



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1151

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Infants, children and adolescents receive accurate diagnosis and treatment for a wide range of kidney conditions. We specialize in helping the smallest of patients with end-stage kidney disease, metabolic bone disease, acute kidney failure in newborns, obesity-related kidney disorders, systemic lupus nephritis, kidney transplantation and more.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	750,000
Total State Funds Requested	750,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750,000	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 2024-2025	750,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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)?

Yes

c. What is the estimated start date of construction?

Already Started

d. What is the estimated completion date of construction?

12/15/23

12. 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.

AdventHealth Childrens Hospital

13. 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: Other		
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	To support the construction and design of a fully capable Pediatric Dialysis outpatient Center; 2 dedicated dialysis treatment rooms, with clean and soiled support rooms, a family/patient training room and supply/equipment storage	750,000
Total State Funds Requested (must equal total from question #6)		750,000

14. Program Performance

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

Infants, children and adolescents receive accurate diagnosis and treatment for a wide range of kidney conditions. We specialize in helping the smallest of patients with end-stage kidney disease, metabolic bone disease, acute kidney failure in newborns, obesity-related kidney disorders, systemic lupus nephritis, kidney transplantation and more.

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



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The Pediatric Dialysis center will offer outpatient hemodialysis and peritoneal dialysis to the pediatric population living with severe kidney disease; having access to these services will enhance the quality of life for both the patient receiving and their families as it will help keep the children from being admitted to the hospital for dialysis treatments.

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

The majority of children who come to our hospital for kidney transplant do so while receiving dialysis, and we believe optimal dialysis is a key contributor to the transplant program's excellent survival rates. Our newly built dialysis center houses three dialysis machines plus a training area where parents can learn how to care for their children on dialysis at home.

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

51-100 children per year. Target population: jobless persons, economically disadvantaged persons, at risk youth, physically disabled, preschool students, grade school students, high school students, and university/college students.

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

Access to dialysis treatment will help with quality of life overall for children suffering with kidney disease. At our Pediatric Outpatient Dialysis unit, children can take advantage of advanced treatment options such as acute and chronic hemodialysis, peritoneal dialysis and continuous renal replacement therapies. Having access to a center in their community will decrease the mental load and allow them some assurances that their children are getting the care they need, locally and of quality. Improved overall mental capacity knowing that their children have access to a the treatment they need within their community

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 the contract?

Unused funds will be returned.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number