



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1758

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The purpose of this project is to purchase and renovate a building to serve as a permanent home for the Good Health Clinic. This clinic is a non-profit free clinic that will allow low income, uninsured residents of the Florida Keys to have access to comprehensive healthcare.

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	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	25%
Total Project Costs for Fiscal Year 2024-2025	2,000,000	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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For 2021 GHC received a total of \$121,584.38 in PPP loans that were forgiven. These funds were used to cover salaries of medical staff.

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)?

No

c. What is the estimated start date of construction?

07/01/2024

d. What is the estimated completion date of construction?

06/30/2026

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.

Good Health Clinic, 501 c3, will own facility.

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 towards the purchase and renovation of building to serve as permanent home for a free clinic.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

14. Program Performance

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

These funds will be used to purchase a building to serve as the permanent home of the Good Health Clinic which provides free health care services for the uninsured, low-income residents of the Florida Keys.

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



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Funds will support the purchase and renovations of a building that will serve as the permanent home of the Good Health Clinic, a non-profit free clinic. This organization has been operational for 20 years and is well established in the community.

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

Low-income, uninsured adult and child residents of the Florida Keys will receive access to comprehensive healthcare. Specifically access will be provided for preventative services, diagnostic labs and imaging, chronic condition and disease management, sickness and injury treatment, medications, family planning, access to specialists and advanced medical care and mental health counseling.

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

Elderly persons, persons with poor mental and physical health, homeless, grade school students, high school students, college students and currently or formerly incarcerated persons.

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

Benefits such as the improvement of physical and mental health and enhanced economic self sufficiency are ways these funds can help Florida Keys residents. We will measure this by number of counseling appointments and patients served while also self reporting by patient surveys.

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?

Withholding of funds.

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**



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e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number