

**LFIR # 1500** 

1. Project Title	Enhancing the Safety of True	Health's Casselberry Health	n Center		
2. Senate Sponsor	Jason Brodeur				
3. Date of Request	2/17/2025				
4. Project/Program De	scription				
its health center in C services annually. The staff, True Health's C	ily Health Center, Inc. dba True Hasselberry, Florida. True Health one project will support critical rend casselberry Health Center offers and insurance enrollment service ailments.	Casselberry serves over 5,5 ovations, ensuring a safe a adult and pediatric primary	500 citizens with mond nd modern environr care, behavioral he	ore than 22,500 ment for patients and ealth, laboratory, dental.	
5. State Agency to rec	eive requested funds Dep	partment of Health			
State Agency conta					
6. Amount of the Nonr	ecurring Request for Fiscal Ye	ar 2025-2026			
Type of Funding		Amo	unt		
Operating			50,000		
Fixed Capital Outlay			171,000		
<b>Total State Funds R</b>	Requested		221,000		
7. Total Project Cost fo	or Fiscal Year 2025-2026 (inclu	ding matching funds avai	lable for this proje	ect)	
Type of Funding		Amount	Percentage		
Total State Funds Re	equested (from question #6)	221,000	93%		
Matching Funds					
Federal		9,549	4%		
Federal	amount of this request)	0	0%		
Federal	amount of this request)	, i	0% 3%		
Federal State (excluding the	amount of this request)	0	0%		
Federal State (excluding the Local Other	amount of this request)  for Fiscal Year 2025-2026	7,989	0% 3%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre	. ,	0 7,989 0 <b>238,538</b>	0% 3% 0%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year	for Fiscal Year 2025-2026 viously received state funding	0 7,989 0 238,538 ? No	0% 3% 0%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r	for Fiscal Year 2025-2026 viously received state funding nost recent instance:	7,989 0 238,538 ? No	0% 3% 0% 100%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year	for Fiscal Year 2025-2026 viously received state funding nost recent instance:  Amount	7,989 0 238,538 ? No	0% 3% 0% 100%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)	for Fiscal Year 2025-2026  viously received state funding nost recent instance:  Amount  Recurring Nonrecurr	7,989 0 238,538 ? No Specific Appropriation #	0% 3% 0% 100%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)  9. Is future-year funding	for Fiscal Year 2025-2026  viously received state funding nost recent instance:  Amount  Recurring Nonrecurr  ng likely to be requested?	7,989 0 238,538 ? No	0% 3% 0% 100%		
Federal State (excluding the Local Other Total Project Costs  8. Has this project pre If yes, provide the r  Fiscal Year (уууу-уу)  9. Is future-year funding	for Fiscal Year 2025-2026  viously received state funding nost recent instance:  Amount  Recurring Nonrecurr	7,989 0 238,538 ? No Specific Appropriation #	0% 3% 0% 100%		
State (excluding the Local Other  Total Project Costs  8. Has this project pre If yes, provide the reference (yyyy-yy)  9. Is future-year funding a. If yes, indicate no	for Fiscal Year 2025-2026  viously received state funding nost recent instance:  Amount  Recurring Nonrecurr  ng likely to be requested?	0 7,989 0 238,538 ? No Specific Appropriation #	0% 3% 0% 100%		



10. Status of Construction

### The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

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### Complete questions 10 and 11 for Fixed Capital Outlay Projects

a. What is the c	urrent phase of t	he project?			
<ul><li>Planning</li></ul>	O Design	Construction	O N/A		
b. Is the project	"shovel ready" (	(i.e permitted)?		No	]
c. What is the es	stimated start da	te of construction?		8/1/2025	
d. What is the estimated completion date of construction?				5/31/2026	
e. What funding	stream will be u	sed for ongoing ope	erations a	nd maintenance of	the project?
		nter, Inc. dba True He		y) will use its general	operating

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.

Central Florida Family Health Center, Inc. dba True Health (entity), owns the property proposed in this project, located at 1120 State Road 436, Casselberry, FL 32707.

### 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	Fire suppression system - lithium ion battery energy storage units. 2 for \$50,000	50,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Parking lot repavement - Casselberry @ est. \$150,000 Parking lot lighting - Casselberry @ est. \$15,000 Dead tree removal and tree trimming - Casselberry @ est. \$6,000	171,000
Total State Funds Requested (m	ust equal total from question #6)	221,000

### 13. Program Performance

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

The requested funds will support True Health's Casselberry Safety Improvement project at our health center. The improvements made will allow us to provide uninterrupted high-quality, affordable healthcare services and resources to current and future patients, as well as ensuring the safety of our staff.



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

Improvement project activities will consist of 1) repaying the Casselberry health center parking lot; 2) installing parking lot light fixtures; 3) removal of a dead tree and potentially hazardous tree limbs over the building and parking lot, and 4) adding a fire suppression system to the two external lithium ion battery energy storage system (BESS) units.

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

The appropriations project will support critical renovations at True Health's Casselberry Health Center, ensuring a safe and modern environment for patients and staff. True Health's Casselberry Health Center offers adult and pediatric primary care, behavioral health, laboratory, dental, pharmacy, OB-GYN, and insurance enrollment services. This location also offers express walk-in services for those seeking care for acute ailments.

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

The target population served by this project are the current staff and patients served by True Health's Casselberry location and citizens residing in zip codes 32701, 32707, 32708, 32730, 32750, 32751, 32792, and 32810. We expect to serve 5,500 individuals in a 12-month period after the project activities are complete.

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

This project's expected benefit includes decreased hazards and increased safety of patients and staff while at True Health Casselberry. The benefit can be measured comparing the number of parking lot and battery storage-related incident reports for the 12-month period before the project activities to the number of parking lot and battery storage-related incident reports in the 12-month period after the project concludes.

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?

Given the nature of the project, True Health suggests that the contracting agency may opt to withhold portions of the funding until key milestones are met.

ţι	unding until key milestones are met.
14. Is	this project related to mitigation, response, or recovery from a natural disaster? No
a. I	f 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>b</b> . l	Name of the natural disaster (or Executive Order # for events not under a federal declaration):
5. H	as the entity applied for or received federal assistance for this project?
	Yes, Applied
	Yes, Received
	No
	No, but intends to apply
a. I	f yes, provide the FEMA project worksheet ID#:



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b. Provide the total	project c	ost listed on the	e FEMA proj	ect worksheet:	
16. Has the entity app	lied for o	r received state	assistance	for this project (other than	n this request)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	o apply				
		n and state ager	ncy (ex. Loca	al Government Emergenc	y Bridge Loan, Department o
17. Requester Contac	t Informat	ion	-		
a. First Name	Janelle		Last Name	Dunn	
b. Organization	Central F	Torida Family He	alth Center I	nc, dba True Health	
c. E-mail Address	janelle.du	unn@mytrueheal	lth.org		
d. Phone Number	(407)322	-8645	Ext.	1132	
18. Recipient Contact			alth Cantar	ماله ماله	
a. Organization	True Hea	Torida Family He Ith	eaith Center, i	inc. dba	
b. Municipality and	d County	Seminole			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	llege				
□Other (please sp	pecify)				
d. First Name	Janelle		Last Name	Dunn	
e. E-mail Address	Janelle.D	ounn@mytruehea	alth.org		
f. Phone Number	(321)377	-3666	Ext.		



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a. Name	None	
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.