



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1612

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

4. **Project/Program Description**

Support is requested to improve access to primary care health services after the renovation of the health center facility for vulnerable community members in Pasco County. The operational needs include expenses for electronic health records, clinic equipment/supplies, and clinic staffing to meet the unique healthcare needs of community members. The health care services include primary care, behavioral health care, opioid treatment & preventive care, and telehealth.

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	850,000
Fixed Capital Outlay	0
Total State Funds Requested	850,000

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)	850,000	35%
Matching Funds		
Federal	589,000	24%
State (excluding the amount of this request)	0	0%
Local	1,000,000	41%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	2,439,000	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?** No

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
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	Clinic support staff to care for medically underserved, indigent, and/or vulnerable patients.	600,000
Expense/Equipment/Travel/Supplies/Other	Health clinic supplies, health informatic technology and medical equipment for healthcare support function	250,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		850,000

13. Program Performance

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

The funding will be used to directly serve the citizens of Pasco County through healthcare services at a recently renovated Premier clinic. Primary care, integrated health services and support services will be provided to community residents. The primary focus is to improve access to care, ensure continuity of care for patients discharged for area hospitals enabling them to be healthy and productive citizens. The goal of this funding request is aligned with the new Living Healthy Act and will help hospital partners connect patients to care at a local health center.

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



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Medical care and support services for low-income, uninsured, and/or vulnerable populations enabling them to be productive citizens are the activities that will be provided to meet the intended purpose of the funding request.

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

Healthcare services will be directly provided to citizens by Premier through funding from the appropriation project.

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

Medically needy, uninsured, and/or low-income Pasco County residents will be served by this project. 800+ individuals are expected to be served during the project period (1 year).

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

Improved health status for the target population. The outcome will be measured through core clinical quality metrics using the electronic health records system.

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 deliverables fail to be met, funding will be returned.

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



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- 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

b. Firm Name

c. E-mail Address

d. Phone Number



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The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.