

LFIR # 2335

	I capital Improvements to Comp	nunity Health Center		
Project Title	Capital Improvements to Comr	numity riealth Center		
Senate Sponsor	Jason Pizzo			
Date of Request	01/10/2020			
Project/Program	Description			
and one in Miami. The improve capacity by a patients from 2017 to 2018. These capital im	nity Health Center, Inc. (MBCHC), a Fector Stanley C. Myers Health Center at 710 adding new examination rooms and patie 2018 and has already seen a 7% increa approvements are necessary to continue Beach and northeast Miami-Dade Coun	Alton Road, Miami Beach, int waiting areas. MBCHC exse from January 1, 2019 through to accommodate the need for the second secon	FL 33139 is in need of renova xperienced a 10.7% increase ough July 31, 2019 over the s	tion to exp in unduplic ame perio
		partment of Health		
State Agency cont				
	onrecurring Request for Fisca		Í	
Type of Funding	g	Amount		
Operations		000		
Fixed Capital Ou	ıtlay	500,000		
Total State Fun				
Total otato i ali	ds Requested	500,000		
	ds Requested It for Fiscal Year 2020-2021 (in		nds available for this	project)
	t for Fiscal Year 2020-2021 (ir		nds available for this	project)
Total Project Cos	t for Fiscal Year 2020-2021 (ir	ncluding matching fu		project)
Total Project Cos	et for Fiscal Year 2020-2021 (ing g s Requested (from question #6)	ncluding matching fu	Percentage	project)
Total Project Cos  Type of Funding  Total State Fund  Matching Funds  Federal	et for Fiscal Year 2020-2021 (ing g s Requested (from question #6)	ncluding matching fu	Percentage	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding	et for Fiscal Year 2020-2021 (ing g s Requested (from question #6)	Amount 500000 00	Percentage 100.0 % 0 % 0 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local	et for Fiscal Year 2020-2021 (ing g s Requested (from question #6)	Amount 500000	Percentage  100.0 %  0 %  0 %  0 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	t for Fiscal Year 2020-2021 (ing g s Requested (from question #6) s the amount of this request)	Amount 500000 00 00 00	Percentage  100.0 %  0 %  0 %  0 %  0 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other	et for Fiscal Year 2020-2021 (ing g s Requested (from question #6)	Amount 500000 00 00	Percentage  100.0 %  0 %  0 %  0 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	t for Fiscal Year 2020-2021 (ir g s Requested (from question #6) the amount of this request) osts for Fiscal Year 2020-2021 previously received state fund most recent instance:	Amount 500000 00 00 00 500,000 ling? Yes	Percentage 100.0 % 0 % 0 % 0 % 100 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co Has this project p If yes, provide the	t for Fiscal Year 2020-2021 (ings sequested (from question #6) sequested (from question #6) sets for Fiscal Year 2020-2021 previously received state fund most recent instance:  Amount	Amount 500000 00 00 00 500,000	Percentage 100.0 % 0 % 0 % 0 % 100 %	project)
Total Project Cos Type of Funding Total State Fund Matching Funds Federal State (excluding Local Other Total Project Co	t for Fiscal Year 2020-2021 (ings sequested (from question #6) is the amount of this request)  osts for Fiscal Year 2020-2021 oreviously received state fund most recent instance:  Amount	Amount 500000 00 00 00 500,000	Percentage  100.0 %  0 %  0 %  0 %  100 %  No	project)

If yes, indicate nonrecurring amount per year.



LFIR # 2335

#### 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: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construct		
Construction/Renovation/ Land/Planning Engineering	Design build renovation project at 710 Alton Road Miami Beach, FL 33139.	500,000
Total State Funds Re	quested (must equal total from question #6)	500,000



LFIR # 2335

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1.	Program Performance
a.	What specific purpose or goal will be achieved by the funds requested?
	Capital improvements to renovate and expand MBCHC's 710 Alton Road health center facility will ensure that a critical safety net provider on Miami Beach will be able to continue providing award-winning, high-quality, affordable health care services to the poor, uninsured, and medically underserved. The renovation will facilitate expansion of operations to serve increasing numbers of patients.
b.	What activities and services will be provided to meet the intended purpose of these funds?
	MBCHC will engage a general contractor for design build services to perform the necessary renovations and to add 25 examination rooms to the building at 710 Alton Road, Miami Beach. Work to be done includes: removing and replacing the existing floating slab in part of the building, installing new pin piles, providing clean fill compacted and treated for termites, installing 12" x 18" grade beams following the existing steel column layout, and installing a new 8" concrete slab with rebar mat 12" OC. Emergency lighting and exit lighting will be installed and maintenance done on the electrical system to ensure the building passes its 40-year certification.
c.	What direct services will be provided to citizens by the appropriation project?
	The renovation and expansion of MBCHC's 710 Alton Road health center facility will increase capacity to provide primary health care (including oral health and behavioral health) and enabling services, such as outreach and enrollment services, public benefits eligibility assistance, pharmacy and laboratory services, and transportation to increasing numbers of low-income and uninsured residents.
d.	Who is the target population served by this project? How many individuals are expected to be served?
	Low-income and uninsured individuals. In 2018, 92.7% of patients were low-income with 80.3% having incomes below the Federal Poverty Guideline. More than a third (36.3%) of patients are uninsured. MBCHC expects to serve an additional 17,500 individuals from this facility in the year following completion of this project.
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
	The expected benefit from this project is a safer, more spacious facility from which to deliver health care services to the community. The project outcome will be certified by Miami Beach and Miami-Dade County building inspectors. The additional residents served will be certified by the Uniform Data System report to the Health Resources and Services Administration (HRSA).
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?
	None.



LFIR # 2335

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.

Miami Beach Community Health Center, Inc. (MBCHC) is to receive directly any capital outlay funding for renovations to 710 Alton Road, Miami Beach, FL 33139 and Suite 100, 11645 Biscayne Boulevard, Miami, FL 33181. Miami-Dade County owns 710 Alton Road and MBCHC has a long-term lease for the facility in effect through 2035.

Re	questor Contact	Information		
a.	First Name	Mark	Last Name	Rabinowitz
b.	Organization	Miami Beach Community Health	Center, Inc.	
C.	E-mail Address	mrabinowitz@mbchc.com		
d.	Phone Number	(305)538-8835	Ext.	
Re	cipient Contact	Information		
a.	Organization	Miami Beach Community Health	Center, Inc.	
b.	Municipality and	County Miami-Dade		
C.	Organization Typ	e		
	O For-profit E	ntity		
	Non-Profit 5	501(c) (3)		
	O Non-Profit 5	501(c) (4)		
	<ul> <li>Local Entity</li> </ul>			
	O University of	or College		
	Other (plea	se specify)		
d.	First Name	Sorangely	Last Name	Menjivar
e.	E-mail Address	sorangelym@mbchc.com		
f.	Phone Number	(305)5388835		
Lo	bbyist Contact I	nformation		
a.	Name	Kelly Mallette		
b.	Firm Name	Ronald L. Book, P.A.		
C.	E-mail Address	kelly@rlbookpa.com		
d.	Phone Number	(850)2243427	Ext.	