

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2285** 

1. Project Title	Neighborhood M	edical Center Mob	ile Mammography Clii	nic	
2. Senate Sponsor	Corey Simon				
3. Date of Request	12/13/2023				
4. Project/Program De					
	<u> </u>		• "	1 1111	
incomes. However s	tudies have found t	hat some population Sbile mammogram	ons are more vulnerab unit that will increase	le to poor breast ca	It ages, ethnicities, and ncer outcomes. The ection services,
5. State Agency to red	ceive requested fu	<b>nds</b> Departm	ent of Health		
State Agency conta	icted? No				<u> </u>
Otate Agency conta	110				
6. Amount of the Noni	ecurring Request	for Fiscal Year 20	24-2025		
Type of Funding			Amo	unt	
Operations				850,000	
Fixed Capital Outlay	•			0	
<b>Total State Funds I</b>	Requested			850,000	
7. Total Project Cost f  Type of Funding	or Fiscal Year 202	4-2025 (including	matching funds ava	ilable for this proje	ect)
Total State Funds R	equested (from que	stion #6)	850,000	90%	
Matching Funds		,			
Federal				0%	
State (excluding the amount of this request)			0	0%	
Local	Local			0%	
Other			100,000	10%	
<b>Total Project Costs</b>	for Fiscal Year 20	24-2025	950,000	100%	
8. Has this project pre	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	rce of funding tha	nt can be used in l	ieu of state funding.		
10. Has the entity req	uesting this projec	ct received any fe	deral assistance rela	ated to the COVID-	19 pandemic?
Yes					

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



11. Status of Construction

Construction/Renovation/Land/

Total State Funds Requested (must equal total from question #6)

especially in rural and under-served areas within North Florida.

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

Planning Engineering

14. Program Performance

Planning

a. What is the current phase of the project?

Design

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

### The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2285** 

850,000

Neighborhood Medical Center received \$7,140,246 in COVID-19 related funding. The funding was used for outreach, vaccination clinics, supplies, personnel and equipment.

### Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

d. What is the estimated comple  2. List the owners of the facility to relationship between the owne	o receive, directly or indirectly, any fixed capital outlay funding. Inclu	ide the
. Details on how the requested st	tate funds will be expended  Description	Amount
Administrative Costs:	2000.150.00	
Executive Director/Project Head Salary and Benefits		(
Other Salary and Benefits		(
Expense/Equipment/Travel/Supplies/ Other	Funding will cover fuel costs, supplies, travel and maintenance for the mobile mammography unit.	100,000
Consultants/Contracted Services/Study		(
Operational Costs: Other		
Salary and Benefits	Funding will be used for the allocated portion of salary and benefits for the drivers of the mobile mammography unit.	50,000
Expense/Equipment/Travel/Supplies/ Other	Funds will be used for the acquisition of a medical mobile van that is equipped with 3D imaging, ultrasound, and related mammography equipment.	700,000
Consultants/Contracted Services/Study		(

N/A

Breast cancer, the second most common cause of cancer in women, affects people across different ages, ethnicities, and incomes. However studies have found that some populations are more vulnerable to poor breast cancer outcomes. The purpose of the funding is to secure a mobile mammogram unit that will increase access to early detection services,



15. Requester Contact Information

16.

### The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2285** 

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

Citizens throughout NMCs North Florida service area will be able to receive mammograms through the mobile mammography clinic increasing access to early detection and providing much needed education regarding breast health, physical health and breast cancer.

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

Citizens throughout NMCs North Florida service area will be able to receive mammograms through the mobile mammography clinic increasing access to early detection and providing much needed education regarding breast health, physical health and breast cancer.

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

The target population served by this project are women in Leon, Gadsden, Jefferson and Wakulla counties. NMC expects to serve over 4,000 women annually with the mobile mammography clinic.

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

Neighborhood Medical Center's service area includes a number of rural counties in North Florida as well as underserved communities that consistently rank in the lowest tier in statewide health outcomes especially related to women's health. This mobile clinic will help improve health outcomes and reduce service gaps that are currently occurring. Because of the transportation barriers inherent in the lives of uninsured and medically undeserved patients, the likelihood of women traveling 30-45 minutes to receive a mammogram is very low. The mobile clinic will also improve access and reduce transportation barriers.

Neighborhood Medical Center will use Florida Department of Health data for its service area to measure the benefits and successful outcomes of the mobile clinic related to health status, access to care, and the need for transportation.

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.

•					
a. First Name	Jeanne'		Last Name	Freeman	
b. Organization	Neighborhood Medical Center				
c. E-mail Address	JFreeman@neighborhoodmedicalcenter.com				
d. Phone Number	(850)577	-1558	Ext.		
Recipient Contact	Information	on			
a. Organization	Neighborhood Medical Center				
b. Municipality and County		Leon			
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(c	c)(3)				
□Non Profit 501(c)(4)					



17.

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

**LFIR # 2285** 

□Local Entity					
□University or College					
□Other (please specify)					
d. First Name	Jeanne'	Last Name	Freeman		
e. E-mail Address	JFreeman@neighborhoodmedicalcenter.com				
f. Phone Number	(850)577-1558				
Lobbyist Contact Information					
a. Name	Sha'Ron James				
b. Firm Name	Gunster Yoakley & Stewart PA				
c. E-mail Address	SJames@gunster.com				
d. Phone Number	(850)521-1980				