

1. Project Title

Operations

Fixed Capital Outlay

**Total State Funds Requested** 

## The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

Central Florida Family Health Center - COVID-19 Infusion Center

LFIR # 1423

240,018

240,018

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2. Senate Sponsor	Randolph Bracy				
3. Date of Request	02/09/2021				
4. Project/Program De	scription				
expediting the recover results who are 12 years and/or hospitalization	rearly treatment of COVID ery for the treatment of mile ears of age and older weigh n. During the initial phase, so soitive for COVID-19 and to we for COVID-19.	d to moderat hing at least the infusion	e symptoms in adul 88lbs and are at hig herapy will be provi	t and pediatric patie gh risk for progressi ded to those individ	nts with positive test ng to severe COVID-19 luals who are 65 years of
5. State Agency to rec	eive requested funds	Departmer	t of Health		
State Agency contact	cted? No				
6. Amount of the Nonro	ecurring Request for Fisc	cal Year 202	1-2022		
Type of Funding			Amo	ount	]

### 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)	240,018	93%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	18,000	7%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	258,018	100%

8. Has this project previously received state funding?

Fiscal Year (уууу-уу)	Amo	ount	Specific	Vetoed	
	Recurring	Nonrecurring	Appropriation #		

No

	recuiring	Nonecouring	

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 50,000

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

Solicit grant funding and donor donations. Additionally, patient collections will be utilized to sustain the program.

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



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Yes

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

Received funding of \$3,070,639 for the purchase of PPE required to safely provide COVID-19 testing, sneeze guards, transparent partitions, and signage.

### 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	Operational Costs: Other				
Salary and Benefits	Receptionist (28,641.60) RN (73,008.00) Paramedic (73,008.00) Facilities Coordinator (35,360)	210,018			
Expense/Equipment/Travel/Supplies/Other	Supplies	30,000			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering		0			
Total State Funds Requested (must equal total from question #6) 240,018					

### 12. Program Performance

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

The purpose and goal of the funding received is to provide antibody infusion for early treatment of COVID-19. This treatment can prevent hospitalizations and expedite the recovery process. Hospital bed availability has been a growing issue across the state and this treatment can alleviate hospitalization allowing for care of more critical patients.

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

Initially, funding will be used to provide outpatient antibody infusion therapy for individuals who are 65 years of age and older who have a positive COVID-19 test result with mild to moderate symptoms and those who are 55 years of age and older with underlying conditions and positive for COVID-19.

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

Outpatient antibody infusion therapy for individuals who are 65 years of age and older and have a positive COVID-19 test result with mild to moderate symptoms and for those 55 years of age and older with underlying conditions and positive for COVID-19.

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

The target population is seniors who has a positive COVID-19 test result exhibiting mild to moderate symptoms. State-wide, minority individuals 65 years and older have experienced increased hospitalization rates due to contracting the COVID-19 virus and would be priority to receive treatment. We expect to serve more than eight hundred individuals.



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

The expected outcome is a decrease in the number of hospitalizations for those with mild to moderate symptoms that participate in antibody infusion therapy.

Data indicates that there is a 70% success rate of hospitalization prevention for individuals who participate in antibody

infusion therapy.

Our success would follow the same methodology that 70% of patients participating will avoid hospitalization.

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?

A suggested penalty is no award of re-occurring funds for this project.

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.

N1/A	
N/A	
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# The Florida Senate Local Funding Initiative Request Fiscal Year 2021-2022

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14. Requestor Contact	Informati	ion					
a. First Name	Michelle		Last Name	Mangum			
b. Organization	Central Florida Family Health Center, Inc. dba True Health						
c. E-mail Address	michelle.ı	michelle.mangum@mytruehealth.org					
d. Phone Number	(407)322	-8645	Ext.	1053			
15. Recipient Contact Information							
a. Organization Central Florida Family Health Center, Inc. dba True Health							
b. Municipality and County Seminole							
c. Organization Tyլ	c. Organization Type						
□For Profit Entity	1						
☑Non Profit 501(c	(c)(3)						
□Non Profit 501(c	501(c)(4)						
□Local Entity	□Local Entity						
□University or Co	□University or College						
□Other (please specify)							
d. First Name	Janelle		Last Name	Dunn			
e. E-mail Address	janelle.dunn@mytruehealth.org						
f. Phone Number	(407)322-8645						
16. Lobbyist Contact Information							
a. Name	None						
b. Firm Name	None						
c. E-mail Address							
d. Phone Number							