



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1473

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This year, Big Bend Hospice Foundation, Inc. will contribute over \$412,000 to help sustain programs that are not reimbursed by Medicare, Medicaid, or private insurance — including Charity Care, Bereavement Services, Music Therapy, Special Patient Needs, Valor Programs, and Spiritual Care. However, the true annual cost of these programs exceeds \$800,000, leaving a funding gap of nearly \$533,706. This request seeks to close that gap, ensuring that every patient and family in need—regardless of income or insurance status—receives the comfort, dignity, and compassion that define Big Bend Hospice.

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	412,000
Fixed Capital Outlay	0
Total State Funds Requested	412,000

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)	412,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	412,000	50%
Total Project Costs for Fiscal Year 2026-2027	824,000	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		
2025-26		175,000	363	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.



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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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.

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	This will fund salaries and wages not covered by our Foundation funding at a 1:1 match for bereavement, music therapy and spiritual care services.	322,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	This will fund charity care provided to those qualified for financial assistance and special needs requests such as paying utility bills or rent for patients to avoid shut off or eviction.	90,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		412,000

13. Program Performance

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



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Big Bend Hospice requests \$412,000 in mission support to sustain unfunded programs that serve our community with compassion and dignity. The Big Bend Hospice Foundation will contribute over \$412,000 this year to support vital, non-reimbursed services including Charity Care, Bereavement, Music Therapy, Special Needs, Valor, Art Therapy, Therapeutic Touch, Virtual Reality Sessions, and Spiritual Care Programs.

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

The funds will be used for: Charity Care, Community Bereavement Service, Music Therapy, Special Patient Needs, Valor Program, Art Therapy, Therapeutic Touch, Virtual Reality Sessions, and Spiritual Care.

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

Provide hospice care regardless of ability to pay; offer free community bereavement support accross eight counties; deliver healing though music therapy; assist patients in crisis with meals, transport, and essentials; honor veterans through Valor ceremonies; and provide higher level of spiritual care for patients and families.

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

In FY 2024, Big Bend Hospice served 2,497 patients and their families, including 16 patients who received full Charity Care at no cost (a total of \$114,485 in uncompensated care). Yet demand for these services continues to grow, and the Foundation cannot meet the full financial burden alone.

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

Independent studies confirm music therapy's efficacy in reducing pain, anxiety, and agitation while improving comfort and quality of life. All complementary therapies outcomes will be measured through patient records, number of visits, services supported, care plan reviews, and patient and family satisfaction surveys.

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 the funds.

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 infastructure)

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#:



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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

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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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.