

The Florida Senate **Local Funding Initiative Request**

Fiscal Year 2025-2026

LFIR #3338

15,000,000

| 1. Project Title | UF Health Jacksonville - Operating | Support | |
|-----------------------|---------------------------------------|--|--|
| 2. Senate Sponsor | Clay Yarborough | | |
| 3. Date of Request | 3/11/2025 | | |
| 4. Project/Program D | escription | | |
| | | e mission in Jacksonville. Currently, UF I s to meet the uncompensated care need | |
| 5. State Agency to re | ceive requested funds Agency for | or Health Care Administration | |
| State Agency cont | acted? No | | |
| 6. Amount of the Non | recurring Request for Fiscal Year 202 | 25-2026 | |
| Type of Funding | | Amount | |
| Operating | | 15,000,000 | |
| Fixed Capital Outlay | y | 0 | |

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) | 15,000,000 | 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 | 15,000,000 | 100% |

8. Has this project previously received state funding? If yes, provide the most recent instance:

Total State Funds Requested

Yes

| Fiscal Year | Amo | ount | Specific | Vetoed |
|-------------|-----------|--------------|-----------------|--------|
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | |
| 2024-25 | 0 | 15,000,000 | | No |

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

Yes

a. If yes, indicate nonrecurring amount per year.

15,000,000

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

Due to the amount of unfunded care provided, UF Health Jacksonville constantly seeks funds from private sources, as well as the local, state, and federal governments to meet its operating budget annually

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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| a. What is the c | urrent phase of t | he project? | |
|-------------------|-------------------|--|--|
| Planning | Design | Construction | ○ N/A |
| b. Is the project | "shovel ready" (| i.e permitted)? | |
| c. What is the e | stimated start da | te of construction? | |
| d. What is the e | stimated comple | tion date of constru | iction? |
| e. What funding | stream will be u | sed for ongoing ope | erations and maintenance of the project? |
| | | o receive, directly or rs of the facility and | r indirectly, any fixed capital outlay funding. Include the I the entity. |
| | | ato funds will be evi | |

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

| Spending Category | Description | | | | | |
|---|--|------------|--|--|--|--|
| 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 | Special Categories: Community Care Operating Funds | 15,000,000 | | | | |
| Consultants/Contracted Services/Study | | 0 | | | | |
| Fixed Capital Construction/Majo | r Renovation: | | | | | |
| Construction/Renovation/Land/ Planning Engineering | | 0 | | | | |
| Total State Funds Requested (m | ust equal total from question #6) | 15,000,000 | | | | |

13. Program Performance

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

The purposes of these funds is to support the indigent care mission in Jacksonville. Currently, UF Health in Jacksonville runs at a significant deficit and requires additional resources to meet the uncompensated care needs for the benefit of the community.

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

Indigent patient care for the Northeast Florida community

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



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Medical Care

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

Elderly persons; persons with poor mental health; persons with poor physical health; jobless persons; economically disadvantaged persons; At-risk youth; homeless, developmentally disabled, physically disabled; and, drug users. Over 800 individuals in the target populations are expected to be served

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

Improve Physical Health- UF Health is providing medical services to improve physical health for the community through indigent care. Methodology: Number of patients served and quality of care received.

dard penalties

| | | ities that the contracting agency may consider in addition to its standa or performance measures provided for in the contract? |
|-------|-------------------------------------|---|
| | Standard provisions and penaltie | es are sufficient |
| 14. I | ls this project related to mitigati | ion, response, or recovery from a natural disaster? No |
| a | . If Yes, what phase best descri | bes the project? |
| | ☐ Mitigation (reducing or eliminate | ating potential loss of life or property) |
| | Response (addressing the im | nmediate and short-term effects of a natural disaster) |
| | Recovery (assisting commun | ities return to normal operations, including rebuilding damaged infastructure |
| b | . Name of the natural disaster (d | or Executive Order # for events not under a federal declaration): |
| | | |
| 15. I | Has the entity applied for or rec | eived federal assistance for this project? |
| [| ☐ Yes, Applied | |
| [| ☐ Yes, Received | |
| [| □ No | |
| (| ☐ No, but intends to apply | |
| a | . If yes, provide the FEMA proje | ct worksheet ID#: |
| b | . Provide the total project cost I | isted on the FEMA project worksheet: |
| 16. I | Has the entity applied for or rec | eived 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 Commerce): | e program | n and state ager | icy (ex. Loca | ii Governii | nent En | ierge |
|-----------------------------------|------------|-------------------|---------------|-------------|---------|-------|
| | | | | | | |
| 7. Requester Contact | t Informat | ion | _ | | | |
| a. First Name | Dean | | Last Name | Cocchi | | |
| b. Organization | UF Healt | h Jacksonville | | | | |
| c. E-mail Address | Dean.co | cchi@ufl.edu | | | | |
| d. Phone Number | (904)540 | -7193 | Ext. | | | |
| . Recipient Contact | Informati | on | | | | |
| a. Organization | UF Healt | h - Jacksonville | | | | |
| b. Municipality and | d County | Duval | | | | |
| c. Organization Ty | ре | | | | | |
| □For Profit Entity | | | | | | |
| □Non Profit 501(d | c)(3) | | | | | |
| □Non Profit 501(d | c)(4) | | | | | |
| □Local Entity | | | | | | |
| ☑University or Co | llege | | | | | |
| □Other (please sp | oecify) | | | | | |
| d. First Name | Dean | | Last Name | Cocchi | | |
| e. E-mail Address | Dean.co | cchi@ufl.edu | | | | |
| f. Phone Number | (904)540 | -7193 | Ext. | | | |
| . Lobbyist Contact I | nformatio | on | | | | |
| a. Name | Joe Mob | ley | | | | |
| b. Firm Name | The Fior | entino Group | | | | |
| c. E-mail Address | joe@the | fiorentinogroup.c | om | | | |
| d. Phone Number | (904)358 | -2757 | | | | |

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