



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2513

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

We are the only facility in Central Florida providing free occupational and physical therapy services year-round as well as student education hours. During 2022, the Hope Clinic provided the following: over 4,600 visits to approximately 170 uninsured or under-insured patients and 4,936 student education hours to 331 students. This funding will provide the operational budget that will allow us to continue to provide these services to our community and to our students.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	703,054
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>703,054</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)	703,054	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>703,054</b>	<b>100%</b>

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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## 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	Two occupational therapists, one full time, one part time Two physical therapists, one full time, one part time Two occupational therapy assistants, one full time, one part time One exercise physiologist full time	598,402
Expense/Equipment/Travel/Supplies/Other	Lease payments, supplies, licenses and professional dues, telephone, membership fees, continuing education, travel, building maintenance, IT support and equipment repairs and maintenance.	95,546
Consultants/Contracted Services/Study	Consultant Fire service, Internet, Pest Control contracted services	9,106
<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>703,054</b>

### 14. Program Performance

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

We are the only facility in Central Florida providing free occupational and physical therapy services year-round as well as student education hours. During 2022, the Hope Clinic provided the following: over 4,600 visits to approximately 170 uninsured or under-insured patients and 4,936 student education hours to 331 students. This funding will provide the operational budget that will allow us to continue to provide these services to our community and to our students.



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

Occupational and physical therapy, cardiac rehabilitation, long COVID treatments, primary prevention, and primary care services by family nurse practitioners and physician assistants.

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

General rehabilitation services, cardiac rehabilitation, and primary care. In addition we provide healthcare education to our patients and inter-professional education to our students.

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

Less than 400 patients per year. The Hope Clinic provides no-cost services, underinsured and individuals who would not otherwise have access to care.

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

Our patients will make progress towards achieving established rehabilitation goals for improved physical/mental health. AHU students will experience the science of their profession while providing care to patients without other treatment options alongside faculty/clinicians. This will be measured by goal assessments and standardized outcome measures.

**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?**

Funds will be returned.

**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**



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e. E-mail Address

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number