



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2209

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

4. Project/Program Description

Bond Community Health Center proposes expanding the services and offerings of the CHC through increased access to primary care, outpatient urology care, wellness services, mental health/substance abuse services, family counseling, legal aid, case management, and transportation. This aligns with the goal of the organization to provide centralized locations from which marginalized communities and residents can receive a wide range of services that otherwise might be unavailable. Bond will develop a 1.88 Acre site located on S. Monroe Street, Tallahassee for the construction of a sister Health Center and Conference Center. The health center will be approximately 26,000SF, two stories, with a portion of the second floor utilized for affordable studio apartments. The Conference Center shall be 3,000SF to 4,000SF will be used for training and educational purposes.

5. **State Agency to receive requested funds**
- State Agency contacted?** Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	65%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	500,000	16%
Local	575,000	18%
Other	40,000	1%
Total Project Costs for Fiscal Year 2025-2026	3,115,000	100%

8. **Has this project previously received state funding?** Yes
- If yes, provide the most recent instance:

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2024-25	0	500,000	466A	No

9. **Is future-year funding likely to be requested?** Yes
- 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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Bond CHC will apply for federal funding as well as from the City of Tallahassee Community Redevelopment Agency to match and offset a portion of the construction costs. As the program develops funds for operations will be generated from several sources--county and federal allocations for medical and mental health services, private payors, and private benefactors.

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?

07/01/2025

d. What is the estimated completion date of construction?

12/31/2026

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

Ongoing operations and maintenance of the project will be supported by program income (insurance reimbursement for medical services rendered), HRSA 330 grant funding, and rental income from tenants.

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.

Bond Community Health Center, Inc.. This is a 501c3, federally qualified health center governed by a volunteer board of directors.

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	Construction of the first floor core medical service office and exam rooms to develop a sister building adjacent to the already-utilized Bond Community Health Center, Site planning and land preparation will be completed at the time of the appropriations pending the Florida Department of Transportation repaving plans of Florida State Road 371.	2,000,000



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Total State Funds Requested (must equal total from question #6)	2,000,000
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13. Program Performance

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

With this funding, Bond hopes to serve more patients/residents who will receive primary and preventative medical care (family medicine, diabetic education, and nutrition services); Mental Health (assessments, family counseling, coping training, and substance abuse counseling and treatment); urology (early diagnosis and treatment); laboratory; assistance with common legal problems and referrals. This will be made possible by the expansion of the center and, consequently, the scope of services.

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

Bond CHC will provide primary care, outpatient urology care, wellness services, mental health/substance abuse services, family counseling, legal aid, case management and transportation.

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

Patients will receive primary and preventative medical care (adult medicine, diabetic education, and nutrition services); Mental Health (assessments, family counseling, coping training, and substance abuse counseling and treatment); urology (early diagnosis and treatment); laboratory; assistance with common legal problems and referrals.

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

Under-served communities living in Leon, Gadsden, Wakulla, Jefferson, Madison, Calhoun, and Franklin county. Approximately 4,000 are expected to be served annually.

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

The expected benefits include improvement in blood pressure and diabetes control, early detection and treatment of prostate and colorectal cancer, improvement in depression and anxiety symptoms, decrease in substance abuse rates, improvement in oral health and lower rates of interaction with the criminal justice system. The chronic disease and behavioral health outcomes and changes from the baselines will be measured against national standards such as HEDIS and the federal Uniform Data System quarterly and annually. Substance abuse remission will be measured with random drug testing and 6 month and 1 year testing. A reduction in recidivism will be measured by re-arrest rates of the patients receiving counseling.

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?

Bond Community Health Center is a federally qualified health center (FQHC). Bond CHC risks the reduction in federal funding as a FQHC if it fails to meet certain deliverables and performance measures. It also may be penalized by a reduction in managed care assignments and reimbursements, and by the inability to access new funding sources to help sustain this project.

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?



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- 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
- 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



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