



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3183

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

NCH would utilize the funds to install water wells at each main hospital campus to ensure supply of clean, reliable water during and post-disaster when municipal water supplies might be lost.

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	0
Fixed Capital Outlay	1,260,000
<b>Total State Funds Requested</b>	<b>1,260,000</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)	1,260,000	90%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	140,000	10%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,400,000</b>	<b>100%</b>

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.

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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a. What is the current phase of the project?

- Planning    
  Design    
  Construction    
  N/A

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

10/01/2025

d. What is the estimated completion date of construction?

04/01/2026

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

NCH would be responsible for ongoing maintenance and operations.

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.

Naples Comprehensive Health owns the facility which will receive the funding.

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	The full amount of funding will be used for the construction of the project.	1,260,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,260,000</b>

13. Program Performance

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

NCH operates the only non-profit hospitals in Collier County. During and after a disaster, it is critical to have uninterrupted water supplies into the hospitals to ensure access to health care needs of the community. Even during normal situations, water supplies can be interrupted for numerous reasons such as water main breaks. These wells would allow consistent & reliable clean water for vital needs such as sterile processing, drinking, and fire suppression.

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

Consistent and clean water supply will allow NCH to provide services when municipal water supply or integrity is lost. The installed water wells will also reduce expenses experienced once municipal water supply is restored.

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



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Continued medical services will be provided to citizens in the specified situations.

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

NCH has nearly 42,000 patient admissions (inpatient & outpatient) and more than 123,000 emergency department visits annually. Stable supply chains are critical during emergencies.

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

Reduced costs post-water interruptions and reduced interruptions in patient care.

**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?**

NCH would return the full appropriations should the project fail to be completed.

**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

**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



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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

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