



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2731

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal is to update and modernize the Cora E Braynon Family Health Center, which is a community health clinic serving a high-risk population. Renovation will improve access to care and enhance healthcare services for adult and pediatric patients, emphasizing prenatal care and care for those with chronic disease. Target population is very high risk. One of the top zip codes experiencing high levels of chronic disease hospitalizations is 33311 which is located within Broward Health's primary service area.

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	0
Fixed Capital Outlay	337,500
Total State Funds Requested	337,500

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)	337,500	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	337,500	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.

Yes, Broward Health received federal assistance related to the COVID-19 from both direct federal grants and Provider Relief Funding. Grant funds from the CARES Act in the amount of \$6,174,767 were used to increase service delivery capacity during the COVID-19 pandemic. Additionally, Broward Health received \$78,627,812.27 in Provider Relief Funding to assist in covering unfunded costs related to treating patients with COVID-19.

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)?

Yes

c. What is the estimated start date of construction?

January 1, 2023

d. What is the estimated completion date of construction?

June 30, 2023

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.

North Broward Hospital District d/b/a Broward Health

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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Improvements to pediatric and prenatal departments; renovation of pharmacy department; security improvements.	337,500
Total State Funds Requested (must equal total from question #6)		337,500

14. Program Performance

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



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

Funding will allow for modernization and renovation of Cora E. Braynon Family Health Center's neonatal suite including: new flooring, painting of walls, new pass thru window, new fixtures, etc. By improving the neonatal suite, Broward Health will improve access to vital Obstetrical and Gynecological patients, especially underserved and high-risk populations.

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

Staff will provide prenatal education and outreach to women of childbearing age, with an emphasis on women of color.

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

Broward Health will focus on improving maternal health in Broward County, specifically zip codes 33060, 33063, 33064, 33065, 33068, 33069, 33309, 33311, 33312, 33313, 33317, 33319 and 33334 where there is the greatest need. These areas have high rates of Black infant mortality and have the highest rates of preterm births and low birthweight babies, two leading contributors to infant mortality.

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

Improve maternal and fetal outcomes in Broward County (with an emphasis on zip Codes with high rates of Low Birth Weight and Pre-Term Births) by:

1. Expanding access to early prenatal care and access to services.
2. Providing prenatal education and outreach to women of childbearing age 3. Work with community agencies to address the disparities in maternal outcomes, especially women of color.

To collect data and track the objectives, an integrated Electronic Health Record (EHR) system will be utilized. EHR data includes demographics, information regarding hospitalizations, and other information typically found in the patient medical record. This project will employ a project management software to track impact and disseminate information to internal and external stakeholders.

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?

Broward Health is open to discuss any and all penalties for failing to meet deliverables or performance measures provided for in the contract. Broward Health is prepared to make restitution of amounts awarded, and/or to discuss additional/alternative penalties with the contracting agency as part of the contract negotiation process.

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



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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

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number