

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2125

1. Project Title	Neighborhood M	Neighborhood Medical Center Maternal & Pediatric Health Clinic								
2. Senate Sponsor	Loranne Ausley									
3. Date of Request	12/08/2021									
4. Project/Program De	escription									
The specific purpos and pediatric health uninsured and media County, a rural county	e or goal to be achi clinic in Gadsden C cally under served r ity in North Florida,	County. The allocati maternal and pedia consistently ranks	on of funds will help to tric patients that can b	o increase the capac be seen in Gadsden ounties in statewide	ty to house a maternal city and number of County. Gadsden health outcomes for its					
5. State Agency to red	ceive requested fu	nds Departm	ent of Health							
State Agency conta	ncted? No									
6. Amount of the Noni	recurring Request	for Fiscal Year 20	022-2023							
Type of Funding			Amount							
Operations			0							
Fixed Capital Outlay			750,000							
Total State Funds I	Requested		750,000							
7. Total Project Cost f	or Fiscal Year 202	2-2023 (including	matching funds avai	ilable for this proje	ct)					
Type of Funding			Amount	Percentage						
Total State Funds R	equested (from que	estion #6)	750,000	46%						
Matching Funds										
Federal			150,000	9%						
	State (excluding the amount of this request)			0%						
Local			750,000	0% 45%						
Other Total Project Costs for Fiscal Year 2022-2023			,							
Total Project Costs	S for Fiscal Year 20	022-2023	1,650,000	100%						
8. Has this project pro	eviously received	state funding?	No							
Fiscal Year	Amo	ount	Specific "	Vetoed						
(уууу-уу)	Recurring	Nonrecurring	Appropriation #							
9. Is future funding lik	cely to be requeste	ed?	No							
a. If yes, indicate n	onrecurring amou	nt per year.								
b. Describe the sou	urce of funding tha	at can be used in l	ieu of state funding.							
10. Has the entity req	uesting this projec	ct received any fe	deral assistance rela	ted to the COVID-1	9 pandemic?					



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

HRSA Ryan White HIV/AIDS Program Part C (COVID 19)-53,750.00; HRSA FY2020 Expanding Capacity for Coronavirus Testing (ECT)-330,649.00; HRSA Health Center Coronavirus Aid, Relief, and Economic Security-931,955.00; HRSA FY Coronavirus Supplemental Funding for Health Centers-75,645.99; Local Community Based Workforce to Increase COVID-19 Vaccine Access-1,000,000.00; American Rescue Plan For Health Centers-4,355,000; American Rescue Plan Health Center Infrastructure Support-670,368.

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		0				
Fixed Capital Construction/Major Renovation:						
Construction/Renovation/Land/ Planning Engineering	Property acquisition and new construction of a 10,000 square foot, two story facility	750,000				
Total State Funds Requested (must equal total from question #6)						

12. Program Performance

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

The specific purpose or goal to be achieved by this funding request is for the construction of a facility to house a maternal and pediatric health clinic in Gadsden County. The allocation of funds will help to increase the capacity and number of uninsured and medically under served maternal and pediatric patients that can be seen in Gadsden County. Gadsden County, a rural county in North Florida, consistently ranks as one of the lowest counties in statewide health outcomes for its residents and even lower for health outcomes for expectant mothers and their children. This facility and the maternal and pediatric services provided will help improve health outcomes and reduce service gaps that are occurring for expectant mothers and their infants in this area.

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

Direct care to patients will be provided at the facility. Services include: obstetrics, pediatrics, and behavioral health. A portion of the facility will also be used as a health education and workforce training center to provide health education and wellness classes to expectant parents and children and train parents in critical healthcare fields.

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

This facility and the maternal and pediatric services provided will help improve health outcomes and reduce service gaps that are occurring for expectant mothers and their infants in this area.

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



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Over 1,000 individuals are expected to be served annually by this project. The majority of the funds requested will serve the following target populations or groups through its direct maternal, pediatric, and health/wellness education services: Persons with poor mental health; Persons with poor physical health; Jobless persons; Economically disadvantaged persons; At-risk youth; Drug users (in health services); Preschool students; Grade school students; High school students; Currently or formerly incarcerated persons; Drug offenders; and Victims of crime.

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

Improve physical health- Gadsden County, a rural county in North Florida, consistently ranks in the lowest tier in statewide health outcomes for its residents and even lower for health outcomes related to maternal and infant health. This facility will help improve health outcomes and reduce service gaps that are currently occurring. NMC will use the Florida Department of Health maternal and pediatric health data for Gadsden County such as early pre-natal care, low birth weight, infant death rate, immunizations, physical activity, tobacco use, etc. to measure the benefits and successful outcomes of the clinic. Improve Mental Health- Residents of Gadsden County have very little access to mental and behavioral health service providers. This facility will provide access to mental and behavioral health services to women and children that is severely lacking in the area. Through its mental and behavioral health service providers and its health and wellness education.

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?

Failure to meet performance measures or contract deliverables will result in corrective action plans and/or other financial penalties.

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.

The owner of the facility to receive fixed capital outlay funding is Neighborhood Medical Center, Inc. Neighborhood Medical Center is a Non-Profit 501(c)(3).



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14. Requestor Cor	ntact Informat	ion						
a. First Name	Jeanne'		Last Name	Freeman				
b. Organizatio	n Neighbor	Neighborhood Medical Center, Inc.						
c. E-mail Addr	ess JFreema	JFreeman@neighborhoodmedicalcenter						
d. Phone Num	ber (850)577	(850)577-1558 Ext.						
15. Recipient Contact Information								
a. Organizatio	n Neighbor	Neighborhood Medical Center, Inc.						
b. Municipality	and County	Gadsden						
c. Organization Type								
□For Profit E	□For Profit Entity							
☑Non Profit 5	☑Non Profit 501(c)(3)							
□Non Profit 5	□Non Profit 501(c)(4)							
□Local Entity								
□University or College								
□Other (please specify)								
d. First Name	Jeanne'		Last Name	Freeman				
e. E-mail Addr	ess JFreema	JFreeman@neighborhoodmedicalcenter						
f. Phone Numb	per							
16. Lobbyist Contact Information								
a. Name	None							
b. Firm Name	None							
c. E-mail Addr	ess							
d. Phone Num	ber							