



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3698

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Women's Cancer Center at the Miami Cancer Institute will be a 150,000 square foot facility dedicated to expanding access to cancer services to women by providing a coordinated patient-centered environment created to meet growing patient demand and physician development needs. Services provided will include benign and high-risk imaging, medical and surgical oncology, plastics and reconstructive and gynecologic oncology surgery.

5. **State Agency to receive requested funds**

State Agency contacted? No

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 0 |
| Fixed Capital Outlay | 5,000,000 |
| 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 | 3% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 170,000,000 | 97% |
| Total Project Costs for Fiscal Year 2024-2025 | 175,000,000 | 100% |

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

| Fiscal Year (yyyy-yy) | Amount | | Specific Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
| | Recurring | Nonrecurring | | |
| | | | | |

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

We plan to request a total of \$10,000,000 in state funds to support the project - \$5M SFY 24-25 and \$5M SFY 25-26

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

Yes



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

CARES Act funding was received for direct patient care

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
 N/A

b. Is the project "shovel ready" (i.e permitted)?

Yes

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

May 2026

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.

Baptist Health South Florida is the owner of the facility and the entity making the funding request.

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 | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Total construction costs estimated at \$180,000,000, Baptist Health South Florida (BHSF) will fund \$120,000,000 and the Baptist Health Foundation has committed to raise \$50,000,000 in private philanthropic support, BHSF intends to request a total of \$10,000,000 in non-recurring support from the Legislature during this and next legislative sessions | 5,000,000 |
| Total State Funds Requested (must equal total from question #6) | | 5,000,000 |

14. Program Performance

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

Funds requested will support a total construction budget estimated at \$180,000,000

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



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Baptist Health South Florida will construct, operate and maintain the facility

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

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

The target population includes patients living in our service area, Monroe County, Miami-Dade County, Broward County and Palm Beach County and includes any patient seeking diagnosis and treatment of cancer and related services.

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

The Women's Cancer Center at the Miami Cancer Institute will provide expanded access to cancer services and expanded opportunities for physician training and research.

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?

Return of state funds

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
- Other (please specify)

- d. First Name Last Name
- e. E-mail Address
- f. Phone Number



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17. Lobbyist Contact Information

| | |
|-------------------|------------------------------------------------------------------|
| a. Name | <input type="text" value="Jose Diaz"/> |
| b. Firm Name | <input type="text" value="Robert M. Levy & Associates Inc"/> |
| c. E-mail Address | <input type="text" value="jdiazj@aol.com"/> |
| d. Phone Number | <input type="text" value="(850)294-7583"/> |