



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2086

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hardee County is compiled of a combination of healthcare accessibility restrictions, as well as a community of critical economic concern. One restriction largely faced is lack of access to MRI services. This technology is a vital service to our community as our patients have to leave the county for this service as our current mobile MRI only comes to Wauchula once a month. Our goal is to offer this specialized high level of care to reduce the any unmet healthcare needs.

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	2,191,101
Fixed Capital Outlay	0
Total State Funds Requested	2,191,101

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)	2,191,101	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	2,191,101	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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\$6,416,156, used for COVID related expenses to ensure continuity of operations, maintaining capacity, mitigations efforts, etc.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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	MRI Technologist - \$70,000 Driver/assistant \$40,000	110,000
Expense/Equipment/Travel/Supplies/Other	Funds to purchase a comprehensive mobile MRI unit to be used in Hardee County in addition to the Service agreement for the MRI Equipment \$50,000; Coach/Bus Maintenance \$10,000 ; Supplies \$6,000	2,081,101
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		2,191,101

14. Program Performance

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

Hardee County is compiled of a combination of healthcare accessibility restrictions, as well as a community of critical economic concern. One restriction largely faced is lack of access to MRI services. This technology is a vital service to our community as our patients have to leave the county for this service as our current mobile MRI only comes to Wauchula once a month. Our goal is to offer this specialized high level of care to reduce the any unmet healthcare needs.



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

By providing this state-of-the-art technology to the Hardee County community, our patients will become more proactive in seeking preventative care. The under served population, who do not have access to transportation, to travel out of town for MRI services will no longer have to forego the care they need. This technology would allow mobile access for the entire county.

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

This mobile MRI unit will be located at AdventHealth Wauchula hospital campus, and will travel to under served areas of Hardee County, such as, Bowling Green, Zolfo Springs, and Ona. It may also be used at health fairs, churches, and the Hardee County Fair Grounds. This will attract community members from surrounding counties to Hardee County as well as an economic development tool.

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

All individuals that need MRI services in Hardee County, estimate more than 800 individuals 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 by removing barriers for women and men seeking appropriate MRI services will improve their physical health by detecting health issues early. This service will allow us to help improve their longevity and quality of life. These images provide information to physicians and can be useful in diagnosing a wide variety of diseases and conditions. We can measure this by tracking the increase in patient volume from our Wauchula market participating in regular MRI 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?

Contractual milestones established throughout project, implementation of corrective action plan, non-payment of invoices until milestones completed.

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



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☐ Other (please specify)

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