



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1704

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mobile Stroke Treatment Unit (MSTU) is a specialty equipped ambulance with a portable CT scanner, specialty trained staff and stroke specific medications to diagnosis and treat stroke patients in the field. This saves valuable time and brain cells (each minute is 2 million brain cells saved) which leads to improved clinical patient outcomes. The MSTU operates in the county in which it operates but also supports surrounding rural counties with disparate access to stroke care. The MSTUs operate in Gainesville, Jacksonville and The Villages but provide rendezvous with the following additional counties: Bradford, Levy, Putnam, Marion, Dixie, Lafayette, Taylor, Suwannee, Columbia, Union, Gilchrist, Baker, in negotiation for rendezvous with Lake, Hernando and Citrus.

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	3,362,690
Fixed Capital Outlay	0
Total State Funds Requested	3,362,690

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)	3,362,690	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	3,362,690	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		
2024-25	0	10,000,000	BOB	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	Statewide system leader and medical director for this program across UF Health enterprise	312,000
Other Salary and Benefits	Salary support for region specific leadership of the MSTU in The Villages and Jacksonville	128,000
Expense/Equipment/Travel/Supplies/Other	Community Outreach work and engagement for all 3 MSTUs	15,000
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	For hospital based MSTU crew (RNs, CT Techs) for all three MSTUs.	969,230
Expense/Equipment/Travel/Supplies/Other	Medications, service contracts for equipment, lab and medical supplies, fuel and maintenance for all three MSTUs.	969,230
Consultants/Contracted Services/Study	For partnering EMS agencies MSTU crew (Paramedics, EMTs and Captains) for all three MSTUs.	969,230
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		3,362,690

13. Program Performance

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

Continued operations of the mobile stroke treatment unit fleet throughout the state of Florida. By receiving stroke care more quickly in the field, patients suffer less long term disability from stroke.

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



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The MSTU brings expert stroke care to the patient in the field, allowing for quicker diagnosis and treatment of stroke.

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

Faster diagnosis and treatment of stroke, improving clinical outcomes for patients.

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

Alachua and surrounding counties; Duval and surrounding counties; Sumter / Lake / Marion counties and surrounding counties. With the ability to provide mutual aid rendezvous with the MSTU, there is a larger service area of stroke response with the MSTU.

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

Increased percentage of patients treated with IV thrombolytics within 60 and 90 minutes from symptom onset and improved clinical outcomes at 90 days post stroke as measured by a disability score, called the Modified Rankin Scale score (mRS). With treatment on the MSTU as compared to going to the emergency department by standard EMS, patients will be treated more frequently within 60 and 90 minutes from symptom onset and have less disability at 90 days post stroke.

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?

Penalties would be not getting funding if we are not achieving the performance measures we set out to achieve.

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)?



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- ☐ 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
- 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.