



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2020-2021

LFIR # 2305

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

The program will provide same day and walk in access to primary care locations as well as post discharge follow up to reduce health spending related to the high cost utilization of hospital ER visits and inpatient stays targeting the uninsured and under-insured residents of Sarasota, Manatee and DeSoto Counties.

5. **State Agency to receive requested funds**
- State Agency contacted?     Yes     No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input style="width: 100%;" type="text" value="2,000,000"/>
Fixed Capital Outlay	<input style="width: 100%;" type="text" value="000"/>
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	<input style="width: 100%;" type="text" value="2000000"/>	<input style="width: 100%;" type="text" value="100.0"/> %
<b>Matching Funds</b>		
Federal	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Local	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
Other	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="0"/> %
<b>Total Project Costs for Fiscal Year 2020-2021</b>	<b>2,000,000</b>	<b>100</b> %

8. **Has this project previously received state funding?**     Yes     No
- If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
<input style="width: 100%;" type="text" value="2019-20"/>	<input style="width: 100%;" type="text" value="00"/>	<input style="width: 100%;" type="text" value="2,000,000"/>	<input style="width: 100%;" type="text" value="443"/>	<input type="text" value="No"/>

9. **Is future-year funding likely to be requested?**     Yes     No
- If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
<b>Operational Costs: Other</b>		
Salary and Benefits	Physicians, ARNP, Nursing support, Receptionist, Medical Records, Billing, and care coordination	1,820,000
Expense/Equipment/Travel/Supplies/Other	Expense/equipments/etc. : medical supplies and data processing	180,000
Consultants/Contracted Services/Study		<input type="text"/>
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>



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## 11. Program Performance

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

Provide same day and walk in access to primary care locations to reduce the high cost of hospital ER visits, inpatient stays and inpatient stays as a result of hospital re-admissions.

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

Provide sick visits, same day and follow up visits, post hospital discharge.

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

Citizens will be provided access to medical visits to reduce ER visits and hospital stays and re-admissions.

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

Uninsured and under-insured to include Medicaid recipients.

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

Through access to same day and walk in appointments provided to residents, the state will benefit from reduced health spending and the communities will benefit from improved health status for the uninsured and under-insured. Outcomes can be measured by the number of residents who utilize the same day and walk in visits when sick and the number of hospital discharge follow up appointments are 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 in the contract?

Funding adjustment based on deliverables not met.



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12. **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.**

N/A

13. **Requestor Contact Information**

- a. First Name  Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number  Ext.

14. **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

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number  Ext.