



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2205

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

4. Project/Program Description

Sincere Women's Wellness Program is designed to focus on aspects of health impacting overall well-being. We believe that each offering is interdependent and influence the health outcomes and life expectancy of women within rural communities. The Sincere model incorporates the seven elements of wellness: mental, physical, social, financial, spiritual, environmental, and vocational. Our mission is to provide access to high quality, compassionate healthcare to women residing in rural communities. We sincerely believe by empowering women to take charge of their health outcomes; we can positively impact generations forward.

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	1,500,000
Fixed Capital Outlay	0
Total State Funds Requested	1,500,000

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)	1,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
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.**
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Complete questions 10 and 11 for Fixed Capital Outlay Projects

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?

06/01/2025

d. What is the estimated completion date of construction?

05/01/2028

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

During the construction phase, primary funding stream will be the revenue generated from the utilization of the mobile unit. Upon project completion, the center will operate and maintain from revenue collected through public and private insurance claims and self-pay.

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.

Chenelle Harris, Chief Executive Officer
 Crystal Bivens, Chief Operating Officer

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Founder/CEO	160,000
Other Salary and Benefits	Chief Operating Officer, Administrative Assistant, Community Liason	265,000
Expense/Equipment/Travel/Supplies/Other	Travel, Computers, Phones, Mileage Reimbursement	135,000
Consultants/Contracted Services/Study	Medical Director, Pharmacist, Legal	200,000
Operational Costs		
Salary and Benefits	Clinical Staff, Comunity Health Workers, Nutritionist, Educator	225,000
Expense/Equipment/Travel/Supplies/Other	Sincere Women's Wellness Mobile Unit, Electronic Helath Records System	475,000
Consultants/Contracted Services/Study	Community Health Needs Assessment/Study, Nutrition and Health Education Program (contract)	40,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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

To support Phase One of the Suwannee County Regional Facility to include: (1)Needs Assessment - Market analysis, survey and community forums. (2) Permit and licensing to begin construction. (3) Site Prep (4) Deployment of SWWC prenatal health education campaign (5) Mobile Unit Deployment



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

The funding of \$1.5 million allocated to Sincere Women's Wellness and Birth Center will support a range of essential activities and services designed to meet the health and wellness needs of women and families in five rural communities to include Suwannee, Hamilton, Lafayette, Madison, and Columbia. This funding will enable the center to provide comprehensive prenatal and postnatal care, including regular health screenings, behavioral health services, educational workshops on maternal health, and lactation consulting services. Additionally, it will support the operation of the mobile unit, which will extend services to underserved areas.

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

The mobile unit will help close health care accessibility gaps. The mobile services will prioritize undeserved communities identified as medical professional shortage areas and maternal health deserts. Services will include low acuity Obstetrical (Pre-natal and post-natal), Gynecology, Primary Care Screenings, Chronic Disease Management, Mental Health Counseling Addiction Treatment and Health Education.

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

The targeted population are women and expectant mothers residing in Suwannee, Lafayette, Madison, Columbia, and Hamilton counties. By regionalizing the location, we are able to serve more residents who typically travel an hour for offered services. During the first phase, through the mobile health program, we will have the capacity to serve 425 patients per month. Once the center is open, we will have the capacity to provide physical, behavioral and nutrition health services to 2,178 women per month and provide 28 deliveries per month.

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

We will close significant access gaps to specialty, primary, and behavioral health services to women residing in rural communities. By offering quality care, we will be able to show improvement in health outcomes in areas severely under performing in the state. We will work closely with the state and local health departments to monitor health data. In addition, we will work with public and private insurance plans to evaluate improvement in specific HEDIS (Healthcare Effectiveness Data Information Set) metrics within our target region in comparison to our claims data to determine utilization and overall 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?

Inability to participate as a provider for state funded programs, i.e.. Medicaid and Medicare, Delay or withholding payments until deliverables are satisfied, termination of contract and/or licenser, reduction in scope of work.

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



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- 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
- University or College
- Other (please specify)



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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.