



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1498

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

4. Project/Program Description

The West Augustine Historical Community Development Corporation plans to develop the West Augustine Health and Wellness Center on the corner of N. Brevard and W. King streets in West St. Augustine. The Center will be a significant feature of the West Augustine community to address the needs highlighted in the St. Johns County 2018 Health Assessment and additional studies, which outlines this populations suffering disproportionately from negative health outcomes (infant mortality and prenatal care, diabetes, stroke, cancer, HIV, obesity, and mental/behavioral health) relative to county-wide averages. This project has significant support from key Federal, State, and Local public officials, prominent business and civic leadership, and local organizational partnerships including Flagler Health+ hospital, YMCA of Florida's First Coast, and EPIC Behavioral Healthcare - all who recognize the need to invest in the West Augustine community.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	3,000,000
Total State Funds Requested	3,000,000

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)	3,000,000	38%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	5,000,000	62%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	8,000,000	100%

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?**



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Yes

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

The West Augustine Historical Community Development Corporation received \$5M from St. Johns County CARES Act funds to build the Center, which will be located in the most disproportionate COVID-impacted population in the county.

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.

West Augustine Historical Community Development Council (WAHCDC), a Florida-based 501(c)3 non profit organization, will own the facility and receive funding directly. Gregory White, President of WAHCDC, will manage capital funds, along with oversight of the Center's civic leadership team. WAHCDC has successfully advocated for programs that are vital for a healthy community. The Center will provide a safe, new, functional facility to reduce the gap in racial disparities of West Augustine.

13. 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 design, engineering, site development, and construction expenses of the facility and grounds. The land/property itself of the Center is currently owned by West Augustine Historical Community Development Corporation, at an assessed value of \$147,997, and is not a part of the requested funds.	3,000,000
Total State Funds Requested (must equal total from question #6)		3,000,000



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14. Program Performance

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

The Center will be a significant feature of the West Augustine community to address the needs primarily highlighted in the St. Johns County 2018 Health Assessment, which outlines this populations suffering disproportionately from negative health outcomes (infant mortality, diabetes, stroke, heart attack, mental/behavioral health) relative to county-wide averages. Services will be provided by Flagler Health+ hospital, YMCA of Florida's First Coast, EPIC Behavioral Healthcare, and additional tenants.

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

The West Augustine Historical Community Development Corporation will utilize the funds to construct the West Augustine Health and Wellness Center, a functional health facility that will provide direct access to care within the under-served community of West Augustine.

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

The West Augustine Health and Wellness Center will provide the physical building to address health disparities and inequities, with programing based on data-driven assessments of community needs. Anticipated services include primary medical care, physical fitness and wellness education, behavioral and mental health services, case management, and financial education, with the potential and fluidity of additional services based on recurring needs assessments.

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

The primary targeted population anticipated to be served by this project includes: Persons with low to moderate incomes and elderly persons, and those with limited access to care. These groups are expected to receive 60% or more of the planned health services. The estimated number of clients projected to be served is 150 patients per month (not duplicated).

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

It is our goal to provide culturally sensitive, health and wellness programming, provide education and proximal access to care directly within the community of West Augustine, by building trusting relationships with community members and working with community leaders to coordinate community driven participation and programming. Benefits will be measured by closing the gap in health outcomes amongst minorities in St. Johns County as evidenced by improvement in infant mortality rate, decrease in preventable and chronic disease, and overall increase in community participation of early detection and screening programs. Outcomes will be reported and compared to prior assessments.

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?

Should the Grantee fail to meet the deliverables and performance measures in its contract, the State of Florida may terminate funding after providing the Grantee an opportunity to cure. If the Grantee does not cure the issue, the Grantee will return the awarded funds to the appropriate state agency.

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



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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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number