



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2079

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Golisano Children's Hospital Surgery Center will provide specialized pediatric surgical care at a 9.5-acre site improving access and reducing long wait times. With 4,475+ surgeries performed annually, the center will feature four ORs, two procedure rooms, and pre/post-op care. The project will enhance pediatric care, lower costs, and free hospital resources for complex cases, improving overall healthcare efficiency.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	7,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>7,000,000</b>

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	7,000,000	16%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	38,000,000	84%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>45,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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?

a. If yes, indicate nonrecurring amount per year.

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

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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LFIR # 2079

#### 10. 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)?

No

##### c. What is the estimated start date of construction?

01/01/2026

##### d. What is the estimated completion date of construction?

12/31/2027

##### e. What funding stream will be used for ongoing operations and maintenance of the project?

Ongoing operations and maintenance of the Golisano Children's Hospital Surgery Center will be funded through patient service revenue, insurance reimbursements, and philanthropic support. As a high-demand facility, revenue from outpatient procedures will sustain operations, while partnerships and community donations will help offset costs. Efficient resource allocation and cost savings from shifting procedures out of the hospital will further support long-term financial sustainability.

#### 11. 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 Golisano Children's Hospital Surgery Center is a partnership with Landmark Developers, who will lease the land from Lee Health, while Lee Health will lease the building with an ownership interest. Lee Health has the potential to purchase the facility outright after the lease term. This structure defers large capital outlays while ensuring long-term operational control.

#### 12. 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</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	The requested state funds will be used for medical equipment, IT, surgical instruments, and supplies to support pediatric outpatient procedures at the Golisano Children's Hospital Surgery Center.	7,000,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>7,000,000</b>

#### 13. Program Performance

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



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The requested funds will support the establishment of the Golisano Children's Hospital Surgery Center, enhancing pediatric surgical capacity, reducing wait times, and freeing hospital resources for higher-acuity cases. By shifting 3,000+ outpatient surgeries to a specialized facility, the center will lower costs for families, improve access to timely care, and optimize Golisano Children's Hospital surgical services, ensuring high-quality, efficient pediatric healthcare in Southwest Florida.

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

The funds will support the operation of the Golisano Children's Hospital Surgery Center, providing pediatric outpatient surgical services such as ENT, orthopedic, urology, and general pediatric procedures. The center will feature four ORs, two procedure rooms, and pre/post-op care areas to reduce wait times, improve access, and lower costs. Additionally, funds will support equipment acquisition, and operational setup to ensure high-quality pediatric care.

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

The Golisano Children's Hospital Surgery Center will provide specialized pediatric outpatient surgical care, including ENT, orthopedic, urology, and general pediatric procedures. By reducing wait times and healthcare costs, families will gain faster, more efficient access to essential surgeries. The center will also free hospital resources for complex cases, ensuring high-quality, child-focused care while improving overall healthcare capacity in Southwest Florida.

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

The Golisano Children's Hospital Surgery Center will serve pediatric patients and their families across Southwest Florida, addressing the growing need for specialized outpatient surgical care. The center is expected to handle 3,000+ pediatric surgeries annually, reducing long wait times and improving access to care. It will primarily benefit children requiring ENT, orthopedic, urology, and general pediatric procedures, enhancing healthcare efficiency and affordability.

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

The project will reduce pediatric surgery wait times, lower costs for families, and improve healthcare access by shifting 3,000+ outpatient surgeries to a dedicated facility. Success will be measured by reduced wait times, surgery volumes, patient satisfaction scores, and cost savings. Additionally, hospital resource optimization will be tracked by monitoring the increase in available OR capacity for higher-acuity cases at HealthPark, improving overall healthcare efficiency.

**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?**

Return a percentage of state funds until deliverables or performance measures are met.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)
- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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☐ No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

☐ Yes, Applied

☐ Yes, Received

☐ No

☐ No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

#### 17. Requester Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 18. 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



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e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*