



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2414

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

To construct a 28,000 square foot facility in the City of Palm Coast on county owned land as a second location for the Department of Health-Flagler. This would also provide an opportunity to create a public-private partnership and create a shared space for all health and social services from Flagler Cares under one roof for a wrap-around service. The Department of Health-Flagler is currently located in Bunnell and is space constrained with at least 80% of their clientele located in Palm Coast. The county is required to provide space even though the Department of Health is a department of State Government. Flagler Cares would bring in social service entities such as Easter seals of Northeast Central Florida, Early Learning Coalition, Healthy Start, The House Next Door, Epic Behavioral Health Care, Outreach Community Care Network, and Flagler Open Arms Recovery Services. This would be a true one stop shop solution for health and social service care in Flagler County.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	20,000,000
Total State Funds Requested	20,000,000

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)	20,000,000	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	20,000,000	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.



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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.

CARES ACT, EMPG COVID, Public Assistance: Emergency Protective Measures
 ARPA: Emergency Protective Measures, Infrastructure Improvements, Revenue XXXX

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.

Flagler County, Board of County Commissioners

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	Construction of 28,000 square foot building on county owned land for the Health Department.	20,000,000
Total State Funds Requested (must equal total from question #6)		20,000,000

14. Program Performance

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



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To construct a second location for the State of Florida Department of Health of Flagler County and to provide wrap around and expanded services for the residents of Flagler County with a public private partnership approach. This will be a true one-stop shop solution for health and social service care in Flagler County.

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

To construct a building to co-locate the Flagler County Office of the State of Florida Department of Health with Flagler Cares and the Flagler County Village entities to promote the 'No-Wrong Door' approach to care. This building will be located on county owned land.

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

This new facility will include programs for services such as HIV patients, a Diabetes education and prevention program and expansion of Sexually Transmitted Disease, WIC (Woman's, Infant and Children), School Health and Pediatric Dental services. With the co-location organizations that comprise the Flagler County Villages will provide various social services to the vulnerable residents.

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

The entire county (130K) including elderly, persons with poor mental and physical health, at-risk youth, disabled population, jobless, homeless, drug users, students, uninsured individuals, victims of crime, formerly incarcerated, and the economically disadvantaged.

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

It will provide convenient access to health services including WIC, Women's Care, diabetes care, immunizations and primary care. Reduced wait times/travel for clinical/WIC services. Enhance specific individual's economic self sufficiency 500 low income households will receive convenient assistance with identification, benefits, health insurance, budgeting and direct financial supports. Documented increase in household income and/or decrease in household expenses. Convenient, low barrier access to substance use disorder services will be provided to at least 500 at risk adults. This will all be measured through the number of clients being served and the percentage of those benefiting from the services provided.

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?

Standard contract penalties are sufficient.

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)



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- 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

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number