

The Florida Senate Local Funding Initiative Request Fiscal Year 2020-2021

LFIR # 2328

| i iooui i oui | 7 41 | | | - Spec | iation # Vetoe | 4 |
|---|---|----------------------------|---|--|---|--|
| | previously received s most recent instance: | tate fundi | ng? OY | es • N | | 1 |
| Total Project Co | osts for Fiscal Year 20 | 020-2021 | | 200,000 | 100 % | |
| Other | | | | 00 | 0 % | |
| Local | | | | 00 | 0 % | |
| State (excluding | the amount of this requ | uest) | | 00 | 0 % | |
| Federal | | | | 00 | 0 % |] |
| Matching Funds | 3 | | | | | |
| Total State Fund | s Requested (from que | estion #6) | | 200000 | 100.0 % | 1 |
| Type of Funding | g | | Amou | nt | Percentage |] |
| Total State Fun Total Project Cos | ds Requested at for Fiscal Year 2020 | 0-2021 (inc | | 200,000 tching fu | nds available | for this project) |
| Fixed Capital Ou | • | | | 000 | | |
| Operations | | | | 200,000 | | |
| Type of Fundin | g | | Amou | | | |
| | onrecurring Request | for Fiscal | | | 1 | |
| State Agency con | tacted? ○ Yes ● | No | | | | |
| State Agency to | receive requested fur | nds Depa | artment of H | ealth | | |
| insurance, supplies, fu | ederal poverty level. Specific iel, and salaries. The progra er will hire two CDL-P drivers | m will utilize t | wo accessible | | | |
| Qualified Health Center person's access to he expenditures and over | er with a network of 7 health alth care services. These ba rall poorer health outcomes. | centers and rriers may res | clinics through sult in missed of will focus on p | out Osceola or delayed h providing tra | County. Transported the County. Transported the County Transportation for page 2015 | rtation barriers can affe tments, increased healt tients or prospective pa |
| Project/Program The funds requested to | Description will help to establish a transp | ortation prog | ram for natient | s of Osceola | a Community Hea | Ith Services, a Federall |
| Date of Request | 11/12/2019 | | | | | |
| • | Victor Torres | | | | | |
| Senate Sponsor | \/:atax Taxxaa | | | | | |

200,000

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 | Supplies, background checks, and printed materials | 2,200 |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Operational Costs: Oth | er | |
| Salary and Benefits | 2.0 CDL-P Drivers 1.0 Dispatcher/Coordinator | 98,800 |
| | | |
| Expense/Equipment/ Travel/Supplies/Other | Insurance, vehicle maintenance, & fuel | 99,000 |
| | | |
| Consultants/Contracted Services/Study | | |
| | | |
| Fixed Capital Construc | tion/Major Renovation: | |
| Construction/Renovation/ | | |
| Land/Planning Engineering | | |
| | | |
| Total State Funds Re | equested (must equal total from question #6) | 200,000 |



d.

e.

f.

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| 11. Program | Performance |
|-------------|-------------|
|-------------|-------------|

| 1. | vvnat specific purpose or goal will be achieved by the funds requested? |
|----|---|
| | Osceola County's dismally, inadequate public transportation system is a problematic access to care issue, particularly for the low-income, disadvantaged target population. The main goals of the program are to increase access to care for medically underserved communities by eliminating transportation barriers preventing adequate preventive and chronic care. Similarly, the Mobile Healthy Pantry program will help to decrease food insecurity by increasing access to healthy food options necessary to maintain control of diabetes and hypertension. Specifically, the program will provide patients of the health center with free door-to-door transportation to and from appointments. In addition, the vans will be used to establish a mobile healthy pantry to deliver specially packaged food boxes to vulnerable patients suffering of diabetes and hypertension. |
| b. | What activities and services will be provided to meet the intended purpose of these funds? |
| | Specifically, the Patient Transportation Program will provide patients of the health center with free door-to-door transportation to and from appointments. The program will consist of two main routes (North and South) servicing opposite sides of Osceola County. The Mobile Healthy Pantry program will utilize the same vehicles and routes as the patient transportation. Vulnerable patients experiencing food insecurity, diabetes and hypertension will benefit from the delivery of healthy food options such as fruits, vegetables, whole grains, low-fat dairy products, and lean proteins. |
| c. | What direct services will be provided to citizens by the appropriation project? |
| | Transportation assistance to and from appointments for low income families, seniors, the homeless, and other disadvantage populations. Mobile food pantry for patients experiencing food insecurity, diabetes and hypertension. |
| i. | Who is the target population served by this project? How many individuals are expected to be served? |
| | The health center's target population consists of 46 percent of disadvantaged residents who are within 200% federal poverty level. These residents typically are uninsured or under-insured and have significant barriers to affordable and accessible primary care services. They also are among the most likely to suffer from social determinants of health that lead to health disparities, poor health outcomes, and preventable emergency room visits. The Patient Transportation Program is expected to serve over 2,000 individuals per year. The Mobile Healthy Pantry is expected to serve 50 families per week. |
| e. | What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured? |
| | The project will have a positive effect on two social determinants of health, transportation and food security. Improving the health and quality of life of participants will result in better overall health, lower medical costs and improve patient outcomes. |
| 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? |
| | Standard contract penalties. |



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| | N/A | | | | | |
|---|--------------------------------|--|-----------------|-----------------|--|---|
| | | | | | | |
| | Requestor Contact | Information | | | | |
| 2 | a. First Name | Belinda | Last Name | Johnson-Cornett | | |
| b. Organizationc. E-mail Address | | Primary Care Medical Services of Poinciana Inc. Belinda.Johnson-Cornett@osceolahealthcare.org | | | | |
| | | | | | | C |
| F | Recipient Contact Information | | | | | |
| ε | a. Organization | Primary Care Medical Services of Poinciana Inc. | | | | |
| b. Municipality and County Osceola | | | | | | |
| c. Organization Type | | | | | | |
| | For-profit Er | For-profit Entity | | | | |
| | Non-Profit 5 | Non-Profit 501(c) (3) | | | | |
| O Non-Profit 501(c) (4) | | | | | | |
| | Local Entity | Local Entity | | | | |
| | University o | ty or College | | | | |
| | Other (pleas | se specify) | | | | |
| С | d. First Name | Belinda | Last Name | Johnson-Cornett | | |
| E | e. E-mail Address | Belinda.Johnson-Cornett@osceol | ahealthcare.org |] | | |
| | . Phone Number (| 407)9438600 | | | | |
| l | Lobbyist Contact II | nformation | | | | |
| į | a. Name | None | | | | |
| b. c. | o. Firm Name | None | | | | |
| | | | | | | |