

Receiving funds will help offset some of the expenses relative to operating a Level II trauma center. Although designate Level II, TMH provides trauma care to one of the largest geographic service areas (21 counties) for any Level I or II trauma center in the State, including areas of Georgia and Alabama. The trauma volume has grown significantly as other

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

Dedicated trauma team 24 hours per day required to remain designation as a Level II trauma center. TMH is the only trauma center in the region and serves 21 counties. Traumatic injuries are the leading cause of death for Americans under the age of 45. TMH serves 5 of the 6 counties in the state of Florida with the highest trauma mortality rate



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

24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

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

Elderly and economically disadvantaged. Will serve more than 2000 trauma patients.

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

24/7 trauma services. Mortality rate, QA of all deaths, unplanned readmissions related to trauma within 30 days of discharge, C1,2,3 spinal cord injuries that are ventilator dependent and patients that are referred to a specialty hospital for placement of a diaphragmic pacer.

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 funds to administering agency.

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.