

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2424

1. Project Title	Halifax Neuroscienes Center	

2. Senate Sponsor Travis Hutson

3. Date of Request 11/21/2023

4. Project/Program Description

The development of a Neuroscience Center providing comprehensive, cohesive and integrated neuroscience services in partnership with the University of Florida and Brooks Rehabilitation. Patients, physicians and staff should experience a system of care that is intentional, accessible, comforting, and fulfilling. Commitment to the highest quality of care related to the brain, spine, and peripheral nervous system.

5. State Agency to receive requested fund

Department of Health

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount	
Operations	1,000,000	
Fixed Capital Outlay	4,000,000	
Total State Funds Requested	5,000,000	

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,530,197	53%
Total Project Costs for Fiscal Year 2024-2025	10,530,197	100%

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

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?

No

If yes, indicate the amount of funds received and what the funds were used for.



\$64.9 million was received for healthcare expenses, and the hospital experienced \$84.2 million in lost revenue and expenses during the same period.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

Planning Obesign Obesign Obesign Obesign

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?

Yes
April 1, 2024
-
December 31, 2024

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.

The entity and the owner is the same, Halifax Hospital Medical Center, a special tax district.

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	Equipment for Procedure Rooms	1,000,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Construction and Renovation of Center Space	4,000,000
Total State Funds Requested (m	ust equal total from question #6)	5,000,000

14. Program Performance

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

Developing a Neuroscience Center providing comprehensive, cohesive and integrated neuroscience services so that patients, physicians and staff experience a system of care that is intentional, accessible, comforting, and fulfilling.

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



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Halifax Hospital Medical Center will partner with providers at University of Florida and Brooks Rehabilitation to provide the highest quality of care in neurosurgery, neurology, physical medicine and rehabilitation, comprehensive stroke center including surgical and non-surgical interventions, pain management, conservative management of spine patients, and neurodiagnostics/imaging for patients regardless of ability to pay.

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

A Neuroscience Center with a variety of serves offered to patients regardless of ability to pay with resources to patients and families and a commitment to the highest quality of care related to the brain, spine, and peripheral nervous system.

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

All citizens of Volusia County in pain or in need of services due to medical issues involving the brain, spine, and peripheral nervous system.

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

Patients served for each procedure and growth year over year, successful outcomes data.

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 are sufficient.

15. Requester Contact Information

a. First Name	Kelly	Last Name	Kwiatek
b. Organization	Halifax Hospital Medical (Center	
c. E-mail Address	kelly.kwiatek@halifax.org		
d. Phone Number	(386)425-4220	Ext.	
16. Recipient Contact	Information		
a. Organization	Halifax Hospital Medical (Center	
b. Municipality and	d County Volusia		
c. Organization Ty	ре		
□For Profit Entity			
□Non Profit 501(c	c)(3)		
□Non Profit 501(c	2)(4)		
□Local Entity			
□University or Co	llege		
ØOther (please specify) Special Tax District			
d. First Name	Kelly	Last Name	Kwiatek
e. E-mail Address	kelly.kwiatek@halifax.org		
f. Phone Number	(386)316-9838		



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17. Lobbyist Contact Information

a. Name	Douglas S. Bell
b. Firm Name	Metz Husband & Daughton PA
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d. Phone Number	(850)205-9000