



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1224

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

**4. Project/Program Description**

Provide maternal fetal medicine services to low income, uninsured and under-insured, high risk, pregnant women in Manatee County. The program includes the services of a Perinatologist who will provide medical care, and an ultrasound technician who will provide services to the target population.

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

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

Type of Funding	Amount
Operations	700,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>700,000</b>

**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)	700,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>700,000</b>	<b>100%</b>

8. Has this project previously received state funding?  Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	700,000	526	Yes

9. Is future funding likely to be requested?  Yes
- 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?**

Yes

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



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During the pandemic, Community Health Centers received funding from the American Rescue Plan and the CARES Act for covid-related support for vaccine outreach and administration, PPE, testing supplies, workforce issues and telehealth. From 2020 to present, MCR received \$33M, with over 60% of funds used for FTEs to avoid staff reductions.

## 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
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Medical supplies, data processing, population health costs	10,000
Consultants/Contracted Services/Study	Perinatologist and US technician	450,000
<b>Operational Costs: Other</b>		
Salary and Benefits	Staffing - Nurses, care coordinators, receptionist	240,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>700,000</b>

### 14. Program Performance

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

Improved birth outcomes for the uninsured and under-insured whose pregnancies are considered high risk. Improve low and very low birth weight outcomes.

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



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Comprehensive maternal fetal medicine services for patients referred by MCR Health obstetrical providers. Services include perinatologist visits, consults and ultrasounds.

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

Access to maternal fetal medicine services to improve birth outcomes and the health of Mother and child.

**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?**

Overall goals and cost effectiveness will be measured by outcome data within the target population. Visit and outcome data will be tracked.

**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?**

Funding adjustment based on deliverables not met.

**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**

**17. Lobbyist Contact Information**



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<b>a. Name</b>	<input type="text" value="Michelle D. McKay"/>
<b>b. Firm Name</b>	<input type="text" value="T. B. Consultants Inc."/>
<b>c. E-mail Address</b>	<input type="text" value="michdmckay@gmail.com"/>
<b>d. Phone Number</b>	<input type="text" value="(850)402-9577"/>