

LFIR # 1171

1. Project Title	Lakewood Ranch Me	edical Center –	Neonatal Intensive C	are Unit (NICU)	
2. Senate Sponsor	Joe Gruters				
3. Date of Request	11/3/2025				
4. Project/Program D	escription				
expansion of the Ma	Medical Center (LWRMC anatee and Sarasota Co e support to establish a L	unty region. To	meet the increasing	demand for advance	s, reflecting the rapi ed neonatal service
5. State Agency to re	ceive requested funds	Departme	ent of Health		
State Agency conta	acted? No	•			
6. Amount of the Non	recurring Request for I	Fiscal Year 202	26-2027		
Type of Funding			Amo	unt	
Operating				1,200,000	
Fixed Capital Outlay	У		5,000,000		
Total State Funds	Requested			6,200,000	
7. Total Project Cost	for Fiscal Year 2026-20	27 (including r	matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
	Requested (from question	n #6)	6,200,000	100%	
Matching Funds				201	
Federal			0	0%	
	amount of this request)		0	0%	
Local Other			0	0% 0%	
	- (- - - - - - - - -	2007			
Total Project Cost	s for Fiscal Year 2026-2	2027	6,200,000	100%	
	eviously received state most recent instance:	funding?	No		
Fiscal Year	Amount		Specific "	Vetoed	
(уууу-уу)	Recurring N	onrecurring	Appropriation #		
_	ing likely to be request		No		
	nonrecurring amount po	•			
b. Describe the so	urce of funding that ca	n be used in li	eu of state funding.		



LFIR # 1171

10. Status of Constr

No							
02/01/2026							
11/01/2026							
and maintenance of the project?							
Lakewood Ranch Medical Center Operating Budget							
ly, any fixed capital outlay funding. Include the y.							

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	Provider expense for unit care and coverage (e.g. Neonatologist, ANP)	800,000		
Expense/Equipment/Travel/Supplies/ Other	Provider expense for unit care and coverage (e.g. Neonatologist, ANP)	400,000		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	Contruction of new project; design, buildout, structure etc. to meet building requirements for a NICU.	5,000,000		
Total State Funds Requested (must equal total from question #6)				

13. Program Performance

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

The goal is to provide expert neonatal services to the local community and Sarasota and Manatee Counties. Establishment of a Level II, 6-bed Neonatal Intensive Care Unit (NICU) to meet the increasing demand for advanced neonatal services. The new NICU will double the number of neonatal intensive care beds in the County. The new NICU will allow families to remain intact, closer to home, by not having to seek care or be transferred outside of the area for maternal care.

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



LFIR # 1171

Lakewood Ranch Medical Center and The Women's Center will provide specialty care and services for:

- Women with high-risk pregnacies
- Intensive care services to premature babies or critical newborns
- Care for neonates requiring close monitoring and specialized support
- Specialty care for infants recovering from serious health conditions

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

Neonatal Intensive Care Units offer and provide life-saving care for infants and premature babies. The specialized unit will provide:

- Advanced monitoring and treatment for premature and high-risk infants
- Immediate access to neonatal specialists for emergency and ongoing care
- Support for high-risk pregnancies and complex deliveries
- Family-centered care, minimizing separation between parents and infants

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

The target population are high-risk mothers and their families. This is an extremely vulnerable population in the growing community of Lakewood Ranch and the surrounding region. It is estimated the new NICU will care for approximately 120 NICU patients and their families annually for the initial 2 years and increase to over 135 each year thereafter. We project the specialty service will increase the growing number of births being delivered at Lakewood Ranch by over 500 per year.

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

We expect the primary and overall benefit to the community in the increase in high-risk, specialized care for the neonatal population. These benefits include, but are not limited, to:

- Improved neonatal outcomes: Timely, advanced care provided in a safe and specialized setting
- Family impact: Keeping families together, reducing travel and financial burdens
- Community health: Expanding access to critical neonatal services within a growing population center
- Regional benefit: Positioning Lakewood Ranch and surrounding counties with the infrastructure to support continued growth and healthcare needs
- 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?

		orrective action plan and/or financial consequences will be required for nonperformance, or failure to achieve the nimum level of performance and deliverables outlined in the contract.
14.	ls t	his project related to mitigation, response, or recovery from a natural disaster? No
á	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 infastructure)
ŀ	o. Na	ame 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?
	□ Y	es, Applied
	□ Y	es, Received
		lo



LFIR # 1171

of

a. II yes, provide tri	e FEMA project worksheet ID#:
b. Provide the total	project cost listed on the FEMA project worksheet:
6. Has the entity app	lied for or received state assistance for this project (other than this request)
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to	o apply
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan
7. Requester Contact	t Information
	Rob J. Last Name Anderson
a. First Name	Last Name Anderson
b. Organization	Lakewood Ranch Medical Center
b. Organization c. E-mail Address	Lakewood Ranch Medical Center rob.anderson@uhsinc.com
b. Organization	Lakewood Ranch Medical Center rob.anderson@uhsinc.com
b. Organizationc. E-mail Addressd. Phone Number	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext.
b. Organization c. E-mail Address d. Phone Number	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext.
b. Organization c. E-mail Address d. Phone Number 8. Recipient Contact	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center
b. Organizationc. E-mail Addressd. Phone Number 8. Recipient Contact a. Organization	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center d County Manatee
b. Organization c. E-mail Address d. Phone Number 8. Recipient Contact a. Organization b. Municipality and	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center d County Manatee
b. Organization c. E-mail Address d. Phone Number 8. Recipient Contact a. Organization b. Municipality and c. Organization Ty	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center d County Manatee pe
b. Organization c. E-mail Address d. Phone Number 8. Recipient Contact a. Organization b. Municipality and c. Organization Type	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center d County Manatee pe
b. Organization c. E-mail Address d. Phone Number 8. Recipient Contact a. Organization b. Municipality and c. Organization Type □For Profit Entity □Non Profit 501(c)	Lakewood Ranch Medical Center rob.anderson@uhsinc.com (941)782-2119 Ext. Information Lakewood Ranch Medical Center d County Manatee pe



LFIR # 1171

e. E-mail Address	rob.anderson@uhsinc.com	
f. Phone Number	(941)782-2119 Ext.	
19. Lobbyist Contact I	nformation	
a. Name	Carlos M. Cruz	
b. Firm Name	Converge Government Affairs of Florida, Inc.	
c. E-mail Address	carlos@cruzco.com	
d. Phone Number	(904)214-5724	

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