



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1140

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Volusia Free Clinic is a medical clinic providing free health care to the uninsured citizens of Volusia County who fall under 300% of the Federal Poverty Guidelines. Patients are required to be between the ages of 19 and 65 and show proof of residency within the past year. The "Clinic" has a 501(c)(3) designation and is operated by one paid part-time office manager. Local physicians, nurses and office personnel are volunteers. An all-volunteer Board oversees the operations of the clinic.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operating	110,000
Fixed Capital Outlay	0
Total State Funds Requested	110,000

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)	110,000	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	110,000	100%

8. Has this project previously received state funding? No

If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

Local grants and fundraising brings in approximately \$15,000 to \$20,000 each year.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



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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	Office Manager	30,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Facilities leasing and equipment; office supplies, phones, copiers	20,000
Consultants/Contracted Services/Study	Accounting; marketing services; insurance	10,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Patient imaging, lab fees, medical supplies, specialist physician fees and nurse services provided and/or discounted	50,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		110,000

13. Program Performance

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

To provide free health care to the growing numbers of uninsured adult citizens living in Volusia County who fall at or below 300% of the federal income poverty level.

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

Funds will allow the clinic to increase hours of operation and see more qualified patients in the Daytona Beach location and the New Smyrna Beach location. Free primary health care can be provided to reduce numbers of visits to the local hospital emergency rooms.

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



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Patients will be seen at no charge by resident physicians, nurses, specialists and medical professionals. Laboratory tests, imaging, X-rays, MRIs and CT scans are provided with discounted rates by local hospitals, imaging centers, lab facilities and physicians.

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

In Volusia County, one of every five adults age 18-64 has no health insurance - that is more than 100,000 residents. US Census Bureau reported that Daytona Beach alone has 13.3% of its population without any medical insurance.

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

The more citizens that can be seen by the Free Clinic results in fewer visits to our taxpayer supported hospital emergency rooms.

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?

Loss of funding will greatly reduce the clinic's ability to provide services to the low-income residents of Volusia County.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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
- 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



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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)

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.