



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1053

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

4. **Project/Program Description**
- The funds requested will be used to match local and donated funds to construct a primary healthcare facility in Golden Gate on property owned by the Healthcare Network of Southwest Florida. The property is located at the corner of Green Blvd and Collier Blvd. The facility will offer family, pediatric, dental, behavioral, senior, and women's primary care services. The facility's primary purpose is to place affordable healthcare services in an area that currently lacks adequate healthcare resources to care for the population. Services will be offered on a sliding fee scale to those who qualify financially and both private and public insurances will be accepted. The facility will serve to expand the Healthcare Network's mission to provide quality healthcare to everyone in the community, strengthening the regional workforce (reducing days missed from school & work due to illness) and reducing reliance on more expensive healthcare providers such as emergency rooms.

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: 80%;" type="text" value="000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="2,250,000"/>
Total State Funds Requested	2,250,000

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: 80%;" type="text" value="2250000"/>	<input style="width: 80%;" type="text" value="12.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="15,750,000"/>	<input style="width: 80%;" type="text" value="88"/> %
Total Project Costs for Fiscal Year 2020-2021	18,000,000	100 %

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: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Construction of a 50,000 square foot medical facility.	2,250,000
Total State Funds Requested (must equal total from question #6)		2,250,000



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11. Program Performance

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

Golden Gate contains the highest concentration of subsidized lunches in the Collier County, but contains one of the lowest concentrations of medical providers. The Healthcare Network of Southwest Florida Golden Gate Center will provide much needed services to this specific patient population and to any other person who is in need of primary care services. This will increase the overall health of the community while reducing hospital and emergency room visits which will decrease the financial burden passed on to the general public.

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

The funds will be used for construction, but the facility itself will offer the full spectrum of primary care services, family, pediatrics, dental, OB/GYN, and behavioral health services will all be offered. These services will also be offered on a sliding fee scale payment model according to the requirements for federally qualified health centers.

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

Pediatric, family, OB/GYN, dental, senior and behavioral health services will be offered at the location.

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

Specifically the center is being built to target the currently under-served population of Golden Gate City, but the center will be open to everyone no matter where they reside.

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

Healthcare Network tracks all numerous quality indicators while also closely monitoring expenditures, total patient visits, and total number of patients served, to name a few. Healthcare Network is well versed in the tracking of performance measures and will be able to offer up statistics that show the efficacy of the program prior to construction beginning and true effectiveness of the program after funds are expended and operation of the new facility is begun.

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?

Additional information on what standard penalties, deliverables, and performance measures will be included in the contract is necessary to answer this question fully.



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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.**

The entity will own the facility.

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.