



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3600

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This projects aims to transform a neglected building in a low income community into a vibrant and functional space. By investing in bringing the building to ADA compliance adding additional medical space to provide enhanced services to the existing and future patients. In addition to providing high quality medical services to under-served people of the community.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	550,000
Total State Funds Requested	550,000

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)	550,000	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 2024-2025	550,000	100%

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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

No

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



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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)?

Yes

c. What is the estimated start date of construction?

03/20/2024

d. What is the estimated completion date of construction?

05/30/2025

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.

AC Community Foundation

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	Funds will be utilized to assist for the renovation and enhance the current 16,000 sqft facility to provide services to people in need of medical care. With this facility we will be able to add additional services to our patients and guests.	550,000
Total State Funds Requested (must equal total from question #6)		550,000

14. Program Performance

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

Providing enhanced medical services and direct assistance to the disabled community. Also provide high quality primary care services. With the new facility we will be able to serve more patients and provide additional advanced procedures and services to the under-served.

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



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The groups that are being serviced are uninsured Floridians, disabled individuals with disabilities and legal non insured immigrants. ADA complaint facility.

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

Providing enhanced medical services and direct assistance to the disabled community. Also provide high quality primary care services.

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

We will service those who are the most needy and under-served in our community and surrounding communities.

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

The overall benefit of this project is to increase the overall community healthcare to our community and surrounding communities Bring access of the top medical care to the most needy and under-served. The outcomes will be measured by patient surveys, HEDIS scores and amount of new patients and returning patients.

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?

Return unused Funds if services or duties are not performed or delivered.

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
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

a. Name	<input type="text" value="David J. Roberts"/>
b. Firm Name	<input type="text" value="Nortelus Roberts Group"/>
c. E-mail Address	<input type="text" value="David@NorRob.com"/>
d. Phone Number	<input type="text" value="(850)443-4820"/>