



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1470

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

**4. Project/Program Description**

The requested funds will support a 42-week community-based health education initiative focused on individuals managing diabetes, hypertension, and high cholesterol. Through direct workshops, participants will gain practical knowledge and preventative strategies to reduce health complications and reliance on emergency care. This initiative is designed to improve long-term health outcomes, decrease indigent care costs, and generate substantial taxpayer savings.

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	250,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>250,000</b>

**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)	250,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>250,000</b>	<b>100%</b>

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		

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.**
- 

**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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Funds will cover salaries and benefits for the Executive Director. The Executive Director leads compliance, budgets, and partnerships.	9,861
Other Salary and Benefits	Other Salary and Benefits cover the Operations Manager and Clerical Support for overseeing program activities, compliance, budgets, and administrative tasks. Benefits include health insurance, payroll taxes, and retirement contributions to support staff retention and performance.	5,451
Expense/Equipment/Travel/Supplies/Other	This category covers essential costs for implementing the health education logistics service Expenses include facility rentals, utilities, and administrative support, while equipment provides tools like computers and projectors for workshops.	7,013
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Funds will support the Community Health Coordinator, responsible for managing logistics and field services for the initiative. This includes identifying and securing workshop locations, coordinating schedules, liaising with community partners, and overseeing the administration of on-site services to ensure program efficiency.	31,800
Expense/Equipment/Travel/Supplies/Other	Expenses for identifying site locations and AV equipment will include venue rental fees, site inspections, and logistical coordination. AV costs will cover the purchase or rental of equipment such as projectors, microphones, speakers, and screens, as well as setup and technical support.	21,400
Consultants/Contracted Services/Study	Contracted service expenses for this initiative will include deliverable-based contracts with subject matter experts and the Community Health Coordinator. Additional costs will cover consultancy fees for program fidelity, service evaluation, quality assurance, IT support, and staff training including financial assistance for insulin and medications.	174,475
<b>Fixed Capital Construction/Major Renovation:</b>		



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Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>250,000</b>

**13. Program Performance**

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

The requested funds will support a 42-week community-based health education initiative focused on individuals managing diabetes, hypertension, and high cholesterol. Through direct workshops, participants will gain practical knowledge and preventative strategies to reduce health complications and reliance on emergency care. This initiative is designed to improve long-term health outcomes, decrease indigent care costs, and generate substantial taxpayer savings.

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

1. Workshops: Weekly sessions on managing diabetes, hypertension, and cholesterol. 2. Education: Distribution of tailored health materials. 3. Screenings: On-site blood pressure, glucose, and cholesterol checks. 4. Consultations: Individualized health planning with experts. 5. Outreach: Community recruitment and awareness. 6. Evaluation: Program impact assessment via surveys and data analysis.

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

The funding will provide workshops on managing diabetes, hypertension, and cholesterol, free health screenings for blood pressure, glucose, and cholesterol, personalized consultations with experts for tailored care plans, distribution of educational resources to support healthy living, and community outreach to engage under-served populations, improving health outcomes.

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

The target population for this project includes adults in under-served communities who are at risk for or currently managing diabetes, hypertension, and high cholesterol, with a focus on individuals that lack resources to better their health outcomes. Special emphasis will be placed on reaching populations with limited access to preventive care and health education resources.

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

The project aims to reduce participants' average blood pressure, glucose, and cholesterol levels over 42 weeks, measured via pre- and post-screenings. Outcomes will be reinforced by participant surveys capturing knowledge gained, behavior changes, and perceived health improvements.

**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?**

Graduated prorated contract reduction amount based on factors directly related to provider deliverables performance.

**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?**



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- 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
- 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



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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.*