



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3185

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Naples Comprehensive Health (NCH) Business Center houses many back-office support activities, but also the NCH Blood Bank, Emergency Operations Center, Patient Telemetry, Sterile Processing, and our supply warehouse. The requested funds would expand the generator endurance (fuel capacity) and improve connections throughout the building supported by the generator.

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	0
Fixed Capital Outlay	1,400,000
Total State Funds Requested	1,400,000

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)	1,400,000	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 2025-2026	1,400,000	100%

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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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?

Oct. 1 2025

d. What is the estimated completion date of construction?

05/01/2026

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

NCH will support the ongoing maintenance of the generator, as is done now.

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.

Naples Comprehensive Health owns the facility which will receive the funding.

12. 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		
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	The full amount of funding will be used for the construction of the project. NCH anticipates additional funds will be needed, but unable to estimate at this time. This will serve as the matching funds for local effort.	1,400,000
Total State Funds Requested (must equal total from question #6)		1,400,000

13. Program Performance

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

During interruptions of electrical service (usually in connection with a tropical storm or hurricane), NCH often needs to rely on the Collier County EOC to resupply fuel for the generator. The expanded fuel capacity will allow less reliance on the county and fewer resupply requests. Further, additional connectivity throughout the facilities to the generator will expand operational capacity of those areas.

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



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NCH will contract to install expanded fuel capacity and construction on increased connectivity to the generator for certain areas within the facility not yet linked to the generator.

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

During disasters, the services housed at the NCH Business Center, including blood bank, patient telemetry, and NCH EOC provide life-saving supplies and services to our nonprofit hospitals in the NCH system.

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

NCH has nearly 42,000 patient admissions (inpatient & outpatient) and more than 123,000 emergency department visits annually. Stable supply chains are critical during emergencies.

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

Less reliance on the County EOC for fuel supply during emergencies & power interruptions.

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?

NCH will return the full amount of the appropriations should we fail to complete the project.

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
- ☐ 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



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☐ 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
e. E-mail Address
f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number



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