



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1428

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Mobile Health unit will provide integrated health care including primary care, mental health services and social services for municipalities throughout the county by three Licensed Practical Nurses (LPN) and a Physician/Advance Registered Nurse Practitioner (ARNP), COVID-19 Consultants and a Logistic Coordinator.

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	755,744
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>755,744</b>

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)	755,744	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>755,744</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

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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The Gadsden County Board of County Commissioners (BoCC) established several CARES Assistance Programs to assist with various unbudgeted, county-wide needs related to the COVID-19 pandemic: They received \$7,314,610 for various programs including a Public Emergency Expenses Program, the Sheriff's Office, the Municipalities Pass-through Program, Small Business Assistance Program, Resident Assistance Program, Broadband Program, and for Planning, Administration, and Outreach Program.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	Project Coordinator 3 years	30,000
Other Salary and Benefits	Physicians and mental health professional staff will serve as key personnel on the mobile trailer located in the community. Their presence will allow an opportunity for residents to seek medical care and mental health counseling while onsite, either in person or through telemedicine.	105,000
Expense/Equipment/Travel/Supplies/Other	Travel, consumable office supplies, utilities, educational material and other necessary equipment.	272,744
Consultants/Contracted Services/Study	LPN (3) and Physician ARNP (1) Contracted Program Staff – These are program staff employed on a contractual basis to provide direct services related to program implementation and for which the organization directs and controls when, where and how the employee performs the work. A Data Analyst will provide expertise to acquire, manage, manipulate, and analyze data throughout the project and report results.	348,000
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>755,744</b>

#### 12. Program Performance

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

By offering a "one-stop-shop" model of comprehensive medical care at sites throughout the county, our mobile unit will provide much-needed access to health care for the homeless/migrant farm workers by meeting them where they are and Gadsden County's most vulnerable populations.

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

COVID-19 Testing and Vaccinations. Primary care services (physical exams, chronic disease management (diabetes, hypertension, etc.), preventative care (colorectal and cervical cancer screenings, mammogram referrals, etc.), behavioral health services (screenings, psychiatric services, addiction treatment, etc.)

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

Primary care services (physical exams, chronic disease management (diabetes, hypertension, etc.), preventative care (colorectal and cervical cancer screenings, mammogram referrals, etc.), behavioral health services (screenings, psychiatric services, addiction treatment, etc.)

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



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Community members who otherwise would not have access to care. Frequent users of the emergency room for primary care. People with limited transportation. People who may live in the area transiently (e.g., migrant farm workers). 45,000

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

Our FSU partnership with the Clinical Translational Science Award (CTSA) Community Engagement Core Group will independently pursue funding to determine feasibility in Year 1 and an evaluation of effectiveness in Year 3.

**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?**

Deobligation of funds.

**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.**

Gadsden County will be the sole owner of the mobile unit.



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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