



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Healthcare Network of Southwest Florida Golden Gate Center

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/10/2017

4. **Project/Program Description:**

The funds requested will be used to construct a primary healthcare facility in Golden Gate on property owned by the Healthcare Network of Southwest Florida. The property is located at the corner of Green Blvd and Collier Blvd. The facility will offer family, pediatric, dental, behavioral, senior, and women's primary care services. The facility's primary purpose is to place affordable healthcare services in an area that currently lacks adequate healthcare resources to care for the population. Services will be offered on a sliding fee scale to those who qualify financially and both private and public insurances will be accepted. The facility will serve to expand the Healthcare Network's mission to provide quality healthcare to everyone in the community.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	2,000,000	2,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	16,000,000	88.9%
TOTAL	16,000,000	88.9 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 18,000,000

9. **Previous Year Funding Details:**



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- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
	Column:	A	B
Funds Description:		Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *
Input Amounts:			

### 10. Is future-year funding likely to be requested?

No

### 11. Program Performance:

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

Golden Gate contains the highest concentration of subsidized lunches in the County, but contains one of the lowest concentrations of medical providers. The Healthcare Network of Southwest Florida Golden Gate Center will provide much needed services to this specific patient population and to any other person who is in need of primary care services. This will increase the overall health of the community while reducing hospital and emergency room visits which will decrease the financial burden passed on to the general public.

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

The funds will be used for construction, but the facility itself will offer the full spectrum of primary care services, family, pediatrics, dental, OB/GYN, and behavioral health services will all be offered. These services will also be offered on a sliding fee scale payment model according to the requirements for federally qualified health centers.

#### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



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<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction of a 50,000 sq. ft. medical facility.	2,000,000
TOTAL		2,000,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Pediatric, family, OB/GYN, dental, senior and behavioral health services will be offered at the location.

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

Specifically the center is being built to target the currently underserved population of Golden Gate City, but the center will be open to everyone no matter where they reside.

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

Healthcare Network tracks all numerous quality indicators while also closely monitoring expenditures, total patient visits, and total number of patients served, to name a few. Healthcare Network is well versed in the tracking of performance measures and will be able to offer up analytics that show the efficacy of the program prior to construction beginning and true effectiveness of the program after funds are expended and operation of the new facility is begun.

**g. 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?**

None.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

The entity will own the facility.



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### 13. Requestor Contact Information:

- a. **Name:** Mike Ellis
- b. **Organization:** Collier Health Services Inc. dba Healthcare Network of Southwest Florida
- c. **Email:** mellis@healthcareswfl.org
- d. **Phone Number:** (239)658-3055

### 14. Recipient Contact Information:

- a. **Organization:** Collier Health Services, Inc. dba Healthcare Network
- b. **County:** Collier
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)
  - ☐ Non Profit 501(c) (4)
  - ☐ Local Entity
  - ☐ University or College
  - ☐ Other (Please specify)
- d. **Contact Name:** John Fletcher
- e. **E-mail Address:** jfletcher@healthcareswfl.org
- f. **Phone Number:** (239)658-3060

### 15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** J. Keith
- b. **Firm:** Buchanan Ingersoll & Rooney
- c. **Email:** ketih.arnold@bipc.com
- d. **Phone Number:** (239)985-4837