



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2569

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Through CESC, Inc. we are able to provide a holistic approach to healthcare for individuals in our community who have been underserved. The goal is to provide medical and dental services, vaccinations, over-the-counter medication, and prescription medication for mental health and other issues to aid in the overall wellbeing of those that may not have accessibility to medical or dental care. These services also help to reduce the number of unnecessary emergency calls and a reduction of ER visits.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	0
Total State Funds Requested	300,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	300,000	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 2023-2024	300,000	100%

8. Has this project previously received state funding?

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

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.

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



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

We received a one-time reimbursement from FEMA in the amount of \$2.2M for COVID-19 related expenses to include hotel costs to isolate clients to prevent the spread of COVID during the pandemic, additional food, and transportation to the hotels. The majority of the reimbursement was utilized to pay off the loan that was taken out to sustain these operational expenses during the pandemic.

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

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.

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	These funds will pay for a portion of our finance and general administrative staff costs to assist with the required single audit, reporting, and award/contract compliance responsibilities, all directly related to the project/program services.	45,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	These funds will pay for the Medical Assistant, Licensed Medical Doctor, LPN licensed Nurses, and Dental Office Manager all who provide direct support services to clients.	145,000
Expense/Equipment/Travel/Supplies/Other	These funds will pay for medical and dental equipment and supplies, medications, prescriptions, training services, etc.	110,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		300,000

14. Program Performance



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

Through CESC, Inc. we are able to provide a holistic approach to healthcare for individuals in our community who have been underserved. The goal is to provide medical and dental services, vaccinations, over-the-counter medication, and prescription medication for mental health and other issues to aid in the overall wellbeing of those that may not have accessibility to medical or dental care. These services also help to reduce the number of unnecessary emergency calls and a reduction of ER visits.

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

CESC will provide medical and dental services to community members in need. The program provides critical medical and dental services to reduce the negative impacts of disease and increase overall mental and physical health. Funding will provide support for staff, equipment and supplies, over-the-counter medication and prescription costs.

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

CESC will provide dental and medical services to people with limited access to healthcare which includes but not limited to primary care visits, vaccine administration, prescription assistance, teeth cleanings, root canals, dentures, and dental x-rays.

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

Target population includes those experiencing or at risk of becoming homeless, elderly persons, persons with poor mental or physical health, jobless persons, developmentally or physically disabled persons, drug users, formerly incarcerated persons, drug offenders, victims of crime, etc. Estimated between 400 - 800 persons to be served with these services.

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

Expected benefit would be increased overall wellbeing of individuals that are underserved. CESC will provide monthly reports regarding the number of individuals who receive health or dental services, vaccinations, prescriptions, etc.

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?

Delayed or loss of funding tied to deliverable requirements.

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