



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2103

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To provide medical care, pediatric, OB-GYN, and mental health services to those in need regardless of insurance status or the ability to pay.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	700,000
Fixed Capital Outlay	0
Total State Funds Requested	700,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	700,000	50%
Matching Funds		
Federal	600,000	43%
State (excluding the amount of this request)	0	0%
Local	100,000	7%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	1,400,000	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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Federal Covid-19 pandemic dollars were granted to Community Health of South Florida. These dollars were allocated to the purchase of personal protective equipment (PPE).

11. 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	1 full time physician, 1 full time nurse, 1 full time care coordinator, 4 full time medical assistants and 1 full time licensed therapist.	600,000
Expense/Equipment/Travel/Supplies/Other	Medical equipment (exam tables and peripherals) for 7 exam/treatment rooms.	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		700,000

12. Program Performance

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

To increase the number and percentage of residents with medical care, pediatric, OB-GYN and mental health service access regardless of insurance status and ability to pay.

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

Community Health of South Florida will equip seven exam/treatment rooms and increase health care staff in order to provide increased numbers and percentages of residents with medical and mental health care services.

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

Medical care, pediatrics, OB-GYN and mental health services will be provided to citizens by the appropriation project.

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

Low to moderate income citizens of all ages in need of medical and mental health services. Over 6,000 residents per year will be served by the project.

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

The follow outcomes are expected:

1. Increased number and percentage of local citizens with medical and mental health care access.
2. Increased number and percentage of local citizens with preventive health screenings (e.g., cancer) completed.
2. Increased number and percentage of patients with their chronic condition (e.g., diabetes) effectively managed.
3. Increased number and percentage of patients with their mental illness under effective treatment.
4. Increased number and percentage of patients with mental illness attaining moderate to high levels of functioning.

Community Health of South Florida will utilize its electronic medical records system to collect, manage and report on project outcomes.



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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 the contract?

Being placed in a probationary status until deliverables are met; reversion/repayment of project funds.

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.

Community Health of South Florida (a non profit entity) is both the owner of the facility and the entity.



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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