



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1207

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

**4. Project/Program Description**

To increase testing and screenings in targeted low-income minority communities via BCOM Mobile Unit, who are experiencing inequities due to numerous social-economical barriers to care. Improve access to follow-up care will also be provided via telehealth for medical issues and mental health counseling for those experiencing issues from the stresses of COVID-19. With this funding, 650 minority individuals ages 5 and older will receive Covid testing and follow-up care.

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

**State Agency contacted?**

**6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022**

Type of Funding	Amount
Operations	182,591
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>182,591</b>

**7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	182,591	51%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	178,401	49%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>360,992</b>	<b>100%</b>

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?**



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

BCOM received \$291,304 to purchase mobile unit to host testing drives and recruit clinical outreach specialists.

**11. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Includes 2-computer tables for outreach patient registration, personal protective equipment (N-95s, face shields, etc.), patient education materials (trilingual education materials on COVID-19 precautions, etc.), and safety care packages for patients enrolled in the program.	47,829
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Includes laboratory cost for COVID-19 testing for 650 initial test and 220 re-testing for positive results conducted during community mobile unit testing events, cost for 325 individual medical and mental health visits and 110 follow-up visits via face-to-face or via telehealth. Also, cost for computer network training on patient registration and electronic health record system	134,762
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>182,591</b>

**12. Program Performance**

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

BCFHC will partner with faith-based entities, community centers, and other businesses who employ essential workers to directly provide on-site testing. Focus will be to increase testing and access to medical and mental health care in minority neighborhoods with high infection rates and increase public safety.

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

Conduct walk up COVID testing via BCOM mobile unit. Provide clinical and mental health intervention for individuals experiencing symptoms or have been exposed and may be asymptomatic with COVID-19 via telehealth, conduct county-wide outreach to educate communities on testing, vaccines, COVID-19 transmission (hand hygiene, cough etiquette, social distancing, etc.), partner with community and faith-based organizations to ensure effective linkage to other needed resources and evaluate the impact of the program on minority target populations.

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

Direct services to be provided will be COVID-19 medical and mental health visits, patient education on testing and improve vaccine confidence.

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

The target population will be 650 minority individuals ages 5 and older for COVID testing and follow-up medical and mental health care.



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

The expected outcome of this project will be to increase access to COVID testing in minority communities. The methodology to measure the outcome will be tracking the number of individuals tested and educated in the field via the mobile unit.

**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?**

A suggested penalty for failing to meet deliverables or meeting performance measures could be reduced in requested funding after assessing performance.

**13. 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.**

Does not apply



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number