



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3068

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Healthcare Network has embarked on a remodel of our flagship health center serving the rural community of Immokalee. Review of the structure has shown the necessity of replacing the roof. This project will protect the renovations being performed internally for years to come.

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	450,000
Total State Funds Requested	450,000

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)	450,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	459,000	50%
Total Project Costs for Fiscal Year 2025-2026	909,000	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		
				No

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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



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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?

03/1/2025

d. What is the estimated completion date of construction?

09/01/2025

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

Organizational revenue.

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.

Collier Health Services, Inc., d/b/a Healthcare Network will receive the funding and is the owner of the facility.

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	Funds will be used towards the replacement of the roof at the Marion E. Fether building.	450,000
Total State Funds Requested (must equal total from question #6)		450,000

13. Program Performance

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

Healthcare Network is embarking on a major renovation of its flagship facility in the rural community of Immokalee. Review of the facility has shown that a roof replacement is needed to protect the investment in updating the premises. This renovation will provide the hard working agricultural community of Immokalee with the type of facility they deserve to receive their healthcare in.

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

Healthcare Network will provide pharmacy, adult, dental, and behavioral health services at this site

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



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High-quality primary care services will be provided. Services such as, but not limited to, dental cleanings, behavioral health visits, well-child check-ups, pharmacy services, and many more.

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

Healthcare Network serves all members of the community, but we focus on those most in need. This location predominantly serves the Immokalee community and the migrant farmworkers who work there during season.

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 project is increased overall community health and increased access to high quality primary health care services. This will be measured by using data from Healthcare Network's electronic health record, such data points include new patients and total patient visits.

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?

Failure to meet appropriate deadlines would require return or cancellation of funding.

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:

16. Has the entity applied for or received state assistance for this project (other than this request)?

- Yes, Applied
- Yes, Received
- No



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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

d. Phone Number

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