



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1054

1. Project Title

2. Senate Sponsor

3. Date of Request

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 medical, pharmacy and dental services to include 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 400 students enrolled in LECOM's medical, dental and pharmacy programs with over 2,000 student rotations.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	5,000,000
Fixed Capital Outlay	0
Total State Funds Requested	5,000,000

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	5,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	5,000,000	452	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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PPE supplies for students, staff and faculty to allow for continued education and providing clinical medical, dental and pharmacy care to patients.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
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 400 medical, dental and pharmacy students with physician, pharmacy and dental clinical preceptors, supervisors and clinical support staff.	5,000,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		5,000,000

12. Program Performance

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

Provide medical, dental and pharmacy care to include rural and/or underserved populations; clinical rotations and supervision of medical, dental and pharmacy 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?

Over 14,000 individuals including low income, rural and/or under-served populations will be served in over 41,000 visits.

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

Improved and expanded medical care to include rural, low income, and under-served populations.

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 the contract?

Funding adjustment based on deliverables not met.



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13. 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.

Not applicable



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14. Requestor Contact Information

a. First Name Last Name
b. Organization
c. E-mail Address
d. Phone Number Ext.

15. 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

16. Lobbyist Contact Information

a. Name
b. Firm Name
c. E-mail Address
d. Phone Number