



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1651

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Replace currently leased health clinic facility in Haines City with permanent facility. The current lease expires in 2025, and facility has had multiple issues causing the health clinic to be shut down. Replacement facility will be built on land already owned by district. Issues include having to close due to sewer backups, roof repairs that were not communicated, etc. that resulted in loss of use, canceled appointments and increased costs to district to handle repairs. This particular clinic averages 1000 visits per month and would be able to increase that number with an expanded and dependable facility.

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	700,000
Total State Funds Requested	700,000

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)	700,000	47%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	800,000	53%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,500,000	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		

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)? No

c. What is the estimated start date of construction? 08/01/2025

d. What is the estimated completion date of construction? 11/01/2025

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

PCPS Health Insurance Fund

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.

Polk County Public Schools will be the funding recipient and own the facility.

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	Design and construction of new 2000 sq ft, single-story building to house replacement health clinic in east Polk.	700,000
Total State Funds Requested (must equal total from question #6)		700,000

13. Program Performance

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

Replace currently leased health clinic facility in Haines City with permanent facility. The current lease expires in 2025, and facility has had multiple issues causing the health clinic to be shut down. Replacement facility will be built on land already owned by district. Issues include having to close due to sewer backups, roof repairs that were not communicated, etc. that resulted in loss of use, canceled appointments and increased costs to district to handle repairs.

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

Provide primary and occupational health care to improve healthcare outcomes and lower healthcare costs. When teachers and other staff have access to convenient, affordable healthcare, they are more likely to address health concerns early, reducing sick days and ensuring continuity in the classroom and a healthier workforce.



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

Primary health care, physical and occupational therapy, basic radiology and pharmaceutical care.

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

Employees, retirees, spouses and dependents of Polk County Public Schools, the largest employer in Polk County. PCPS Health Plan covers over 18,000 members who are all eligible to be served by the health clinic at no additional cost to the member.

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

Improved health care to Polk schools' employees, retirees, spouses and covered dependents will result in a decrease of absenteeism among PCSB staff. As the largest employer in Polk County, this clinic provides healthcare services to a significant % of the population in east Polk County. This outcome will be measured by comparing 2025 baseline health data of covered employees to the same data one year after new facility opening. Fewer instructional staff absences will result in more high-quality instructional staff days in the classroom and improved academic outcomes as measured by comparing instructional staff use of sick leave in previous school years to year new clinic opens and comparing district student academic outcomes year over year.

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?

Reduction in state funding not to exceed 7.5% of total state contribution.

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)?



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- 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

b. Firm Name

c. E-mail Address

d. Phone Number



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

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