

LFIR # 1759

. Project Title	MCR Advanced	Specialty Institut	e Renovation			
Senate Sponsor	Jim Boyd					
Date of Request	11/20/2025					
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Project/Program De	•					
surgery center (ASC much needed acces	 that ceased to op s to care to the unit 	erate. Upon MCF nsured and unde	. Bradenton, FI was con R leasing the facility with rinsured, the licensure retatutes and improve acc	plans to operate an equirements change	ASC and bed. MCR mu	
State Agency to red	ceive requested fu	nds Depar	tment of Health			
State Agency conta Amount of the Nonr		for Fiscal Year	2026-2027			
Type of Funding			Amo	unt		
Operating				807,124		
Fixed Capital Outlay	,			1,992,876		
Total State Funds F	Requested			2,800,000		
Type of Funding		-ti ((C)	Amount	Percentage		
Total State Funds R Matching Funds	equested (from que	estion #6)	2,800,000	100%		
Federal			0	0%		
State (excluding the amount of this request)		uest)	0	0%		
Local		2001)	0	0%		
Other			0	0%		
Total Project Costs	for Fiscal Year 20	126-2027	2,800,000	100%		
Has this project pro If yes, provide the I		nce:	No Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Annuantiation #	. 5.500		
Is future-year fundi a. If yes, indicate n			No			
	_		n liqu of otata fundina			
D. Describe the sol	arce of funding tha	at can be used if	n lieu of state funding.			



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a. What is the current phase of the project?						
Planning	O Design	Construction	O N/A			
b. Is the project "shovel ready" (i.e permitted)?				No		
c. What is the estimated start date of construction?				07/27/2026		
d. What is the estimated completion date of construction?				01/04/2027		
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e. What funding stream will be used for ongoing operations and maintenance of the project?

MCR will utilize revenues generated from the use of the ambulatory surgery center as well as other grant funding received from Health Resources Services Administration's Federally Qualified Health Center grant and other grants

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.

MCR has a long term lease with VB Investments, LLC, who is the owner of the facility. Funding for this project would be provided to MCR who will manage the renovation.

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	Construction soft costs to include architect and engineering, permits, project management, insurance, contingency	807,124			
Fixed Capital Construction/Major Renovation:					
Construction/Renovation/Land/ Planning Engineering	Renovation of existing facility to reconfigure pre-op/recovery and support area, reconfigure waiting room, reception area and office, reconfigure storage, equipment and linen rooms. Upgrade AC and new fixed generator. The proposed revisions will meet ambulatory surgery center license requirements.	1,992,876			
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?



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The Florida Senate **Local Funding Initiative Request Fiscal Year 2026-2027**

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The proposed renovation site at 6015 Pointe West Blvd. Bradenton, FI was constructed in 1998 as an ambulatory surgery center (ASC) that ceased to operate. Upon MCR leasing the facility, MCR planned to operate an ASC and bring much needed access to care to the uninsured and underinsured (target population). MCR engaged a consultant to review the location's compliance with license requirements. MCR must renovate a portion of the facility to comply with Florida statutes to operate an ASC which will improve access to care for the underserved.

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

The facility will be renovated to address licensure improvements. Once completed, the location will provide an additional access point for needed surgical procedures, specifically for the target population. The ASC is a less expensive alternative to uninsured, underinsured, Medicaid and commercial plans than having certain procedures conducted at a hospital. The less expensive option creates the opportunity, especially for those who are uninsured and underinsured, to elect to have earlier diagnostic and surgical procedures performed.

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

Once renovated, MCR will offer an access point for any person in the community needing non emergent services specifically the target population. Specialty services include, but are not be limited to cardiology, podiatry, dermatology, gynecology and gastroenterology. Offering these services at an ASC would be less expensive for the uninsured, underinsured, Medicaid and commercial plans than at an outpatient hospital setting. For example, at an ASC a diagnostic colonoscopy for an uninsured patient is estimated at \$1,245 where the rate at a local Manatee County hospital for an uninsured is \$8.156.

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

All residents will have access to services provided. As a Federally Qualified Health Center, MCR offers its services regardless of the persons ability to pay and offers a sliding fee discount program for office visits. It is estimated approximately 13,000 patients will receive services at the location from specialty providers. Those who are identified as needing surgical procedures will be scheduled at MCR's ASC rather than the hospital.

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

The benefit would be realized after the renovation is completed and an access point is established to provide services to the target population - uninsured and underinsured. The project outcome can be measured through receipt of the certificate of occupancy issued by Manatee County Government and receipt of the license to operate an ASC issued by the State of Florida.

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?

Penalty would be imposed if MCR does not inform the contracting agency of construction delays within 30 days of the

	s the entity applied for or received federal assistance for this project?
b. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)
	Response (addressing the immediate and short-term effects of a natural disaster)
	Mitigation (reducing or eliminating potential loss of life or property)
a. If	Yes, what phase best describes the project?
l. Is t	his project related to mitigation, response, or recovery from a natural disaster? No
da	te MCR was notified of the delay by MCR's general contractor.



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☐ Yes, Received					
□ No					
□ No, but intends to	o apply				
a. If yes, provide th	ne FEMA project workshe	et ID#:			
b. Provide the total	I project cost listed on th	e FEMA proj	ect worksheet:		
16. Has the entity app	olied for or received state	assistance t	or this project (other th	an this request)?	
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends to	o apply				
a. If yes, specify the Commerce): 17. Requester Contact	e program and state age	ncy (ex. Loca	al Government Emergen	cy Bridge Loan, De	partment of
a. First Name	Melvin	Last Name	Price		
b. Organization	MCR Health Inc.				
c. E-mail Address	mprice@mcr.health				
d. Phone Number	(941)776-4000	Ext.			
18. Recipient Contact a. Organization b. Municipality and c. Organization Ty □For Profit Entity □Non Profit 501(d) □Non Profit 501(d)	MCR Health d County Manatee pe				
□Local Entity					
□University or Co	ollege				



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□Other (please specify)					
d. First Name	Linda	Last Name	Snyder		
e. E-mail Address	lsnyder@mcr.health				
f. Phone Number	(941)304-7975	Ext.			
19. Lobbyist Contact Information					
a. Name	Amy C. Bisceglia				
b. Firm Name	b. Firm Name Shumaker Advisors Florida, LLC				
c. E-mail Address	amybisceglia@icloud.com	า			
d. Phone Number	(813)361-4805				

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