



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2144

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The installation of four negative pressure rooms (two in St. Lucie County and two in Martin County) in Treasure Coast Hospice's In-patient Units, allowing us to accept hospice patients with airborne illnesses such as COVID-19, SARS, TB, Influenza, etc., allowing our patients to receive the compassionate, end-of-life hospice care they deserve while protecting patients, staff, visitors and the community by keeping the contaminant from escaping the patient's room.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	290,000
<b>Total State Funds Requested</b>	<b>290,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	290,000	46%
<b>Matching Funds</b>		
Federal	340,000	54%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>630,000</b>	<b>100%</b>

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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\$1,485,577 - PPE, Payroll expenses, negative pressure rooms, oxygen ports.

#### 11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Additional HVAC equipment, necessary upgrading of electrical service, back-up power.	290,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>290,000</b>

#### 12. Program Performance

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

Treasure Coast Hospice will be able to accept patients into our In-Patient Units who have airborne illnesses such as COVID-19, SARS, TB, Influenza, etc who are deserving of the best end-of-life care while protecting patients, staff, visitors and the community by keeping contaminants from escaping the patient's room.

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

Negative Pressure Room installations, including addition of necessary HVAC equipment, upgrading of the electrical service and back-up power.

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

Improved healthcare and protection for patients with COVID-19 or any other airborne illness, as well as protection for healthcare workers, volunteers and patient's families.

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

Elderly, those at end-of-life, healthcare workers. Approximately 800 per year.

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

Number of patients admitted to the In-Patient Units, number of patients with airborne infections who use the rooms, number of staff, volunteers and visitors in those units. This is measured by daily census records, work schedules, visitor logs, and volunteer sign-in sheets.

##### 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?

Standard contract penalties.



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13. 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.

Treasure Coast Hospice is the owner of the facilities.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number