



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2310

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

Bond Community Health Center, Inc. of Tallahassee, FL proposes to establish a comprehensive men's health center to provide primary care, outpatient urology care, wellness services, mental health/substance abuse services, family counseling, dental care, legal aid, and case management in the area of town that has been historically known as the "Southside" of Tallahassee.

5. **State Agency to receive requested funds**

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>1,000,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**  No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**  No

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?**

Yes



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

Funds were provided to expand access to testing and vaccinations; to mitigate the spread of the virus in the healthcare facility; and to maintain capacity to continue to provide primary care during the pandemic. (\$3.5M)

## 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

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

November 1, 2023

d. What is the estimated completion date of construction?

May 1, 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.

Bond Community Health Center, Inc.. This is a 501c3, federally qualified health center governed by a volunteer board of directors.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction of a 15,000 square foot medical office on an existing concrete slab. Purchase of a two acre lot. Planning and engineering.	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 14. Program Performance

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

Bond Community Health Center, Inc. of Tallahassee, FL (Leon County-LC) proposes to establish a comprehensive men's health center to improve the overall health and welfare of men living in Leon and surrounding counties.

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



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Bond CHC will provide primary care, outpatient urology care, wellness services, mental health/substance abuse services, family counseling, dental care, legal aid, case management and transportation.

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

Men will receive primary and preventative medical care (adult medicine, diabetic education, and nutrition services); Oral Health (screening and restorative) and Mental Health (assessments, family counseling, coping training, and substance abuse counseling and treatment); urology (early diagnosis and treatment); laboratory; assistance with common legal problems and referrals.

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

Underserved men living in Leon, Gadsden, and Wakulla county. 4,000 are expected to be served annually.

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

The expected benefits include improvement in blood pressure and diabetes control, early detection and treatment of prostate and colorectal cancer, improvement in depression and anxiety symptoms, decrease in substance abuse rates, improvement in oral health and lower rates of interaction with the criminal justice system. The chronic disease and behavioral health outcomes and changes from the baselines will be measured against national standards such as HEDIS and the federal Uniform Data System quarterly and annually. Substance abuse remission will be measured with random drug testing and 6 month and 1 year testing. A reduction in recidivism will be measured by re-arrest rates of the men receiving counseling.

**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?**

Bond Community Health Center is a federally qualified health center (FQHC). Bond CHC risks the reduction in federal funding as a FQHC if it fails to meet certain deliverables and performance measures. It also may be penalized by a reduction in managed care assignments and reimbursements, and by the inability to access new funding sources to help sustain this project.

**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



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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**