



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1029

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

4. Project/Program Description

St. John Bosco Clinic is a free clinic providing primary and preventive care and some specialty care services to individuals living in Miami-Dade County who are uninsured and below the 200% Federal Poverty Level. As a free clinic, St. John Bosco Clinic, relies on the support of volunteers, licensed healthcare providers and support staff to meet the needs of the clinic patients. The clinic provides primary care to adults and children through a model of care that primarily uses Advance Practice Registered Nurses with the support of volunteer physicians, many of who are specialists that see patients in their private office pro-bono. Patients who have medical needs beyond the scope of the clinic are referred to other community programs better suited for their needs. The clinic works with these patients to ensure a transition of care. The clinic offers screening, diagnostics, treatment and follow up for the most prevalent chronic conditions.

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

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
Total State Funds Requested	500,000

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	62%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	300,000	38%
Total Project Costs for Fiscal Year 2025-2026	800,000	100%

8. Has this project previously received state funding? Yes
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2023-24	0	500,000	1082	No

9. Is future-year 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.
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director 1.0 FTE - The Executive Director of St. John Bosco Clinic is directly involved with the daily operations and oversight of all clinic activities. The Executive Director is responsible to ensure compliance with all Florida DOH guidelines under the Volunteer Healthcare Provider Program.	75,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	The Nurse Practitioner position at SJBC includes 1.3 FTE (one full-time, one part-time) to meet the needs of the patient volume at this time. They are responsible for approximately 80% of total patients seen. The Volunteer & Patient Services Coordinator is a 1.0 full time position. 1 FTE Medical Assistant and 2 FTE Patient Services assistants.	285,000
Expense/Equipment/Travel/Supplies/Other	Support for the expenses that include services related to patient care (i.e., labs, medical supplies, pharmaceuticals, purchased services, equipment, etc.) and for the operating expenses (i.e., utilities, janitorial services, medical waste management, office supplies, etc.).	140,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000



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13. Program Performance

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

To Provide comprehensive primary care services by ensuring access for the underserved and uninsured in Miami-Dade County. The clinic services identify, prevent and treat the most prevalent conditions. Access to this level of healthcare will give individuals the ability to care for their health before conditions lead to complicating disabilities, loss of productivity and even prevent deaths. Such healthcare access reduces the overall cost to the healthcare delivery system.

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

Chronic disease management is key to maintaining a healthy community, as such, patients will be supported through access to medications, health education and tools necessary to manage conditions. Activities that support facilitating access to the targeted population (those who are uninsured, underserved and living below the 200% federal poverty level).

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

Primary and preventive care. Referrals to a network of volunteer specialists and navigation to other programs when the care needed is outside the scope of clinic services. Prescription assistance program and navigation to low cost medications. Assistance with supplies and tools necessary to self- manage conditions and Laboratory and diagnostic exams.

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

The target population includes: Elderly persons, people with poor mental/physical health, unemployed. The target population is over 800 people.

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

- 1.Reduction in elevated blood glucose A1C to7%.
- 2.Reduction in cholesterol ratio to <4.
- 3.1,000+ unduplicated individuals will have access to healthcare.
- 4.4,000 clinic encounters for initial and follow up care.
- 5.700 individuals screened for cancer (cervical, breast, colorectal)

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 in the contract?

The agency may withhold funding if the funds appropriated are not used for their intended purpose.

14. Is this project related to mitigation, response, or recovery from a natural disaster? No

a. If Yes, what phase best describes the project?

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):

15. Has the entity applied for or received federal assistance for this project?

- Yes, Applied
- Yes, Received



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Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1029

- No
- No, but intends to apply

a. If yes, provide the FEMA project worksheet ID#:

b. Provide the total project cost listed on the FEMA project worksheet:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):

17. Requester Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

18. 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)



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d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.