



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2025-2026

LFIR # 3230

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

4. Project/Program Description

Dr. Traci's House offers comprehensive social, behavioral health, pharmaceutical support and primary care services to underserved populations, especially the uninsured and underinsured. We offer education, medical care and care coordination for high-risk patients to reduce unnecessary ED visits. Our goal is to address health disparities and empower individuals to take greater control of their health. These funds would enhance our ability to support and serve even more community members.

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	1,500,000
Fixed Capital Outlay	0
Total State Funds Requested	1,500,000

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)	1,500,000	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	1,500,000	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.**

Dr. Traci's House is actively seeking external grants for its expanded access to care project.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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	Salary allocation for the Medical Director who will provide clinical oversight for the access to care program	116,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Grant Administration	10,000
Operational Costs		
Salary and Benefits	Funds will be allocated to hire licensed professionals, including an APRN, social worker, and medical assistant, as well as clinical navigators and a practice manager. The budget also covers employee benefits, which are estimated at 25%.	791,812
Expense/Equipment/Travel/Supplies/Other	Funds will be allocated for patient non-emergency transportation, clinical supplies, pharmaceuticals, purchased services (e.g., laboratory, radiology, biomed), and flexible funds for stipends for graduates of investing and financial literacy programs.	250,000
Consultants/Contracted Services/Study	Funds will be used for general liability and medical malpractice insurance, as well as to hire consultants for pharmacy services, financial literacy, and mental health empowerment.	332,188
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,500,000

13. Program Performance

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



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

Our Access to Care project offers comprehensive services for families, including workshops to help patients qualify for healthcare exchanges. Services include physical exams, vaccinations, lab tests, mental health empowerment, diabetes education, and early childhood programs. We also provide apprenticeships, internships, and community outreach, such as cancer screenings and wellness activities.

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

The services provided would include individual and group mental health empowerment, managing chronic care and subsidizing ancillary services. Direct programming include diabetes education, community outreach including financial literacy workshops, and internship opportunities. Additionally, we provide transportation to ensure access to necessary and preventative medical appointments.

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

Our target population include elderly persons, veterans, persons with poor mental and/or physical health, jobless persons, economically disadvantaged persons, at-risk youth, the homeless population, and students from preschool to college. We expect to serve between 400 and 800 individuals with the requested funding.

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

Funds to support a care navigator who will provide Chronic care management for those citizens with multiple chronic conditions and without adequate insurance coverage. Also funds will be used to purchase Bluetooth-enabled wearable health devices not covered by insurance. These devices will enable our clinical staff to monitor patients' vital signs daily, allowing for more timely interventions. Dr. Traci's House will improve mental health through increased access to peer support groups led by persons with lived experience, individual and group support practices that focus on social and emotional learning, trauma informed care and address childhood adverse events. Measurement methods will track participants' scores utilizing the Patient Health Questionnaire (PHQ-9) for depression and Generalized Anxiety Disorder 7(GAD-7) along with other standardized assessment tools with an expected decrease in level of depression and anxiety. Also transportation support will increase visit adherence.

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?

Unused funds will be returned to the agency.

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



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- 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 **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



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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.