



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2111

1. **Project Title** LECOM Health: Clinic Based Services Outreach

2. **Senate Sponsor** Aaron Bean

3. **Date of Request** 01/08/2020

4. **Project/Program Description**

Funds will be used to provide reduced fee and charitable care services for over 14,000 persons and 41,000 encounters for primary care, pharmacy and dental services to low-income, uninsured and homeless populations at LECOM's network of clinics and provider partner organizations. Funding will also provide for supervision and clinical rotations for over 300 students enrolled in LECOM's medical, dental and pharmacy programs with over 1900 student rotations.

5. **State Agency to receive requested funds** Department of Health

State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	5,000,000
Fixed Capital Outlay	000
Total State Funds Requested	5,000,000

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)	5000000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	5,000,000	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		

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 5,000,000



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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		<input style="width: 90%;" type="text"/>
Other Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study		<input style="width: 90%;" type="text"/>
Operational Costs: Other		
Salary and Benefits		<input style="width: 90%;" type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input style="width: 90%;" type="text"/>
Consultants/Contracted Services/Study	Provide reduced and charitable primary care, pharmacy and dental services for over 14,000 persons and 41,000 encounters to low-income, uninsured and homeless populations. Expand and provide clinical training opportunities for over 300 medical, dental and pharmacy students; Increase the number of clinical preceptors and supervisors and provide payments to medical professionals.	5,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input style="width: 90%;" type="text"/>
Total State Funds Requested (must equal total from question #6)		5,000,000



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11. Program Performance

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

Provide medical, dental and pharmacy care to rural and/or underserved populations; clinical rotations for students.

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

Provide comprehensive medical visits with primary care and specialty Physicians, Pharmacists and Dentists.

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

Primary care and specialty medical visits for acute care, chronic care and health maintenance including screenings. Comprehensive dental care from screening to restoration services.

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

Improved and expanded medical care for rural, low income and underserved populations.

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

Withholding and proportioned return of funds.

- 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?

Funding adjustment based on deliverables not met.



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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.

N/A

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.