



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3472

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Healthcare Network is embarking on a major renovation of its Immokalee, FL headquarters. The location, built in 1993, has not undergone a major update since its initial construction and work is needed to ensure it continues to meet the needs of the Immokalee community. The renovations will greatly increase future provider capacity as well as modernizing the facility to further serve the hard working people of Immokalee. This site will also host part of Healthcare Network's upcoming family medicine residency. Florida is in dire need of new physicians and Healthcare Network is committed to bringing residents into the state to provide high-quality healthcare while also creating an environment that keeps physicians in the state post-residency.

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	1,500,000
Total State Funds Requested	1,500,000

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)	1,500,000	33%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	3,000,000	67%
Total Project Costs for Fiscal Year 2024-2025	4,500,000	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.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3472

Yes

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

Healthcare Network is a Federally Qualified Health Center and as such received funding to provide primary medical support to the community.

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.

Currently Collier Health Services, Inc., d/b/a Healthcare Network ("Healthcare Network") leases the property with a contractual right to purchase the property at the end of the lease term (September 2024). Healthcare Network already has the funding allocated to purchase the property and will be the sole owner of the property upon transfer.

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	1. Healthcare Network's Immokalee headquarters was constructed in 1993, with this funding our organization will be embarking on a major renovation of the clinical areas to modernize and expand our ability to provide services to the Immokalee community. In addition, the renovations will allow Healthcare Network to meet ACGME accreditation standards for its family medicine residency.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

14. Program Performance



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3472

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

Healthcare Network has long been a fixture in the Immokalee community, but our facility is in need of a significant renovation to continue to meet community needs. In addition, our Immokalee hub will host our upcoming family medicine residency program. This program will bring much needed physicians to Florida with the aim of providing quality healthcare and an environment that entices providers to stay in Florida.

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

Healthcare Network will provide pharmacy, adult, dental, and behavioral health services at this site.

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

High-quality primary care services will be provided. Services such as, but not limited to, dental cleanings, behavioral health visits, well-child check-ups, pharmacy services, and many more.

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

Healthcare Network serves all members of the community, but we focus on those most in need. This location predominantly serves the Immokalee community and the migrant farmworkers who work there during season.

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

The expected benefit of this project is increased overall community health and increased access to high quality primary health care services. This will be measured by using data from Healthcare Network's electronic health record, such data points include new patients and total patient visits.

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?

Failure to meet appropriate deadlines would require return or cancellation of funding.

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)
- Local Entity



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3472

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