



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1345

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The project will provide low-income, uninsured and under-insured women with lifesaving mammography services in Miami-Dade and Monroe Counties enabling the early detection and treatment of breast cancer. State funds will be used exclusively for the one-time cost of purchasing the mammography machine. Additional matching dollars for the purchase of the mammography machine and for operational costs will be provided by the applicant.

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

**State Agency contacted?**  No

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	550,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>550,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	550,000	79%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	150,000	21%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>700,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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

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?**

Yes



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

Federal assistance (\$21M) was provided for COVID-19 personal protective equipment, COVID-19 testing, treatment and vaccination services.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

### 13. 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Purchase of a mammography machine	550,000
Consultants/Contracted Services/Study		0
<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>550,000</b>

### 14. Program Performance

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

The project purpose is to provide low-income, uninsured and under-insured women with lifesaving mammography services in Miami-Dade and Monroe Counties enabling the early detection and treatment of breast cancer.

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



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Screening and diagnostic mammograms will be provided to low-income, uninsured and under-insured women from Miami-Dade and Monroe Counties.

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

Screening and diagnostic mammograms will be provided to low-income, uninsured and under-insured women from Miami-Dade and Monroe Counties.

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

Low-income, uninsured and underinsured women from Miami-Dade and Monroe Counties. 2,000 women per year are expected to be served.

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

Expected benefit and outcomes will be 1) increase accessibility of mammography services in Miami-Dade and Monroe Counties, 2) the early detection and treatment of women with breast cancer in Miami-Dade and Monroe Counties, 3) the reduction of late-stage cancer detection among Miami-Dade and Monroe Counties, and the 4) the reduction of mortality due to breast cancer in Miami-Dade and Monroe Counties.

**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?**

Return a portion or all of State of Florida funding.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. 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**



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f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number