



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2820

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To build a community health and wellness center in West Augustine that will provide reasonable access to primary health care management with a focus on wellness and prevention - to uninsured, under-insured and "high risk" populations while bridging the gap of health inequity in St. Johns County. Additionally, to assist area residents in identifying specific social determinants of overall health, navigating available resources, and provide access to culturally appropriate services, education, and wellness opportunities to improve overall community's health and well-being.

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	1,000,000
Total State Funds Requested	1,000,000

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)	1,000,000	12%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,000,000	62%
Other	2,107,200	26%
Total Project Costs for Fiscal Year 2022-2023	8,107,200	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.

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	Funding will be used for construction and construction related costs for the proposed health and wellness clinic.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

12. Program Performance

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

The proposed funds will be used to fill the capital funding gap needed to complete the construction of the health and wellness center.

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

Hard cost construction activity will be funded and leveraged with local funding to complete the construction of the proposed clinic.

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

The access to a health and wellness center in there neighborhood that will provide access to culturally appropriate services.

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

The principal target population in the West Augustine Community is lower income insured (which includes the elderly who are presumed to be lower income).

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

- Reduction of visits to emergency room for non-emergency health services. Measured by the number of users of the health and wellness clinic.
 - Reduction in infant mortality rate in the West Augustine Community where the rate is 4 to 1 black to white infants. Measure by local health data.
 - Reduction in recurring hospital stays for stroke and heart attack patients. Measured by local health data.

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?



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We suggest that a reasonable period to cure deficiencies be included before assessing a small penalty to encourage performance. Provisions for exemptions should be included for conditions that are beyond the control of the recipients.

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.

The owner of the facility will be the West Augustine Historical Community Development Corporation, a Florida based non-profit, that is also the entity. The West Augustine Historical Community Development Corporation has requested that Flagler Health Plus serve as it's anchor tenant and fiscal agent and Flagler Health Plus has tentatively agreed. This agreement will be documented in an MOU.



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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