



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FIU Nursing Health Center Clinics and Community Health Initiative

2. **Senate Sponsor:** Daphne Campbell

3. **Date of Submission:** 12/14/2017

4. **Project/Program Description:**

Enhance delivery of primary care health services and patient outreach to under served populations in the Liberty City and Miami Gardens communities in collaboration with existing clinics such as the John H. Peavy Health Center located at the Miami Northwestern High School.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
1,000,000		1,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 1,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

1,000,000

11. Program Performance:

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

Primary health care services, community outreach and health care screening and education.

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

Primary health care services will be provided by Nurse Practitioners, Physical Therapists, Occupational Therapists, Speech Language Pathologists, Athletic Trainers and by Peer Navigator outreach and education.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	3X - Nurse Practitioners, 1X -	871,647



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	Health Sciences position, 1X - Front Desk Patient Scheduler, 1X - Lab Technician, 3X - Peer Navigators and 1X Security Personnel.	
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	\$84.1K for medical/educational/program supplies; \$11.2K for medical clean-up / waste management; \$24K marketing and advertising; \$9K general office materials and supplies/telecommunications	128,353
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		1,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Primary health care services, community outreach and health care screening and education.

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

The target population will be the residents of Liberty City and Miami Gardens. Over 3,000 residents are forecasted to be served.

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

The benefit will be a healthier population who is also more knowledgeable regarding preventive health care practices. The result of a healthier population is a decreased need for hospital emergency room visits and hospital admissions. Frequency/percentage of patients served, number of individuals screened and educated about health problems and issues, patient satisfaction surveys.

g. 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 in the contract?

Remaining funds will be returned if the project is not fully implemented.



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- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

Not Applicable (No Fixed Capital Outlay Funding)

- 13. Requestor Contact Information:**

- a. **Name:** Ora Strickland
- b. **Organization:** Florida International University, Nicole Wertheim College of Nursing and Health Sciences
- c. **Email:** ora.strickland@fiu.edu
- d. **Phone Number:** (404)918-5567

- 14. Recipient Contact Information:**

- a. **Organization:** Florida International University, Nicole Wertheim College of Nursing and Health Sciences
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☒ University or College
 - ☐ Other (Please specify)
- d. **Contact Name:** Ora Strickland
- e. **E-mail Address:** ora.strickland@fiu.edu
- f. **Phone Number:** (404)918-5567

- 15. If there is a registered lobbyist, fill out the lobbyist information below.**

- a. **Name:** Christopher Cantens
- b. **Firm:** Florida International University
- c. **Email:** christopher.cantens1@fiu.edu
- d. **Phone Number:** (305)348-3505