



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2084

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Hardee County is compiled of a combination of health care accessibility restrictions, as well as a community of critical economic concern. One restriction largely faced is lack of access to 3D mammography services. This technology is vital, as women with dense breast tissue are ever growing within Hardee County; many of these individuals who have been identified as having dense breast tissue do not have the resources to commute out of town to obtain a 3D mammogram.

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	577,579
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>577,579</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)	577,579	53%
<b>Matching Funds</b>		
Federal	509,152	47%
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>1,086,731</b>	<b>100%</b>

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?

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



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\$6,416,156, used for COVID related expenses to ensure continuity of operations, maintaining capacity, mitigation efforts, etc.

### 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		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits	Mammography Technologist \$70,000; Driver/assistant \$40,000	110,000
Expense/Equipment/Travel/Supplies/Other	Funds used to purchase the full mobile mammography unit in addition to the following: Supplies \$6,000; Coach/Bus Maintenance \$10,000; Service agreement – Mammography Equipment \$35,000;	467,579
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>577,579</b>

**14. Program Performance**

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

Hardee County is compiled of a combination of healthcare accessibility restrictions, as well as a community of critical economic concern. One restriction largely faced is lack of access to 3D mammography services. This technology is vital, as women with dense breast tissue are ever growing within Hardee County; many of these individuals who have been identified as having dense breast tissue do not have the resources to commute out of town to obtain a 3D mammogram.

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



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Purchase and operation of Mobile Mammogram to provide state-of-the-art technology to the Hardee County community, the chance for early breast cancer detection can flourish. The underserved population who do not have access to transportation to travel out of town for a 3D mammogram will no longer have to forego the care they need. This technology would allow mobile access for the entire county.

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

This mobile mammography unit will be used, on site, at our AdventHealth Wauchula hospital campus, and will travel to more remote and underserved areas of Hardee County, such as, Bowling Green, Zolfo Springs, and Ona. We will also use this at all health fairs, churches, and the Hardee County Fair Grounds. This will allow community members from surrounding counties to come to Hardee County.

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

Elderly persons, those with poor mental and physical health, jobless and economically disadvantaged persons, homeless, men and women in need of mammography services. Estimate is greater than 800 women will be served.

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

Improve Physical Health by removing barriers for women and men seeking appropriate breast care services will improve their physical health by detecting breast cancers early. This service will allow us to help improve their longevity and quality of life. We can measure this by tracking the increase in patient volume from our Wauchula market participating in regular Breast Care screenings.

**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?**

Contractual milestones established throughout project, implementation of corrective action plan, non-payment of invoices until milestones completed.

**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)



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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