



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1358

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The City of Homestead is requesting \$500,000 in funds for a mammography program for uninsured women under the age of 40. The program would be facilitated through a partnership with an entity to be determined through a competitive RFP process.

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

State Agency contacted? Yes No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="500,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
Total State Funds Requested	500,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="500000"/>	<input style="width: 100%;" type="text" value="100.0 %"/>
Matching Funds		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0 %"/>
Total Project Costs for Fiscal Year 2020-2021	500,000	100 %

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

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study	The City of Homestead is requesting \$500,000 in funds for a mammography program for uninsured women under the age of 40. The program would be facilitated through a partnership with an entity to be determined through a competitive RFP process.	500,000
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		500,000



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11. Program Performance

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

Funds for this project will be used for a mammography program for uninsured women under the age of 40.

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

Quarterly screening mammograms for uninsured women over the age of 40.

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

Mammograms

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

Uninsured women under the age of 40. Approximately 201-400 individuals will be served.

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

Reduction of women diagnosed with breast cancer.

- 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?

Revocation of funds.



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12. **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.**

Local government - City of Homestead

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **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
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.