



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2774

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replacing an outdated and overcrowded trauma center with a state-of-the-art, level 1 trauma center to serve the needs of the citizens of Duval, Nassau, Clay, St Johns, and surrounding counties.

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	80,000,000
Total State Funds Requested	80,000,000

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)	80,000,000	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 2022-2023	80,000,000	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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Received \$64 million over the last 3-years. All of these funds have been used to pay additional operating costs (e.g., higher salaries, additional supplies (PPE), medications, etc.), compensate for volume loss and no excess funds remain.

11. 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	Planning, design, development and construction of a Level 1 Trauma Center	80,000,000
Total State Funds Requested (must equal total from question #6)		80,000,000

12. Program Performance

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

Replace an outdated and overcrowded Trauma Center with a State of the Art, Level 1 Trauma Center to serve the needs of the citizens of Duval, Nassau, Clay, St Johns and surrounding counties.

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

Emergency and Level 1 Trauma healthcare services.

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

Emergency and Level 1 Trauma healthcare services.

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

Citizens of Duval, Nassau, Clay, St Johns and surrounding counties. Estimated to serve more than 125,000 individuals per year.

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

Better access, quality and convenience because of additional space to care for patients. A safer environment for Baker Act and other patients with mental health issues.

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?

Project should be planned, built, complete and operational in 4 years.



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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.

UF Health Jacksonville.



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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