### Local Funding Initiative Request - Fiscal Year 2018-2019

1. Title of Project: Federally Qualified Health Center Funding

Senate Sponsor: Anitere Flores
 Date of Submission: 01/03/2018

4. Project/Program Description:

Enhance the capacity at Federally Qualified Health Centers to serve uninsured and underinsured Floridians.

### 5. State Agency Contacted? No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? Department of Health

### 6. Amount of Non-recurring Requested for fiscal year 2018-19:

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
6,000,000		6,000,000

### 7. Type, amount and percent of matching funds available for this project for fiscal year 2018-19:

Туре	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

### 8. Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds): 6,000,000

#### 9. Previous Year Funding Details:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 3
- c. What is the most recent fiscal year the project was funded? 2017-18
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.



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FY:	Input Prior FY Appropriation for this project  for FY 2017-18  (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	Α	В	С
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		6,000,000	6,000,000

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

6,000,000

### 11. Program Performance:

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

Enhance the capacity at Federally Qualified Health Centers to serve uninsured and underinsured Floridians.

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

Expand Access to primary medical, dental, and behavioral care. Some funds have been used, previously, to enhance/establish ER Diversion projects.

### c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☐Other Salary and Benefits		
□Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
□Salary and Benefits		



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☑Expense/Equipment/Travel/Supplies/Other	The funds will be used to increase access for underinsured and at-risk individuals	6,000,000
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		6,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

Expanded access to primary care

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

All Floridians, FQHCs cannot turn away patients. 2016: 1.4M Floridians seen at Florida's FQHCs; anticipate ~1.5M in 2017

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

Improved access to mental health, improve physical health, improve quality to education, increase economic activity, create job opportunities, and reduce substance abuse.

- g. 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?

  \_Reimbursement of funds to the state
- 12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.
  N/A
- 13. Requestor Contact Information:

a. Name: Andy Behrman

b. Organization: Florida Association Community Health Centers

c. Email: abehrman@fachc.orgd. Phone Number: (850)251-7130

- 14. Recipient Contact Information:
  - a. Organization: Florida Association Community Health Centers
  - b. County: Statewide, Alachua, Baker, Bay, Bradford, Brevard, Broward, Calhoun, Charlotte, Citrus, Clay, Collier,

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Columbia, DeSoto, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Glades, Gulf, Hamilton, Hardee, Hendry, Hernando, Highlands, Hillsborough, Holmes, Indian River, Jackson, Jefferson, Lafayette, Lake, Lee, Leon, Levy, Liberty, Madison, Manatee, Marion, Martin, Miami-Dade, Monroe, Nassau, Okaloosa, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Saint Johns, Saint Lucie, Santa Rosa, Sarasota, Seminole, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, Washington

- c. Organization Type:
  - O For Profit
  - Non Profit 501(c) (3)
  - O Non Profit 501(c) (4)
  - O Local Entity
  - O University or College
  - O Other (Please specify)
- d. Contact Name: Andy Behrman
- e. E-mail Address: abehrman@fachc.org
- f. Phone Number: (850)251-7130
- 15. If there is a registered lobbyist, fill out the lobbyist information below.
  - a. Name: Ron Pierce
  - b. Firm: RSA Consulting Group, LLCc. Email: ron@rsaconsultingllc.comd. Phone Number: (813)777-5578