



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1421

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

PLANNING STUDY AND SITE SELCTION FOR A 200,000 SQ.FT. MEDICAL/CLINICAL FACILITY LOCATED ON FIU CAMPUS IN WESTERN MIAMI-DADE COUNTY.

5. **State Agency to receive requested funds**

State Agency contacted?

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,000,000
Total State Funds Requested	5,000,000

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	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 2023-2024	5,000,000	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

b. Is the project "shovel ready" (i.e permitted)? No

c. What is the estimated start date of construction? 2024

d. What is the estimated completion date of construction? 2027

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.

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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	LAND PLANNING, FEASIBILITY STUDIES, PRELIMINARY AND FINAL ARCHITECTURAL PLANS,	5,000,000
Total State Funds Requested (must equal total from question #6)		5,000,000

14. Program Performance

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

PLANNING STUDY AND SITE SELECTION FOR A 200,000 SQ.FT. MEDICAL/CLINICAL FACILITY LOCATED ON FIU CAMPUS IN WESTERN MIAMI-DADE COUNTY. FACILITY WILL PROVIDE DIRECT HEALTH SERVICES TO THE COMMUNITY THROUGH PARTNERSHIP WITH AN AFFILIATED LOCAL ADULT HOSPITAL SYSTEM, PROVIDE SITES FOR INTERDISCIPLINARY HEALTH SCIENCE EDUCATION (MEDICINE, NURSING, SOCIAL WORK, PUBLIC HEALTH, ETC.) AS WELL AS HEALTH SCIENCE RESEARCH FOR ALL COMPONENTS OF THE FIU ACADEMIC HEALTH SCIENCES CENTER.

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



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MEDICAL SERVICES INCLUDING PRIMARY CARE, SURGICAL, MEDICAL SPECIALTIES INCLUDING ORTHOPEDICS, ONCOLOGY, CARDIOLOGY. ALL SERVICES WILL BE PROVIDED IN AN INTERDISCIPLINARY MODEL ENGAGING WITH COMPLETE INTEGRATION OF SERVICES FOR PATIENTS, AS WELL AS STUDENT EDUCATIONAL EXPERIENCES.

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

AS NOTED ABOVE, BUT ALSO SERVING AS AN ENTRY TO A LARGE REGIONAL AND COMPREHENSIVE HEALTH SCIENCES PLATFORM.

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

MEDICAL COMPLEX WILL SERVICE A WIDE RANGE OF ADULTS SEEKING HEALTHCARE IN ONE INTEGRATED SETTING.

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

THE ACADEMIC HEALTH CENTER WILL BE MODELED ON AN EXISTING PLATFORM WHICH PROVIDES CENTRALIZED AND WELL-ORCHESTRATED HEALTH CARE DELIVERY FOR A WIDE RANGE OF DISEASES. THE CENTER WILL HAVE AN ACUTE CARE SERVICES AREA AS WELL AS WELL AMBULATORY SURGERY AND A MULTIDISCIPLINARY ARRAY OF SERVICES.

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?

RETURN REMAINING FUNDS TO THE STATE OF FLORIDA.

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)

d. First Name Last Name



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number