



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2726

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Community Health Initiative will include a dedicated team of four community healthcare workers that will provide comprehensive healthcare to members of the community at no cost. The health workers will use resources currently available to the non-profit to provide options for healthcare in the community. The purpose of this program is to improve the nutrition, mental health, resilience, and healthcare of our community. The program will be able to provide the following services: Nutritional Aide - Direct nutritional aide and partnership with Healing Hunger Food Pantry. Resilience - Vaccine Efforts in partnership with the Department of Health and Familia Resilience. Community Healthcare - TechHealth Initiative and produced healthcare outreach events.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>200,000</b>	<b>100%</b>

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.

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



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No

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

## 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

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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	The Project Director will manage the coordination and execution of multi-agency and community stakeholders in their engagement and participation.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	This amount will be used to support community healthcare outreach events throughout the program designed to reach designated communities with healthcare needs. This includes communications and transportation. Support and equipment for eight yearly events - \$20,000, Transportation \$2,500, Communications - \$2,500.	25,000
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	This amount will be used to hire four community healthcare workers at a salary of \$25,000 who will be the main operators of the healthcare in the program. The community health workers will be licensed to provide advice for community members to be provided the correct resources.	100,000
Expense/Equipment/Travel/Supplies/Other	This amount will be used to purchase medical equipment and nutritional aid in the program's healthcare and nutritional aid portions of the program.	50,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**14. Program Performance**

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

A dedicated team of healthcare workers will be present in the community in outreach events where they can provide basic care and use the resources available to the program to help community members in need with nutritional, mental health, and healthcare aide.

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

The program will be able to provide the following services: Nutritional Aide - Direct nutritional aide and partnership with Healing Hunger Food Pantry.  
Resilience - Vaccine Efforts in partnership with the Department of Health and Familia Resilience. Community Healthcare - TechHealth Initiative and produced healthcare outreach events.

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

The program will be able to provide the following services: Nutritional Aide - Direct nutritional aide and partnership with Healing Hunger Food Pantry.  
Resilience - Vaccine Efforts in partnership with the Department of Health and Familia Resilience. Community Healthcare - TechHealth Initiative and produced healthcare outreach events.

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

Elderly persons, Persons with poor mental and physical health, jobless persons, economically disadvantaged persons, developmentally or physically disabled, drug users. students of all ages, and the general public.

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

Over 800, 1. Tracking healthcare utilization (Number of patients served)  
2 Tracking the number and percentage of preventative health screenings completed  
3. Tracking the number and percentage of patients with severe illness served.

**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 of funds.

**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**



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- 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**