



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1997

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

4. Project/Program Description

Upgrade of Meditech Electronic Health Record (EHR) system from version 6.0 to Expanse Expansion of digital health and telehealth to boost access and reduce avoidable ER visits.
 Remote monitoring and AI tools to prevent chronic disease complications. Workforce support with modern digital tools to lower the administrative burden and extend reach
 Stronger data sharing/cybersecurity to ensure compliance and patient trust.

5. State Agency to receive requested funds
- State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	2,500,000
Fixed Capital Outlay	0
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	34%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	4,746,800	66%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	7,246,800	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		

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



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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	Software, Hardware, 3rd Party Interfaces, Travel and Contingency	1,150,000
Consultants/Contracted Services/Study	System Upgrade Consultants	1,350,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,500,000

13. Program Performance

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

Upgrade of Meditech Electronic Health Record (EHR) system from version 6.0 to Expanse.
 Expansion of digital health and telehealth to boost access and reduce avoidable ER visits.
 Remote monitoring and AI tools to prevent chronic disease complications.
 Workforce support with modern digital tools to lower their administrative burden and extend reach.
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b. What activities and services will be provided to meet the intended purpose of these funds?



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AI-enabled coordination to cut avoidable ER visits.
 A Digital Health Command Center for disaster readiness
 Integration of social data to advance equity.
 Workforce training via TEACH/LINE-aligned

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

24/7 telehealth access to doctors and specialists.
 Home-based remote monitoring for seniors and high-risk groups.
 Digital maternal/child health support, via patient apps for reminders and secure messaging.
 Digital continuity of care during hurricanes to keep Brevard residents connected even when in-person care is unavailable.

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

Brevard County Residents

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

(1) Reduced Emergency Room visits. (2) Expanded access to care through Telehealth, Remote Monitoring, (3) Artificial Intelligence and Digital Coordination. (4) Workforce enablement with digital tools and TEACH/LINE training, (5) Equity gains for Medicaid, rural, and underserved groups. (6) Secure, interoperable information technology (IT) with Health Information Exchange (HIE), (7) A digital command center ensuring continuity of care during disasters. Key Performance Indicators will be designed to measure these outcomes.

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?

Penalties may include funds withheld or reduced milestone payments, performance bond drawdowns, daily liquidated damages for delays, loss of incentive bonuses, and responsibility for corrective action costs. Persistent nonperformance may trigger termination for cause and disqualification from future state contracts for up to three years.

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#:



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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

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



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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.