



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2679

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

4. Project/Program Description

The construction of a new permanent Medical Clinic in Paxton Florida. The project includes replacing the existing portable building with a new larger permanent building and supporting infrastructure. The funding requested is intended to provide monies for FF&E and to supplement the USDA Grant and County funding already in place for this project as the current project budget is expected to be exceeded due to cost escalation and code compliance requirements.

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	5,000
Fixed Capital Outlay	200,000
Total State Funds Requested	205,000

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)	205,000	14%
Matching Funds		
Federal	679,500	46%
State (excluding the amount of this request)	0	0%
Local	593,517	40%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	1,478,017	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



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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? 01/15/2025

d. What is the estimated completion date of construction? 12/31/2025

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

The City of Paxton will own and maintain the new Medical Clinic. Walton County Department of Health will manage the staff and equipment.

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.

The City of Paxton will own and maintain the new Medical Clinic. Walton County Department of Health will manage the staff and equipment.

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	Grant Administration	5,000
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 Costs	200,000
Total State Funds Requested (must equal total from question #6)		205,000

13. Program Performance

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

The purpose of this project is to improve the overall health of the residents of Paxton Florida and the surrounding community.

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



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Health care services provided through the Paxton Medical Clinic include: Preventive and wellness care, annual examinations and checkups, treatment of minor illnesses, treatment of minor injuries, ongoing care for chronic illnesses such as diabetes and high blood pressure, immunizations, family planning, and linkage to behavioral health services and dental services.

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

Health Care services as noted above.

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

The target population are the residents of the City of Paxton and the surrounding area. In 2022, the Paxton Medical Clinic served 467 clients with 8,795 different services provided. As of October 31, 2023, the Paxton Medical Clinic has seen 632 clients with 11,873 services provided. The steady growth of clients is consistent with the population growth of Walton County.

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 of this medical clinic will be improved community health. The improvements will be measured via monthly utilization reviews and care management through the Walton County Health Department. Additionally, Community Health Assessments for Walton County will help to measure the community benefits of this facility and direct future services to be provided.

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?

Any unused funds will be returned to the State.

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

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

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.