



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2024-2025

LFIR # 2709

1. Project Title
2. Senate Sponsor
3. Date of Request

**4. Project/Program Description**

New County Health Department building. Current structure was built in 1959 and is outdated, does not have ADA features, and provides limited security for staff. There is no local hospital in our area. Closest Hospital that is not a private facility is 40 miles away across state lines and closest emergency room is in a nearby county. Nearby Hospitals do not accept Medicaid or those with no insurance. This facility would serve both of those groups. Hamilton is one of the only health departments in Florida that still provides primary care. New facility would expand pediatric dental and sealant program. Facility would also have dedicated space for a ADA compliant special needs shelter (SP&S) for up to 40 special needs clients and their caretakers. This facility would also provide for an expansion of WIC services to those in need throughout the county. Some 40% of Hamilton County residents have no insurance.

5. State Agency to receive requested funds
- State Agency contacted?  No

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	4,000,000
<b>Total State Funds Requested</b>	<b>4,000,000</b>

**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)	4,000,000	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 2024-2025</b>	<b>4,000,000</b>	<b>100%</b>

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?  Yes
- a. If yes, indicate nonrecurring amount per year.

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

No alternative funding source has been found for construction.

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.

Funds were not available for construction.

## 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)?

No

c. What is the estimated start date of construction?

12/15/2023

d. What is the estimated completion date of construction?

06/01/2025

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 partnership between Hamilton's BOCC and the Florida Department of Health outlines Hamilton County will provide a building to support the needs of the Hamilton County Health Department. The current building will cost more money to renovate and bring up to current standards than new construction. Hamilton County's Health Department is the only local facility to serve non-insured and indigent population as well as the special needs community within the county.

### 13. 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<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	Request funding for planning, engineering, and construction of a new Hamilton County Health Department. Very willing to accept funding over the 2023-24 (50%) and 2024-25 (50%) budget years. This amount will be the first request in a 3 year request for funding.	4,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>4,000,000</b>

### 14. Program Performance

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



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This project will increase the capacity of the Florida Department of Health in Hamilton County to provide access to primary care and additional medical services, promote public health preparedness and response, and prevent communicable and chronic diseases by providing a facility that adequately meets the demand for services in the community. Currently, the facility is severely out of date and is not ADA compliant, reducing access for those experiencing disabilities. Additionally, the current facility is not equipped to meet the demand for services.

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

The facility will continue to provide the following services at an enhanced capacity upon completion of the proposed project:  
 Primary care services, family planning, communicable disease education and prevention, environmental health, healthy start, emergency public health response and preparedness, vital statistics, community health education and programming, and community health statistics and reporting.

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

The citizens of Hamilton County will receive direct services through the provision of primary care services, referral to specialty care, educational services, public health emergency preparedness and response, environmental health protective measures and regulation. This project increases the department's capacity to provide services in an inclusive manner and removes barriers to access for those who experience difficulties in the current facility. It will further expand pediatric dental programs and create a Special Needs shelter for use during emergency events and allow for expansion of WIC services.

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

The Health Department serves the citizens of Florida both directly through the direct provision of services, and indirectly by promoting and protecting the health of the public. More specifically, the health department provides access to services to those that lack access due to insurance, underinsurance or those that experience barriers to access such as stigma, transportation, or income. Collectively, the entirety of Hamilton County and its visitors receive the benefit of a robust public health system which is promoted through this project.

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

Upon completion, the project will increase the capacity to provide all health department services. All health department activities are measured through consistent and rigorous community health assessment as well as analysis of chronic and communicable disease incidence and prevalence. It will provide for expansion of WIC programs and pediatric dental programs. Moreover, it will provide a shelter for up to 40 special needs clients and their caretakers.

**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?**

Standard contract penalties are sufficient.

**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**



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- 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**

#### 17. Lobbyist Contact Information

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**