



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1053

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

4. Project/Program Description

The goal of the funds being requested is to confront health equity by expanding our model of breast and cervical screening and cancer program because obtaining early detection screenings for breast and cervical cancer not only saves lives, but saves the community resources. Survival rates, if caught in the early stages are nearly 99% for breast cancer and 95% for cervical cancer. With implementation of early detection and screening and early diagnosis, taxpayers save millions of dollars.

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

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	450,000
Fixed Capital Outlay	0
Total State Funds Requested	450,000

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)	450,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	450,000	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	0	458	No

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Additional funding sources include funds from local granting organizations, and public and private donors.

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

No



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

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.

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	Patient Navigator expenses related to travel when transporting patients to necessary medical appointments. Other expenses include Internet and utilities cost at our office where we host Patient Navigator Network Meetings and trainings and other indirect costs.	30,000
Consultants/Contracted Services/Study	The contracted Patient Navigator's primary function is to guide women's health patients through the health care system to reduce deaths due to late-stage breast and cervical cancer by assisting with access issues, developing relationships with service providers and tracking interventions and outcomes. Navigators will continue to work in Palm Beach County.	420,000
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		0
Total State Funds Requested (must equal total from question #6)		450,000

14. Program Performance

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



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

Patient Navigators will guide patients through the health system, facilitate scheduling appointments and making appropriate referrals, ensure patients with abnormal findings receive all follow-up care and treatment facilitate interaction and communication with health care staff and providers, provide outreach/education and ensure barriers to care are overcome (e.g. transportation, language, financial).

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

Patient Navigators will provide multi-lingual Patient Navigation to low-income women residing in Palm Beach County in need of mammograms, pap tests and HPV Vaccinations to increase access to care and ensure all participants are connected to primary care providers. Social determinants of health will be reviewed and appropriate referrals will be made to target needs.

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

Person with poor physical health, economically disadvantaged persons, and under resourced minority women. We intend to serve more that 800 women.

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 are to improve physical health, improve mental health, improve quality education, and improve health equity. We will measure and track the following: connection to a medical home, ensuring women receive appropriate detection screening referrals and cancer treatment resources, connection to a mental health professional with a positive cancer diagnosis, participation in a patient satisfaction survey, number of individuals reached through community outreach and education, how many participants sign up for Patient Navigation, maintain client demographic data reports, surveys and participant interviews.

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?

If the organization fails to meet deliverables or performance measures, we will be subject to submitting a performance improvement plan with outcomes bound by timelines and a formal review.

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



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- 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

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number