



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1137

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

A 158,291 sq. ft. medical/clinical facility located on FIU Campus in western Miami-Dade County. Facility will provide direct healthcare services to the community through a partnership with an affiliated local hospital system. This location will provide and enhance interdisciplinary health science education (Medicine, Nursing, Social Work, Public Health, and more) as well as health science research for all components of the FIU Academic Health Sciences Center.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	53,691,594
Total State Funds Requested	53,691,594

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	53,691,594	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 2026-2027	53,691,594	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		
2025-26	0	53,691,594	17	No

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?

01/05/2026

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?

Baptist Health South Florida (BHSF) will operate and maintain the facility.

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.

Florida International University

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	Begin construction of the 200,000 sq. ft. facility	53,691,594
Total State Funds Requested (must equal total from question #6)		53,691,594

13. Program Performance

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

Medical services will include primary care, surgical, medical specialties including orthopedics, oncology, and cardiology. All services will be provided in an interdisciplinary model engaging with complete integration of services for patients, as well as student educational experiences.

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

All services will be provided in an interdisciplinary model engaging with complete integration of services for patients, as well as student educational experiences.

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



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Direct services will include medical services to patients and will serve as an entry to a large regional and comprehensive health sciences platform.

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

The elderly, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, developmentally disabled, physically disabled, students in preschool, grade school, high school, university, and college. It will serve thousands of people on a yearly basis.

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

The academic health center will be modeled on an existing platform which provides centralized and well-orchestrated health care delivery for a wide range of diseases. The center will have an acute care services area as well as ambulatory surgery and multidisciplinary array of services. FIU HWCOC faculty group practice will grow to add new services and expand deliverables on mental health support for our patients. HWCOC is already partnering with advanced technology companies to deliver first-to-market trans cranial magnetic treatment for mental health conditions and this service would be expanded.

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 of state funds to the State of Florida.

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



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- ☐ 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

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.