



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2550

1. **Project Title** UF Health Jacksonville Trauma and Emergency Upgrades

2. **Senate Sponsor** Audrey Gibson

3. **Date of Request** 01/28/2020

4. **Project/Program Description**

Provide new CT scanner and other equipment upgrades.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	2,964,000
Fixed Capital Outlay	000
<b>Total State Funds Requested</b>	<b>2,964,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2964000	100.0 %
<b>Matching Funds</b>		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,964,000</b>	<b>100 %</b>

8. **Has this project previously received state funding?** ☐ Yes ☒ No

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?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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**10. 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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs: Other</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Equipment for Trauma ED Center	2,964,000
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		2,964,000



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#### 11. Program Performance

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

Improved healthcare services.

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

Training and support.

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

Medically necessary care and services.

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

Elderly persons, persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, at-risk youth, homeless, developmentally disabled, physically disabled, etc. More than 800.

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

Modernization.

- 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?

Withhold funding.



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12. **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.**

Not for profit hospital.

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.