



# The Florida Senate

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

1. **Title of Project:** Center for Haitian Studies - Outpatient Immigrant Health Care and Social Services

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 01/17/2018

4. **Project/Program Description:**

Primary health care, health education, and social services to the underserved immigrant population of "Little Haiti" area of Miami, Florida.

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
200,000		200,000

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	33,750	10.9%
Other	75,000	24.3%
TOTAL	108,750	35.2 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 308,750

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

d. Were the funds provided in the most recent fiscal year subsequently vetoed? No

e. Complete the following Worksheet.



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

**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?**

To increase the medical and social staff in order to serve better the undeserved immigrant population of "Little Haiti" in Miami and adjacent areas. At this time we are not able to meet the need of this community

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

Primary care and social services to the aforementioned community including physical examination, diagnosis, treatment, referral, and social services such as eligibility for food stamps and other benefits.

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

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<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 checked="" type="checkbox"/> Salary and Benefits	2 days/weekly medical services	200,000



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<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		200,000

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

Medical and Social services

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

Underserved non-insured Haitian Immigrants and others leaving in the "Little Haiti" and adjacent areas.

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

Less usage of the Emergency rooms of hospitals. Increase level of health education. Evaluation method will be applied (satisfaction survey, reduction of fatal outcome among our patients due to early intervention, regular staff meetings to evaluate the quality of the services provided.

**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?**

Penalties should be established by the State and stipulated in the contract signed by both parties.

**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.**

None

**13. Requestor Contact Information:**

- a. **Name:** Georges Metellus
- b. **Organization:** Center for Haitian Studies, Health and Human Services. Inc.
- c. **Email:** drmetellus@centerforhaitianstudies.org
- d. **Phone Number:** (305)757-9555

**14. Recipient Contact Information:**

- a. **Organization:** Center for Haitian Studies, Health and Human Services (CHS)
- b. **County:** Miami-Dade
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Georges Metellus

**e. E-mail Address:** drmetellus@centerforhaitianstudies.org

**f. Phone Number:** (305)757-9555

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

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**