



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 2001

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Requested funds would be used to purchase new infusion pumps, system wide, that will integrate with the Epic Electronic Health Records System, as well as the MyChart Bedside TV service for patients. The infusion pumps will allow for more accurate and timely medication delivery, and faster documentation. MyChart offers patients an interactive experience with informative videos on their care team and vital information regarding their care, schedule, medications, instructions, reminders, etc.

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	3,000,000
Fixed Capital Outlay	0
Total State Funds Requested	3,000,000

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)	3,000,000	31%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	6,789,200	69%
Total Project Costs for Fiscal Year 2026-2027	9,789,200	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	0	1,000,000	436	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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Pump replacement of 1,200 pumps, system wide and the implementation of MyChart Bedside TV.	3,000,000
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)		3,000,000

13. Program Performance

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

Upgraded infusion pumps will enable faster documentation of medication administrations; minimize transcription errors associated with manual entry; promote accurate capture of data. MyChart Bedside TV will offer improved access to information related to care and recovery for all patients.

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

Physician orders for patient medication will be directly sent to the infusion pump, therefore allowing for quicker administration of the medications, better documentation, minimized errors, and less clinician time spent on data entry and more with the patients. MyChart Bedside TV offers patients an interactive experience that will provide access at their bedside to information on their care team, condition, medications, instructions, and recovery.



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

Enable faster documentation of medication administrations; minimize transcription errors associated with manual entry; promote accurate capture of data; etc. MyChart Bedside TV offers patients an interactive experience that will provide access at their bedside to information on their care team, condition, medications, instructions, and recovery.

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

All citizens of Volusia County who need medical attention provided within the Halifax Hospital Medical Center system.

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

Improved patient outcomes, reduced costs, lives saved. Comparison of before and after outcomes.

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?

Liquidated damages of \$1,000 per day past the provided milestone dates.

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)?

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No



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☐ 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) Special Tax District

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

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