



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1164

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal of this project is to purchase and renovate a building to establish a permanent, stable home for Good Health Clinic. As a 501(c)(3) non-profit organization, the clinic has been dedicated to providing comprehensive healthcare services to low-income and uninsured residents of the Florida Keys for over 20 years.

By securing a permanent location, Good Health Clinic will be able to expand its capacity to serve the local community and ensure continued access to essential medical care for those who are often undeserved.

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	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

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)	1,500,000	64%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	635,000	27%
Other	200,000	9%
Total Project Costs for Fiscal Year 2025-2026	2,335,000	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	250,000	466A	Yes

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.



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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)?

No

c. What is the estimated start date of construction?

1/1/2026

d. What is the estimated completion date of construction?

6/30/2026

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

Private donations and foundation grants. Good Health Clinic is a well established and supported NPO with long-term funders which have provided on-going operating funds for over 20 years. In addition, the organization has sufficient operation funding reserves.

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.

Good Health Clinic will own facility and receive funds.

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	All funds will be used towards the purchase and renovation of building to serve as permanent facility for a charitable clinic.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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

These funds will be used to purchase a building to serve as the permanent home for Good Health Clinic which provides free health care services for the uninsured, low-income residents of the Florida Keys.

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



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Funds will support the purchase and renovations of a building to function as a free clinic operated by Good Health Clinic. This organization has been operational for 20 years and is well established in the community. Good Health Clinic will continue to provide direct medical care and coordination of donated medical care and goods.

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

Low-income, uninsured adult and child residents of the Florida Keys will receive access to comprehensive healthcare. Specifically access will be provided for preventative services, diagnostic labs and imaging, chronic condition and disease management, sickness and injury treatment, medications, family planning, access to specialists and advanced medical care and mental health counseling.

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

Good Health Clinic serves uninsured Florida Keys residents living below 300% Federal Poverty Level.
 This group includes the following populations: Elderly persons, Persons with poor mental health, persons with poor physical health, jobless persons, economically disadvantaged persons, homeless, physically disabled, high school students, university/college students, formally incarcerated persons.

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

Benefits such as the improvement of physical and mental health and enhanced economic self sufficiency are ways these funds can help Florida Keys residents.
 We will measure this by number & types of appointments provided, number of patients served, value of medical services provided, and data collected in self reporting patient surveys.

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?

Withholding of funds.

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
- No
- No, but intends to apply

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



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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)

d. First Name Last Name

e. E-mail Address

f. Phone Number Ext.

19. Lobbyist Contact Information

a. Name



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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.