



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 2686

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The Coastal branch currently accommodates the first class of 6 new residents who came on board in 2024 but has reached maximum capacity. The requested expansion will accommodate the entire 18 residents as the program reaches capacity in 2026 resulting in a net increase from 1.2 FTE in 2024 to 5.8 FTE in 2026 and every year beyond. This expansion project will increase Primary Care services by a projected 383% to help improve the health and well-being of northwest Florida. Additionally, this expansion will also enhance infrastructure and expand health care services, including WIC services, and serve as a post storm step down shelter as needed. Phase 1 of the proposed project will include planning, design, and permitting for the proposed renovations.

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	500,000
Fixed Capital Outlay	0
Total State Funds Requested	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)	500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2025-2026	500,000	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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The construction of the proposed renovations are anticipated to be approximately \$5,000,000. The Florida Department of Health in Walton County is looking for monetary partnerships, including Ascension Sacred Heart for the construction phase of this project.

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?

1/1/2026

d. What is the estimated completion date of construction?

6/30/2027

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

Operations and Maintenance will continue to come from the Florida Department of Health, Ascension Sacred Heart, and Florida State University.

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.

Walton County will own the building and DOH-Walton/Walton Community Health Center will occupy the building.

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	Planning and Design	500,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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



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This expansion project will increase Primary Care services by a projected 383% to help improve the health and well-being of northwest Florida. Additionally, this expansion will also enhance infrastructure and expand health care services, including WIC services, and serve as a post storm shelter as needed. Projections also include Increased referrals to services such as family planning, primary care, and immunizations for pediatric, elder, rural, minority and vulnerable populations area patients and their families. Phase 1 of this project will include the planning, design and permitting for the proposed renovations.

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

The new proposed facility will expand health care services, including WIC services, and serve as a post storm shelter as needed. Projections also include Increased referrals to services such as family planning, primary care, and immunizations for pediatric, elder, rural, minority and vulnerable populations area patients and their families. Phase 1 of this project will provide completed planning, design, and permitting of the proposed renovation.

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

Primary Care, family planning, immunizations, WIC, and a post storm shelter as needed. Phase 1 of this project will provide completed planning, design, and permitting of the proposed renovation.

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

Citizens and visitors of Walton County, pediatric, elder, rural, minority and vulnerable populations area patients and their families. Current unduplicated client counts for 2024 through the Coastal Branch are 1627. With an anticipated growth in FTEs of 383% a conservative projection of unduplicated clients to be served upon year three of the residency program (2026) would be 25% growth each year, resulting in 2542 unduplicated clients.

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

Greater access to healthcare and increase of healthcare resources in Walton County which is designated as a financially disadvantaged community and a medically underserved area. Methodology used will be Comparison of current UDS unduplicated client count for location to 2026 UDS unduplicated client count. (UDS Uniform Data System for Health Center Programs) Florida CHARTS (Florida Community Health Assessment Tool Sets) and Robert Wood Johnson Foundation Annual County Health Rankings and Roadmaps. Phase 1 of this project will provide completed planning, design, and permitting of the proposed renovation.

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 Walton County fails to meet the deliverable to this appropriation all funds will be returned to the State.

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



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- 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
- University or College
- Other (please specify)



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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.