



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1132

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

4. Project/Program Description

The goal of the funds being requested is to confront health access by expanding our model of breast and cervical screening and cancer program because obtaining early detection screenings for breast and cervical cancer not only saves lives but saves the community resources. Survival rates, if caught in the early stages are nearly 99% for breast cancer and 95% for cervical cancer. With implementation of early detection and screening and early diagnosis, taxpayers save millions of dollars. The Promise Fund is replicating its Women's Health Program which provides navigation services to access to breast and cervical screenings and diagnostics to two additional locations in Palm Beach County in 2025 which will substantially increase demand for this program.

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

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	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	100%

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	225,000	CODHL	No

9. Is future-year 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.

Additional funding sources include funds from local granting organizations, and public and private donors.



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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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Promise Fund Navigators are employees who guide women participants residing in Palm Beach County through the health care system to reduce deaths due to late-stage breast and cervical cancer by assisting with access issues, developing relationships with service providers and tracking interventions and outcomes.	220,000
Expense/Equipment/Travel/Supplies/Other	Patient Navigator expenses related to travel when participants need transportation arranged to necessary medical appointments or when they are conducting outreach education. Other expenses include indirect costs covering Internet, utilities, supervision, administrative costs and other indirect costs.	40,000
Consultants/Contracted Services/Study	The contracted Patient Navigators are located at Federally Qualified Health Centers and host community-based organizations. They guide women participants in Palm Beach County through the health care system to reduce deaths due to late-stage breast and cervical cancer by assisting with access issues, developing relationships with service providers and tracking interventions and outcomes.	240,000
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?

The goal is to expand our breast and cervical screening and cancer program to increase access to early detection screenings for breast and cervical cancer which not only saves lives but saves the community resources. Survival rates if caught in the early states are nearly 99% for breast cancer and 95% for cervical cancer. The Promise Fund is replicating its Women's Health Program to 2 more locations in 2025 which will increase demand for program services.

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

Patient Navigators will guide participants through the health system, facilitate scheduling appointments and making appropriate referrals, ensure participants with abnormal findings receive all follow-up care and treatment, facilitate interaction and communication with health care staff and providers, provide outreach/education and ensure barriers to care are overcome (e.g. transportation, language, financial).

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

Patient Navigators will provide multi-lingual patient navigation to low-income women residing in Palm Beach County in need of mammograms, pap tests and HPV Vaccinations to increase access to care and ensure all participants are connected to primary care providers. Social determinants of health will be reviewed, and appropriate referrals will be made to target needs.

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

Persons with poor physical health and economically disadvantaged persons. We intend to reach more than 4,500 women.

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

The expected benefits are to improve physical health, improve mental health, improve quality education, and improve health access. We will measure and track the following: connection to a medical home, ensuring women receive appropriate detection screening referrals and cancer treatment resources, connection to a mental health professional with a positive cancer diagnosis, participation in a patient satisfaction survey, number of individuals reached through community outreach and education, how many participants sign up for Patient Navigation, maintain client demographic data reports, surveys and participant interviews.

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?

If the organization fails to meet deliverables or performance measures, we will be subject to submitting a performance improvement plan with outcomes bound by timelines and a formal review.

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



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- Yes, Received
- 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



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Other (please specify)

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.