



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3425

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Relocation of the Health Department Clinical and associated community services to the county-owned location will ensure the facility is well maintained without landlord dependence or responsiveness with ample room for client parking and patient services. The interior build out of the clinic portion of the facility is expensive due the nature of the healthcare business.

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

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)	1,000,000	24%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	1,000,000	24%
Local	2,200,000	52%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	4,200,000	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?

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



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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)?

Yes

c. What is the estimated start date of construction?

February 2024

d. What is the estimated completion date of construction?

December 2024

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.

DeSoto County Board of County Commisioners

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	Funds will be used for interior building out of space and/or relevant furnishings to house the Health Department Clinic and associated services	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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

Relocation of the Health Department Clinical and associated community services to the county-owned location will ensure the facility is well maintained without landlord dependence or responsiveness with ample room for client parking and patient services. The interior build out of the clinic portion of the facility is expensive due the nature of the healthcare business.

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



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General medical services for the public and the underinsured population in a medically underserved area. Services to women, infants and children through the WIC program and associated services.

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

Clean, safe, centrally located Medical services and social services relating to health.

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

Elderly persons, persons with poor mental health, persons with poor physical health, economically disadvantaged persons, physically disabled, drug users (in health users), and general persons. This should effect more than 800 people.

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

The Health Department currently provides services to a large portion of the population in DeSoto County. The County currently leases space for the clinic and other programs. The lease space is not well maintained and is inadequate. The building out of the purchased facility will ensure seamless continuation of adequate services and facilities to service to serve the community. Patient services data and patient counts.

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?

Disallowance of cost reimbursement

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
 - University or College
 - Other (please specify)
- d. First Name Last Name
- e. E-mail Address



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f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number