



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1682

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds requested provide for critically needed renovation and expansion of MBCHC’s 710-720 Alton Road location. Renovation will ensure that MBCHC, a critical safety net provider on Miami Beach, will continue to provide high quality, affordable primary health care and specialty services, chronic disease management, and support services to a largely poor, uninsured and medically under-served patient base. MBCHC had 47,612 visits by 14,888 unduplicated patients in 2022.

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	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	23%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	8,570,000	68%
Other	1,100,000	9%
Total Project Costs for Fiscal Year 2024-2025	12,670,000	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.

At the present time, there is no 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?



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

TOTAL FUNDING: \$21,384,140.49
 FUNDING DATE: April 2020 through December 2024
 FUNDING USES: Staff salaries, COVID 19 free testing to community, free COVID 19 medication and vaccines to community, free COVID 19 treatment to the community, purchase of medical equipment to enhance treatment to the community, expand COVID 19 free care access to community
 FUNDING REMAINING: \$300,000.00

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?

December 2023

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.

Miami-Dade County owns the facility.
 Miami Beach Community Health Center, an FQHC (federally qualified community health center) occupies the facility by lease at \$1.00 per year. The lease began in 2005 and will end 2035 with the expectation that the lease will be renewed with the same terms.

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	Construction, renovation and expansion of health center to include connecting 710-720 site, raising floor, installing new roofing, windows, doors. making other structural repairs.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000



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14. Program Performance

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

Funds requested provide for critically needed renovation and expansion of MBCHC's 710-720 Alton Road location. Renovation will ensure that MBCHC, a critical safety net provider on Miami Beach, will continue to provide high quality, affordable primary health care and specialty services, chronic disease management, and support services to a largely poor, uninsured and medically under-served patient base. MBCHC had 47,612 visits by 14,888 unduplicated patients in 2022.

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

Requested funding is for renovation of existing facility, not for services.

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

Requested funding is for renovation of existing facility, not for services.

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

Target population is the largely poor, uninsured and medically under-served patient base. MBCHC had 47,612 visits by 14,888 unduplicated patients in 2022.

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

The renovation and expansion of MBCHC's 710 Alton Road health center facility will increase capacity to provide health care(including oral health and behavioral health) and enabling services, such as outreach and enrollment services, public benefits eligibility assistance, pharmacy and laboratory services, and transportation to increasing numbers of low-income and uninsured residents. outcome may be measured by tracking the number of total patient encounters at the new location.

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?

funds should be reverted

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)



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- Local Entity
- 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