



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 3512

1. Project Title
2. Senate Sponsor
3. Date of Request

4. Project/Program Description

The funds requested for 26Health's medical equipment will ensure access to high-quality, reliable healthcare tools needed for patient care, diagnostics, and treatment. This investment will enhance clinical efficiency, improve patient outcomes, and expand healthcare services, particularly for underserved communities.

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	300,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>300,000</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)	300,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>600,000</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.
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### 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)?

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
<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	26Health's medical equipment will cover an ultrasound machine for internal imaging, six exam beds for patient support during exams, an EKG machine to measure heart activity, and a mammogram machine for early detection of potential issues in women.	300,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>300,000</b>

13. Program Performance

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

Funds for medical equipment needs will support activities such as purchasing essential medical devices, upgrading existing equipment, and ensuring proper maintenance. Services will include enhanced patient diagnostics, improved treatment options, and expanded healthcare access for underserved communities.

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

26 Health's medical equipment initiative will provide essential tools, supplies, and services to enhance patient care. Funds will support equipment purchases, staff training, and operational needs, ensuring effective and accessible healthcare services.



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

The appropriation project will provide citizens with direct services such as access to advanced medical equipment, diagnostics testing, treatment supporting, and specialized care. These services will enhance healthcare quality, improve patient outcomes, and ensure equitable access to essential medical resources.

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

The target population for 26 Health's medical equipment project includes underserved individuals, LGBTQ+ communities, and those with limited access to healthcare. The project aims to serve hundreds of individuals annually, ensuring they receive essential medical services, diagnostics, and treatment support.

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

The expected outcome of 26 Health's medical equipment project is improved healthcare access, enhanced diagnostic accuracy, and better treatment outcomes for underserved populations. This will be measured through patient health improvements, service utilization rates, and satisfaction surveys, ensuring the project's effectiveness in meeting community needs.

**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?**

The contracting agency may impose additional penalties for failing to meet deliverables, such as funding reductions, withholding future payments, or requiring corrective action plans. Other measures could include increased reporting requirements, performance audits, or contract termination if deficiencies persist, ensuring accountability and service quality.

**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.*