



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 1123

**1. Title of Project:** Nichols Community Health Center

**2. Senate Sponsor:** Kathleen Passidomo

**3. Date of Submission:** 01/03/2019

**4. Project/Program Description:**

Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida ("HcN") is a federally qualified health center operating in Collier County and serving the Southwest Florida community. HcN has served the Southwest Florida community for over 40 years and is working to expand the reach of its much-need primary health care services. The funds requested will be used to pay for a portion of the cost of constructing a new approximately 54,000 square foot community health center in Golden Gate City. Golden Gate City is one of two specially designated health professional shortage areas in Collier County. Nichols Community Health Center will provide the full spectrum of primary care services including women's health, pharmacy, pediatrics, family, geriatrics, dental, and behavioral health; all of which will be offered on a sliding fee scale.

**5. State Agency to receive requested funds :** Department of Health

State Agency Contacted? No

**6. Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operations                         |                  |
| Fixed Capital Outlay               | 2,500,000        |
| <b>Total State Funds Requested</b> | <b>2,500,000</b> |

**7. Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

| Type of Funding                                      | Amount            | Percent       |
|--|-------------------|---------------|
| Total State Funds Requested (from question #6)       | 2,500,000         | 10.00%        |
| Federal  | 0                 | 0.00%         |
| State (excluding the amount of this request)         | 0                 | 0.00%         |
| Local  | 0                 | 0.00%         |
| Other  | 22,500,000        | 90.00%        |
| <b>Total Project Costs for Fiscal Year 2019-2020</b> | <b>25,000,000</b> | <b>100.0%</b> |

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

| Fiscal Year<br>(yyyy-yy) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | NonRecurring |                             |        |
|                          |           |              |                             |        |

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



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**10. 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                    |   |                  |
| Other Salary and Benefits  |   |                  |
| Expense/Equipment/Travel/Supplies/Other                                |   |                  |
| Consultants/Contracted Services/Study                                  |   |                  |
| <b>Operational Costs:</b>  |   |                  |
| Salary and Benefits  |   |                  |
| Expense/Equipment/Travel/Supplies/Other                                |   |                  |
| Consultants/Contracted Services/Study                                  |   |                  |
| <b>Fixed Capital Construction/Major Renovation:</b>                    |   |                  |
| Construction/Renovation/Land/Planning Engineering                      | The funds will be utilized to pay for part of the construction cost of a new ~54,000 square foot community health center in Golden Gate City. | 2,500,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>2,500,000</b> |

**11. Program Performance:**

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

The purpose of the request is to assist with the funding of a new community health center in Golden Gate City. Golden Gate City is an under-served community that lacks a majority of the primary health care services necessary for a healthy community. By placing a new center in Golden Gate City, HcN will be making those services available within the community increasing accessibility and the likelihood of patients accessing care prior to it becoming an expensive emergency. Patients who regularly see their primary care provider are less likely to utilize high-cost emergency rooms for their health care needs.

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

The full spectrum of primary care services will be offered: dental, behavioral, pharmacy, family, geriatric, women's, and pediatric services.

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

The appropriation project is to pay for the facilities from which direct services will be provided to patients.

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

The target population is any person in need of high-quality affordable health care services. The total number of patient visits estimated for the first five years is approximately 150,000.

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

The primary benefit is a happier, healthier community which is measured through the quality indicators HcN is required to track as a federally qualified health center.



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- 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 in the contract?**

Failure to complete construction of the facility would result in the return of funds.

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.**

HcN is a not-for-profit entity and would be the sole owner of the facility.

13. **Requestor Contact Information:**

- a. **Name:** Emily Ptaszek
- b. **Organization:** Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida
- c. **E-mail Address:** EPtaszek@HealthcareSWFL.org
- d. **Phone Number:** (239)658-3000

14. **Recipient Contact Information:**

- a. **Organization:** Collier Health Services, Inc., d/b/a Healthcare Network of Southwest Florida
- b. **County:** Collier
- 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:** John Fletcher
- e. **E-mail Address:** JFletcher@HealthcareSWFL.org
- f. **Phone Number:** (239)658-3060

15. **Lobbyist Contact Information**

- a. **Name:** Brett Bacot
- b. **Firm Name:** Buchanan Ingersoll & Rooney
- c. **E-mail Address:** Brett.Bacot@bipc.com
- d. **Phone Number:** (850)681-4269