



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 2707

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The goal is to update and modernize health clinics serving high-risk populations. These updates will improve access to care and provide healthcare services to adult and pediatric patients who are under-served and from high-risk populations. The one of the top Zip Codes for chronic disease hospitalizations for Broward Health's primary service area is 33311.

5. State Agency to receive requested funds

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	700,000
Total State Funds Requested	700,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	700,000	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 2024-2025	700,000	100%

8. Has this project previously received state funding? No

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

9. Is future funding likely to be requested? No

a. If yes, indicate nonrecurring amount per year.

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

At the moment, Broward Health does not have a source of funding that can be used in lieu of state funding. If state funding is not provided, the applicant will continue to pursue funding from other sources, including donations and grant-making activities.

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

Yes



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

Broward Health received \$87,930,551 in provider relief and federal grant funding related to the COVID-19 pandemic. Provider relief helped Broward Health's safety net hospitals sustain essential operations and care for the community. Federal grant funds received, including Healthcare for the Homeless and Ryan White HIV/AIDS Program grants, were used to increase service delivery capacity directly related to the COVID-19 pandemic, ensuring the ability to prevent and mitigate COVID-19.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction
 N/A

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

Yes

c. What is the estimated start date of construction?

July 2024

d. What is the estimated completion date of construction?

July 2025

12. List 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 North Broward Hospital District is the owner of the building.

13. 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	Building modernization and renovation, allowing greater and easier access for the patients. Increasing security of the facility through improvements of the exterior doors. Installing safety measures to keep patients safe such as child resistant outlets, frosted film on exam room windows. Improvements to the pediatric and prenatal departments to help streamline the patient experience.	700,000
Total State Funds Requested (must equal total from question #6)		700,000

14. Program Performance



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

The goal is to update and modernize health clinics serving high-risk populations. These updates will Improve access to care and provide healthcare services to adult and pediatric patients who are under-served and from high-risk populations. The one of the top Zip Codes for chronic disease hospitalizations for Broward Health's primary service area is 33311.

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

Adult, prenatal, pediatric, and dental care. There will be a pharmacy located on site to streamline the patient experience and increase access.

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

Healthcare services such as, but not limited to, blood pressure, routine health screenings, vaccinations, dental cleaning, prenatal care.

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

This project will serve the general population with a focus on adult and pediatric patients in the under-served area in and around zip code 33311, which is within Broward Health's primary service area.

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

To collect data and track the objectives, an integrated Electronic Health Record (EHR) system will be utilized. EHR data includes demographics, information regarding hospitalizations, and other information typically found in the patient medical record. This project will employ a project management software to track impact and disseminate information to internal and external stakeholders

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?

Broward Health is open to discuss any and all penalties for failing to meet deliverables or performance measures provided for in the contract. Broward Health is prepared to make restitution of amount awarded, and/or to discuss additional/alternative penalties with the contracting agency as part of the contract negotiation process.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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)



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- Local Entity
- University or College
- Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number