



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2214

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The West Park Community Health Center Capital Development Project proposes a newly constructed health facility designed to address the pressing need for comprehensive and accessible health care services in the City of West Park. As the sole provider in the city, the facility will serve as a critical "one-stop shop" for a wide range of health services, ensuring that residents can receive the care they need without having to travel to multiple practices outside their area. It will be an integrated system of care including primary, behavioral and oral health services. It will also serve as a hub for training of future health care professionals.

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	1,500,000
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	97%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	40,000	3%
Total Project Costs for Fiscal Year 2025-2026	1,540,000	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?

02/02/2026

d. What is the estimated completion date of construction?

04/30/2027

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

The funding stream will be federal operational grant and revenue generated through patient care and reinvested for ongoing operations.

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.

Broward Community and Family Health Centers

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	Planning and Engineering - Design development to include dimensions, materials, electrical as well as ensuring that the designs are in compliance with the State.	1,500,000
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?



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The funds requested aim to construct a comprehensive integrated community health facility to address significant healthcare gaps in our community. By centralizing essential services in a larger, more accessible location, we aim to improve overall health outcomes for residents, particularly those in low-income areas. Currently, we are the sole immediate healthcare provider within city limits, and this expansion will enable us to scale up our services and meet the growing demand effectively.

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

An established fully functional modern healthcare facility with dedicated spaces for primary, behavioral and oral health services. Once constructed, essential services will include routine medical visits, maternal health, mental health counseling, substance use outpatient treatment, dental care and other preventive health education. The primary aim of the training space will be to address the ongoing shortages of health care workforce and maintain that workforce in the community.

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

The facility design will include multiple exam rooms to increase access for Primary Care, Obstetrical/Gynecology, Behavioral Health, and Oral Health services. In addition, it will include dedicated space for trainings/meetings such as, group educational classes on tobacco cessation, nutritional counseling, including use for community education activities.

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

The target population to be served will be residents living in the most economically-distressed communities of West Park, Miramar, Hallandale and Hollywood. The projected number of individuals to be served will be 10,000 individuals.

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

The expected benefit will be an improvement in accessing medical care by having a local health care center to improve health disparities, centralize essential health services and provide options for community training space to provide community value and support workforce development. Baseline data will be monitored based on expanded health care resources (i.e. reduction in emergency room usage) and economic data (i.e. new job creation).

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?

Disbursements occur on a mutually agreed structured schedule.

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



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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)

d. First Name Last Name

e. E-mail Address



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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.