



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Sant La Haitian Neighborhood Association

2. **Senate Sponsor:** Rene Garcia

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Creating a Culture of Health and Sustainable Wellness in the Haitian Community of South Florida through media outreach, community presentations, health insurance enrollment assistance, screenings for Medicaid and KidCare, and referrals to a medical home and to specialty health services.

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
75,000		75,000

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

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	40,000	25.8%
Other	40,000	25.8%
TOTAL	80,000	51.6 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 155,000

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) 2

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:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:		50,000	50,000

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

Yes

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

\$75,000

11. Program Performance:

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

This project seeks to promote a culture of health and sustainable wellness in the Haitian community of South Florida, a socially and linguistically isolated hard-to-reach racial and ethnic minority population, vulnerable to misinformation; at disproportionately high-risk of being uninsured; faces multiple health disparities; and is more likely to experience poor health outcomes. Sant La's project is in alignment with the State of Florida's commitment to good health outcomes and is a response to the Haitian population's current health status.

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

Project activities will include: A)community outreach and education to increase awareness of and access to health services. B)Health Insurance Enrollment Assistance to apply for and select the health plans that best meet the clients' needs. C)Assisting clients with navigating health insurance products in order to result in maximum use of the plan's benefits. D)Assisting clients with the selection of a medical home to ensure that recommended annual check-ups are completed.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input checked="" type="checkbox"/> Executive Director/Project Head Salary and Benefits	The Executive Director, who serves as host of the weekly show, Telescopic for 20% of time and also leads community	20,000



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	outreach plans.	
<input checked="" type="checkbox"/> Other Salary and Benefits	Benefits calculated at 24%	4,800
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Routine project-related promotional supplies at 10% of annual costs.	1,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Program Outreach and Promotions at 10% of annual costs.	12,000
Operational Costs		
<input checked="" type="checkbox"/> Salary and Benefits	Office Clerk at 50%, including benefits at 24%	12,400
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Regular office supplies, such as toner, paper, files and promotional materials; Office Lease; Janitorial Services and Supplies at 10% of annual costs.	18,000
<input checked="" type="checkbox"/> Consultants/Contracted Services/Study	Accounting and Auditing; IT maintenance at 10% of annual costs.	6,800
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		75,000

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

Outreach and information to increase access to health insurance products and preventive health care; Health Insurance Enrollment Assistance; Assistance navigating health insurance plans and selecting a medical home.

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

The target population is Haitian-American throughout the South Florida area. We expect to serve 600 clients annually.



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

The Expected Outcome is that 75% of clients will select a medical home. This will be documented by the number of applicants served, number of applications completed and approved applications; the number of application renewals; the number of community presentations held; the number of participants in attendance at each community presentation; follow-up monitoring of clients to ascertain the completion of suggested annual screenings, the election of a medical home and client satisfaction surveys.

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?

Reduction in the total award, on a percentage basis, when deliverables are not met.

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.

None

13. Requestor Contact Information:

- a. **Name:** Gepsie Metellus
- b. **Organization:** Haitian Neighborhood Center Sant La Inc.
- c. **Email:** gepsiem@santla.org
- d. **Phone Number:** (305)573-4871

14. Recipient Contact Information:

- a. **Organization:** Haitian Neighborhood Center Sant La Inc.
- b. **County:** Miami-Dade
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. **Contact Name:** Gepsie Metellus
- e. **E-mail Address:** gepsiem@santla.org
- f. **Phone Number:** (305)573-4871

15. If there is a registered lobbyist, fill out the lobbyist information below.

- a. **Name:** None
- b. **Firm:** None
- c. **Email:**
- d. **Phone Number:**