



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 1813

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The project's specific purpose is to increase preventative health care access, reduce emergency room visits and reduce State of Florida healthcare expenditures for low-income children and families in the southern half of Miami-Dade County. Mobile preventative health screenings services will be provided to over 800 children in southern Miami-Dade County at over 20 school-based locations.

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	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

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)	300,000	75%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	100,000	25%
Total Project Costs for Fiscal Year 2025-2026	400,000	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)?

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	Nurse, licensed practice nurse, medical assistant, scheduler, community health worker, one driver.	300,000
Expense/Equipment/Travel/Supplies/Other		0
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)		300,000

13. Program Performance

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

State funding for this project will expand preventative healthcare access, reduce reliance on costly emergency room visits and lowering overall healthcare expenditures for Florida. By investing in early intervention for low-income children and families in southern Miami-Dade, the state can improve health outcomes while achieving long-term cost savings in Medicaid and emergency services.

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



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Mobile pediatric preventative health screenings and services will be provided to over 800 low-income students who likely use the emergency room as their source of primary care services. Services will be provided at over 200 student-based locations in southern Miami-Dade County.

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

Mobile pediatric preventative health screenings and services.

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

Low-income school-aged children residing in the southern half of Miami-Dade County. Over 800 children will be served.

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

A minimum of 80% of pediatric medical van patients will be provided age-appropriate health screenings. A minimum of 80% of children with chronic conditions (e.g., asthmas, diabetes) will have their chronic conditions well managed. Electronic medical records will track and report the % of patients who have received age-appropriate pediatric screenings. Electronic medical records will track and report the % of pediatric patients whose biometric indicators reflect that their chronic conditions are well managed.

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?

A potential penalty could be the return of a portion of the State funds

14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes 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#:

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



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