



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Tampa Family Health Centers Health and Wellness

2. **Senate Sponsor:** Dana Young

3. **Date of Submission:** 12/11/2017

4. **Project/Program Description:**

Tampa Family Health Centers would use these funds to integrate health and wellness. Looking towards healthcare that includes medical care, fitness on site, educational programs, learning lab and social services. Allowing our community to engage in their wellness while also working with them to build healthy and stable lives which improves the overall health of 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
635,000		635,000

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	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 635,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1

c. What is the most recent fiscal year the project was funded? 2014-15



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- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
 e. 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	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
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?

Healthcare services, social services, wellness care and education to the patients of the community.

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

Healthcare, educations, wellness, learning lab and fitness facility. Medical diagnosis and treatment along with facilitating social services for our patients. Educational classes that will focus on health and wellness. Fitness center to promote and engage patients in healthy lifestyle choices.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	Center Manger will be responsible for the overall management of the TFHC Health and Wellness center.	93,000
<input type="checkbox"/> Other Salary and Benefits		
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	computer work stations for the healthcare center.	3,400
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Licensed clinical social workers (two) will be hired to assist our patients to navigate both healthcare and community resources.	140,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Healthcare center equipment, including medical and dental equipment, fitness equipment for fitness center on site and learning lab that is outfitted with computers.	363,600
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Agencies that will provide services to the patients during their time at the wellness center. Diabetic educator and fitness instructor.	35,000
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		635,000

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

Healthcare, educations, wellness, learning lab and fitness facility.

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

Medically underserved patients.

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

Tampa Family Health Centers would use these funds to integrate health and wellness. Looking towards healthcare that includes medical care, fitness on site, educational programs, learning lab and social services. Allowing our community to engage in their wellness while also working with them to build healthy and stable lives which improves the overall health of the community.

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?



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Reimbursement to state of funds

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.

N/A

13. Requestor Contact Information:

- a. **Name:** Charles Bottoms
- b. **Organization:** Tampa Family Health Centers, Inc.
- c. **Email:** cbottoms@hcnetwork.org
- d. **Phone Number:** (813)866-0930

14. Recipient Contact Information:

- a. **Organization:** Tampa Family Health Centers, Inc.
- b. **County:** Hillsborough
- 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:** Sherry Hoback
- e. **E-mail Address:** shoback@hcnetwork.org
- f. **Phone Number:** (813)866-0930

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

- a. **Name:** Ron Pierce
- b. **Firm:** RSA Consulting Group, LLC
- c. **Email:** Ron@rsaconsultinggroup,llc.com
- d. **Phone Number:** (813)777-5578