



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2323

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

Community Health Centers of Pinellas' (DBA: Evara Health) proposes to renovate and equip the existing 13,000 square foot building at Clearwater, Pinellas County, Florida and establish a primary care medical center. The property is located within an Opportunity Zone, Primary Care HPSA and Medically Underserved Population area. The center will be offering a wide scope of affordable medical services for the residents of the community. At full operational capacity, the center will be serving over 10,000 residents for 22,000 plus visits on annual basis.

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	0
Fixed Capital Outlay	500,000
Total State Funds Requested	500,000

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)	500,000	20%
Matching Funds		
Federal	1,145,337	45%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	892,609	35%
Total Project Costs for Fiscal Year 2022-2023	2,537,946	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?**



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

Community Health Centers of Pinellas' (DBA: Evara Health) received \$7.3M of federal assistance related to the COVID-19 pandemic. The funds were used for the operational support during the pandemic.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Evara Health proposed Milton Park A/R project will renovate and equip 4,650 sq ft of an existing 13,000 sq ft multi-space medical facility. Renovation activities will include the redesign of the interior floor plan to provide a suitable waiting area, ensure proper patient flow and improved access to the ancillary areas. The restrooms will comply with accessibility requirements of the Americans With Disabilities Act and local building codes. The renovation will add six (6) examination rooms.	500,000
Total State Funds Requested (must equal total from question #6)		500,000

12. Program Performance

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

Community Health Centers of Pinellas' (DBA: Evara Health) proposes to establish a new primary care medical center at Clearwater, Pinellas County, Florida. The property is located within an Opportunity Zone, Primary Care HPSA and Medically Underserved Population area. The center will be offering a wide scope of affordable medical services for the residents of the community.

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

Evara Health proposes to renovate and equip the existing 13,000 square foot building. Renovation activities will include the redesign of the interior floor plan to provide a suitable waiting area, ensure proper patient flow and improved access to the ancillary areas. The renovation will add examination rooms, offices, health care support functions, laboratory and mechanical spaces.

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

The center will be offering a wide scope of affordable medical services for the residents of the community including family practice, behavioral health, pharmacy, eligibility assistance, chiropractic, and case management support.

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

The project's target population are low-income, uninsured and under-insured residents of Pinellas.

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



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be measured?

The project will improve access to the quality affordable health care services for residents of Western Pinellas County. Evara Health seeks to increase its capacity to serve the vulnerable populations of the County. At full operational capacity, the center will be serving over 10,000 residents for 22,000 plus visits on an annual basis. Evara Health will monitor all program outcomes, including a number of patients served, type and volume of provided services and clinical outcomes with the help of a Nationally Certified Electronic Health Records system and following the standards of Uniform Data System reporting.

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?

Returning of the 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 Centers of Pinellas' (DBA: Evara Health) owns the facility to be renovated.



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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