



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3479

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Healthcare Network is planning to build a ~20,000 SF primary medical care facility in the heart of the Orangetree community. This center will offer the majority of Healthcare Network's services, services such as, behavioral health, well-child check-ups, dental cleanings, drive through pharmacy services, and many more. The services that Healthcare Network provides are all offered on a sliding fee scale to ensure that those most in need are able to access much needed healthcare.

In addition to providing high quality medical services, Healthcare Network also plans to use this location to support its upcoming family medicine residency. Florida has a great need for physicians and Healthcare Network intends to bring doctors to Florida and to provide a learning environment that makes residents want to stay in Florida post-residency.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	6,000,000
Total State Funds Requested	6,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	6,000,000	55%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	5,000,000	45%
Total Project Costs for Fiscal Year 2024-2025	11,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,750,000	474B	No

9. Is future 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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LFIR # 3479

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Healthcare Network is a Federally Qualified Health Center and as such received funding to provide primary medical support to the community.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

12. 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 be the sole owner of the property.

13. 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: Other		
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	1. Funds will be utilized to assist with construction costs of a ~20,000SFT primary medical facility in the Orangetree area. The facility will offer all of Healthcare Network's primary care services, including, pediatrics, pharmacy, family care, OB/GYN, dental, and behavioral health.	6,000,000
Total State Funds Requested (must equal total from question #6)		6,000,000

14. Program Performance

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



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Florida has experienced explosive population growth over the past 3 years. That growth has led to an increasing need for not-for-profit community focused healthcare providers to expand their services and a significant increase in land acquisition and construction costs. Reimbursement rates for primary medical services for organizations like Healthcare Network, however, have not greatly increased. This funding will help Healthcare Network to expand to communities who need our services. Specifically, this funding will assist with the construction costs of the new facility.

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

Healthcare Network will provide pharmacy, pediatric, adult, dental, women's, and behavioral health services at this site.

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

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

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 the contract?

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

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number