

**LFIR # 1415** 

1. Project Title	Nicklaus Children's Heart Ins	titute Robotics Surgery Prog	gram	
2. Senate Sponsor	Alexis Calatayud			
3. Date of Request	12/2/2025			
4. Project/Program D	escription			
pediatric and conge	st would establish a robotics surg nital cardiac care. Robotic-assist cisions, and faster recovery. Flo s technology.	ed surgery has revolutionize	ed cardiac care thro	ough greater
5. State Agency to re	ceive requested funds De	epartment of Health		
State Agency conta	acted? No			
6. Amount of the Non	recurring Request for Fiscal Y	ear 2026-2027		
Type of Funding		Amo	unt	
Operating			1,500,000	
Fixed Capital Outlay	/		0	
<b>Total State Funds</b>	Requested		1,500,000	
7. Total Project Cost f	or Fiscal Year 2026-2027 (inclu	uding matching funds ava	ilable for this proj	ect)
				1
Type of Funding		Amount	Percentage	
Total State Funds R	equested (from question #6)	Amount 1,500,000	Percentage 60%	
Total State Funds R Matching Funds	equested (from question #6)	1,500,000	60%	
Total State Funds R Matching Funds Federal		1,500,000	60%	
Total State Funds R Matching Funds Federal State (excluding the	e amount of this request)	1,500,000	60% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local		0 0 0	60% 0% 0% 0%	
Total State Funds R Matching Funds Federal State (excluding the Local Other	amount of this request)	1,500,000 0 0 1,000,000	60% 0% 0% 0% 40%	
Total State Funds R Matching Funds Federal State (excluding the Local Other		0 0 0	60% 0% 0% 0%	
Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project product of the project project product of the project project product of the project project product of the project project product of the project project product of the project project product of the project project product of the project product o	amount of this request)	1,500,000 0 0 1,000,000 2,500,000	60% 0% 0% 0% 40%	
Total State Funds R  Matching Funds  Federal  State (excluding the Local  Other  Total Project Costs  8. Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding	1,500,000  0 0 1,000,000 2,500,000 g? No	60% 0% 0% 0% 40%	
Total State Funds R  Matching Funds Federal State (excluding the Local Other Total Project Costs  8. Has this project profit yes, provide the	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding	1,500,000  0 0 1,000,000 2,500,000 g? No	60%  0% 0% 0% 40%	
Total State Funds R  Matching Funds  Federal  State (excluding the Local Other  Total Project Costs  8. Has this project profit yes, provide the  Fiscal Year (yyyy-yy)  9. Is future-year fund a. If yes, indicate n	amount of this request) s for Fiscal Year 2026-2027 eviously received state funding most recent instance:  Amount	1,500,000  0 0 1,000,000 2,500,000  g? No  Specific Appropriation #	60%  0% 0% 40%  100%	



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10. Status of Construction			
a. What is the current ph	nase of the project?		
O Planning O De	esign 🔘 Constru	uction N/A	
b. Is the project "shovel	ready" (i.e permitted)	?	
c. What is the estimated	start date of construc	etion?	
d. What is the estimated	completion date of co	onstruction?	
	•	ng operations and maintenance of t	he project?
11. List the owners of the frelationship between the second seco	he owners of the facili	· · · · · · · · · · · · · · · · · · ·	outlay funding. Include the
Spending Category		Description	Amount
Administrative Costs:	la a d		
Executive Director/Project I Salary and Benefits	head		0
Other Salary and Benefits			0
Expense/Equipment/Travel, Other	/Supplies/		0
Consultants/Contracted Services/Study			0
Operational Costs			
Salary and Benefits	/O		0
Expense/Equipment/Travel, Other	Acquisition of	f a robotic surgical system	1,500,000
Consultants/Contracted Services/Study			0
<b>Fixed Capital Construc</b>		1:	
Construction/Renovation/La Planning Engineering	and/		0
Total State Funds Requ	uested (must equal tot	al from guestion #6)	1,500,000
Enable the Nicklaus Ch	nildren's Heart Institute's	eved by the funds requested? s surgeons to conduct technologically e	
		led to meet the intended purpose of	these funds?
	on of a robotic surgical s		
c. What direct services	will be provided to cit	tizens by the appropriation project?	

Precise, less-invasive cardiac surgeries accessible to newborns, infants, children, and young adults. Also, education and training on cutting-edge technology for physicians, nurses, fellows, and residents.



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

Pediatric and congenital heart disease patients. The surgical system should aide the surgical team for years to come, so numerous patients, families, and health care professionals will be served by it.

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

That surgeons are able to perform more precise and less invasive heart surgeries. To measure the efficacy of the program, the State could compare the following prior to and after implementation of the program: 1) precision and size of incisions and 2) recovery time.

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	. What are the suggested penalties that the contracting agency may consider in addition to its standard per or failing to meet deliverables or performance measures provided for in the contract?
	Failure to utilize the funds in the specified manner shall result in the funds being returned to the State.
14. Is	s this project related to mitigation, response, or recovery from a natural disaster? No
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)
b.	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
15. F	las the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	l 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. F	las the entity applied for or received state assistance for this project (other than this request)?
	Yes, Applied
	Yes, Received
	l No
	No, but intends to apply



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a. If yes, specify the Commerce):	e program	and state age	ncy (ex. Loca	I Governmer	nt Emergenc
7. Requester Contact	Informat	ion			
a. First Name	Fernando	)	Last Name	Weiner	
b. Organization	Variety Children's Hospital DBA Nicklaus Children's				
c. E-mail Address	fernando	weiner@nicklau	ushealth.org		
d. Phone Number	(305)332-9714 Ext.				
. Recipient Contact	Informatio	on			
a. Organization	Variety C Children's	hildren's Hospita	al DBA Nickla	us	
b. Municipality and	l County	Miami-Dade			
c. Organization Ty	ре				
□For Profit Entity					
☑Non Profit 501(d	:)(3)				
□Non Profit 501(d	:)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Melissa		Last Name	Marquez	
e. E-mail Address	melissa.r	narquez@nickla	ushealth.org		
f. Phone Number	(786)624	-3403	Ext.		
. Lobbyist Contact I	nformatio	n			
a. Name	Fernand	o Osegueda We	iner		
b. Firm Name					
c. E-mail Address	fernando	.weiner@nicklau	ushealth.org		
d. Phone Number	(305)332	-9714			

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