

LFIR # 1029

1. Project Title St. John Bosco Clinic 2. Senate Sponsor Ana Maria Rodriguez 3. Date of Request 1/23/2025 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 Country 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 acre 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 per-bohop. Patients with nave medical needs beyond the scope of the clinic are referred to 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 are referred to care the provision of the care that the provision of								
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a. If yes, indicate nonrecurring amount per year.	2023-24	0	500,000	1082	No			
	a. If yes, indicate no	onrecurring amou	nt per year.					



LFIR # 1029

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	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?
List the owners of the facility to receive, directly or indirectly relationship between the owners of the facility and the ent	

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	500,000



LFIR # 1029

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?

hronic 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 AIC 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?

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

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

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

- ☐ Yes, Applied
- ☐ Yes, Received



LFIR # 1029

□ No	
☐ No, but intends to	o apply
	e FEMA project worksheet ID#:
b. Provide the total	project cost listed on the FEMA project worksheet:
46 Has the autitus and	lied for an appaired otate againtenes for this mariest (athor they this required)?
	lied for or received state assistance for this project (other than this request)?
☐ Yes, Applied	
☐ Yes, Received	
□ No	
☐ No, but intends to	o apply
a. If yes, specify the Commerce):	e program and state agency (ex. Local Government Emergency Bridge Loan, Department of
Commerce).	
17. Requester Contact	Information
a. First Name	Anthony Last Name Pinto
b. Organization	ADOM Health Foundation, Inc dba SSJ Health Foundation
c. E-mail Address	anthony.pinto@ssjhealthfoundation.org
d. Phone Number	(305)854-0533 Ext.
18. Recipient Contact	Information
a. Organization	St. John Bosco Clinic
b. Municipality and	d County Miami-Dade
c. Organization Ty	pe
□For Profit Entity	
☑Non Profit 501(c	:)(3)
□Non Profit 501(c	:)(4)
□Local Entity	
□University or Co	llege
□Other (please sp	pecify)



The Florida Senate Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1029

d. First Name	Luz	Last Name	Gallardo		
e. E-mail Address	luz.gallardo@sjbclinic.org				
f. Phone Number	(305)635-1335	Ext.			
19. Lobbyist Contact Information					
a. Name	Jorge Chamizo				
b. Firm Name	Floridian Partners LLC				
c. E-mail Address	jorge@flapartners.com				
d. Phone Number	(850)681-0024				

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