

### LFIR # 2252

**1. Project Title** Foundation Health Care Clinic- Serving the Underinsured

2. Senate Sponsor Jason Brodeur

3. Date of Request 3/3/2025

### 4. Project/Program Description

The funds will support the startup and initial operations of a primary health care clinic. The Orlando Regional REALTOR Association is donating the lease to a property to house the clinic, which will serve the community with a focus on the under-insured. This appropriation will provide affordable health care and addressing a critical need in the region.

5. State Agency to receive requested funds

Department of Health

No

No

State Agency contacted? No

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

Type of Funding	Amount
Operating	377,500
Fixed Capital Outlay	0
Total State Funds Requested	377,500

### 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)	377,500	56%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	292,500	44%
Total Project Costs for Fiscal Year 2025-2026	670,000	100%

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

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	

9. Is future-year funding likely to be requested?

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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**

**10. Status of Construction** 

C P T T	Lo	cal Funding	ida Senate Initiative Re ar 2025-202	equest	LFIR # 2252
a. What is the cu	rrent phase of t	he project?			
O Planning	🔵 Design	Construction	🔿 N/A		
b. Is the project	"shovel ready" (	(i.e permitted)?			
c. What is the es	timated start da	te of construction?			
d. What is the es	timated comple	tion date of constru	ction?		
e. What funding	stream will be u	sed for ongoing ope	erations and main	tenance of the proj	ect?

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	Insurance, Utilities	19,000
Consultants/Contracted Services/Study	Dues, Licenses, Continuing Education, Permits, IT Support, Impact Fees	30,000
Operational Costs		
Salary and Benefits	Provider, Medical Assistant, Practice Manager and Front Desk Clerk	130,000
Expense/Equipment/Travel/Supplies/ Other	Computers, Laptop, Furniture, Office Equipment, Medical Equipment, Building Lease	71,500
Consultants/Contracted Services/Study	Medical Director, Management, Legal, Payroll Processing, Billing, Electronic Health Record	127,000
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (m	ust equal total from question #6)	377,500

#### **13. Program Performance**

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

The funds will support the start-up and initial operations of a primary health clinic. The Orlando Regional REALTOR Association is donating the lease to a property to house the clinic, which will serve the community with a focus on the underinsured. This appropriation will provide affordable health care and addressing a critical need in the region.

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

The funds will be used to directly for services to citizens. The clinic will provide primary health care, including exams, preventative care, treatment for common illnesses, and chronic condition management. Focused on serving the underinsured, the funds will support staffing, medical supplies, and operations to ensure the clinic is fully functional and meets community health needs.

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



The funds will be used directly for service to citizens. The clinic will offer primary health care, including routine exams, preventative screenings, vaccinations, treatment for acute illnesses, and management of chronic conditions like diabetes and hypertension. Services will include patient education on wellness and health management. Funds will cover staffing, medical equipment and supplies.

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

Target population includes: elderly persons, persons with poor health, jobless persons, economically disadvantaged persons, at-risk-youth, homeless, physically disabled, and general (no specific group). More than 800 individuals expected to be served.

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

Improved physical health- by simply providing access to a regular primary doctor, according to a study cited in the PMC; they found that people who moved to areas with more primary care doctors increased their life expectancy by as much as 114.2 days per decade; Outcomes will be measured by the number of patients served, services provided and health improvements documented. Metrics include preventative screenings, chronic condition management, and educational sessions. Access to primary care improves health outcomes and life expectancy, creating a healthier community. Improve mental health- phase 2 of the clinic will include mental health counseling. Although this is outside the funds of the appropriation, since the appropriation is seed money, we will grow to also serve the mental health of the members of our community. The level of benefit for improved mental health will be measured through patient visits, mental health screenings, referrals provided and f/u care.

# 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?

If milestones are not met, the funds for renewal the following year should be held until the deliverables are met.

### 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 infastructure)

### 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)?

- □ 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	Mercedes	Last Name	Fonseca
b. Organization	Orlando Regional REALT	OR Foundati	on
c. E-mail Address	mercedesf@orlandorelato	ors.org	
d. Phone Number	(407)902-3400	Ext.	

### **18. Recipient Contact Information**

a. Organization	Orlando Regional REALTOR Foundation					
b. Municipality and County Orange						
c. Organization Ty	c. Organization Type					
□For Profit Entity						
☑Non Profit 501(c	c)(3)					
□Non Profit 501(c	c)(4)					
Local Entity	□Local Entity					
□University or Co	□University or College					
□Other (please specify)						
d. First Name	Mercedes	Last Name	Fonseca			
e. E-mail Address	mercedesf@orlandorela	tors.org				
f. Phone Number	(407)902-3400	Ext.				
9. Lobbyist Contact Information						
a. Name	None					
b. Firm Name						

c. E-mail Address

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d. Phone Number

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