



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2358

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

4. Project/Program Description

The Clearwater Free Clinic (CFC) is addressing the growing demand for healthcare in Pinellas County by expanding its services through the "Keep Them Well" campaign. This initiative includes the development of a new Wellness Annex to enhance programs like behavioral health, physical therapy, and preventive wellness services such as a teaching kitchen. The clinic, operating at capacity, aims to raise \$3 million to fund necessary renovations and furnishing for the 1212 Court Street property. By increasing service capacity, the annex will empower patients and families to achieve long-term health and resilience, reinforcing CFC's mission of building healthy communities.

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	900,000
Total State Funds Requested	900,000

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)	900,000	30%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	2,100,000	70%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	3,000,000	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)?

Yes

c. What is the estimated start date of construction?

7/1/2025

d. What is the estimated completion date of construction?

1/31/2026

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

Clearwater Free Clinic Annual Budget which is funded from Grants, Donations and Fundraising.

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.

N/A

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	100% of the funds will be used to pay the contractor hired to complete the major renovation.	900,000
Total State Funds Requested (must equal total from question #6)		900,000

13. Program Performance

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

The funds will facilitate completion of this major renovation to put in service a comprehensive wellness center. The wellness center will allow for expansion of existing programs such as physical/occupational therapy, Chiropractic care and behavioral health. In addition, we will have the opportunity to add new programs such as a teaching kitchen, exercise, conditioning and other movement programs which support our efforts to keep our patients healthy.

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



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Physical and Occupational Therapy, Chiropractic Care, Healthy living programs including smoking cessation, healthy eating/cooking, exercise, stretching, yoga and other movement programs.
Behavioral health counseling and group therapy including Art Therapy, Music Therapy, Living with Anxiety and drug/alcohol groups.

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

All services outlined in Section B will be available to the patients of the Clearwater Free Clinic.

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

The Clearwater Free Clinic treats patients that meet the following criteria:
 -uninsured including Medicaid or any other public assistance programs.
 -250% or less of the federal poverty level.
 -Citizen or legal resident.
 -Resides in North Pinellas County.
 We serve 4,000 active patients that generate 13,000 visits annually.

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

Expands our impact on the health and wellness of our patients, further reducing the demand on Hospital Emergency Departments to treat non-emergent chronic illnesses. We will demonstrate outcomes through increases in our referrals from hospital's and the communities we serve and through data collected from our annual patient survey documenting that the patients have not had to seek care at a hospital emergency department.

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?

Claw-back of the funds provided.

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
- 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:



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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

f. Phone Number **Ext.**

19. Lobbyist Contact Information

a. Name

b. Firm Name



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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.