



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3323

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

NCH hospital campus uninterrupted power supply installation to smooth out surges & sags during power interruptions at main hospital campus locations.

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	4,000,000
Total State Funds Requested	4,000,000

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)	4,000,000	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	4,000,000	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3323

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?

05/01/2026

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

NCH local funds will support ongoing ops and maintenance.

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
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		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	The full amount of funding will be used for the construction of the project. NCH intends to install "power quality" & "uninterrupted power supply" (UPS) equipment to smooth out the fluctuations in power often experienced when severe storms and hurricanes damage infrastructure. During restoration, power or surges and bumps between generator power & incoming electricity can damage equipment & interrupt surgical procedures. The UPS system would seamlessly cover those brief periods of low power & surges	4,000,000
Total State Funds Requested (must equal total from question #6)		4,000,000

13. Program Performance

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

NCH will install UPS systems at each main hospital, addressing the damaging effects of power surges and sags, most likely to occur during and post-natural disaster. This will eliminate patient service interruptions and damages to sensitive medical equipment

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3323

Installation of the UPS system will buffer against the surges & sags, allowing consistent utilization of hospital services during and post- disaster, as well as unexpected loss of power in normal situations.

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

NCH often has to delay medical procedures while power interruptions are expected (during & post-disaster) or only perform medically urgent procedures. This UPS system will allow a more consistent supply of power between generator & shore-power switching and also reduce potential for damage to sensitive medical equipment caused by the "dirty power" bumps, surges/sags.

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

NCH serves almost 42, inpatient & outpatient admissions annually and more than 123,000 ED encounters. NCH provides services, as a nonprofit, to all patients who need services.

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

Consistent power supply when conditions cause switching between generator & shore-power, allowing patient care to remain stable and the reduction/elimination of damage to equipment caused by surges/sags.

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 appropriated amount should we fail to complete the project.

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)?



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3323

- 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

d. Phone Number



The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 3323

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