



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2352

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Lee Health Central Lab project optimizes space, improves process efficiency, and increases laboratory testing capacity for the growing population in Southwest Florida. The project will bring a state-of-the art facility, with technology and specialized equipment to a highly distressed area in central Fort Myers at the intersection of Fowler St. & Winkler Ave. This project will add to the revitalization of the surrounding area by providing 150+ well-paying jobs in an attractive facility with convenience to workforce housing.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	28,000,000
Total State Funds Requested	28,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	28,000,000	76%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	9,000,000	24%
Total Project Costs for Fiscal Year 2024-2025	37,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

Lee Health intends to seek additional funding through the philanthropic donor community and will match state funding. Lee Health operational dollars will also be utilized to staff, equip, and maintain the Central Lab.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

\$84M used to cover additional labor, loss in revenues. \$7.5M used for supplies and equipment rentals.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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.

13. 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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Funding will support development of the Lee Health Central Lab Facility located in central Fort Myers, FL. State funds could be used for planning, design, construction and other eligible purposes.	28,000,000
Total State Funds Requested (must equal total from question #6)		28,000,000

14. Program Performance

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



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The Central Lab project optimizes space, improves process efficiency, and increases capacity for growing population lab testing needs. The project will bring a state-of-the art facility, with technology and specialized equipment to a highly distressed area in central Fort Myers. This project will add to the revitalization of the surrounding area by providing well-paying jobs in an attractive facility with convenience to workforce housing.

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

The Central Lab Facility will offer diverse services: timely specimen processing, advanced diagnostic tests, research, and acting as a regional reference lab for specialized testing, benefiting healthcare, research, and disaster management. Improve turnaround time on tests currently referred to outside lab

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

Brings state of the art facility, technology and equipment to a highly distressed area in central Fort Myers. Revitalization of surrounding area through new jobs, beautiful facility and convenience to workforce housing. Lower testing cost for community. 150 new lab jobs with training programs for entry-level roles. 20 Data Center jobs. Ability to scale lab testing for community.

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

Elderly persons, persons with poor physical health, economically disadvantaged persons, physically disabled, drug users (in health services), and general population. Over 1,000 individuals are expected to be served by the Central Lab annually.

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

Expected benefits include: enhanced physical health by providing faster test results, enabling accurate diagnoses, and ensuring timely treatment, ultimately improving patient outcomes and well-being. The methodology by which this outcome will be measured is reduced diagnosis-to-treatment time, patient satisfaction, cost savings from streamlined services, and the number of specialized tests conducted, reflecting improved healthcare access and effectiveness.

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 the contract?

Return percentage of state funds until deliverables or performance measures are met.

15. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number