

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

LFIR # 2749

1. Project Title	Pediatric Center	at Treasure Coast	t Community Health			
•		at ITOdodie Oddo	Community Health			
2. Senate Sponsor	Erin Grall					
3. Date of Request	01/04/2024					
4. Project/Program D	escription					
Treasure Coast Co provide primary care behavioral health, a	e services to approxi	imately 9,000 child	dren. Services to be pi	cing St. Lucie and In rovided include dent	idian River counties, to tal, pharmacy, vision,	
5. State Agency to re	ceive requested fu	nds Departn	nent of Health			
State Agency conta		for Fiscal Voor 2	024-2025			
	recurring Request	TOI FISCAI TEAI 2		nt	1	
Type of Funding Operations			Amount			
Fixed Capital Outlay	ı			250,000 1,000,000		
Total State Funds				1,250,000		
7. Total Project Cost f Type of Funding	011130011001202-	+-2023 (inicidality	Amount	Percentage		
	Total State Funds Requested (from question #6)			17%		
Matching Funds		, 1	1,250,000			
Federal			0	0%		
State (excluding the	amount of this requ	iest)	0	0%		
Local			0	0%		
Other			6,000,000	83%		
Total Project Costs	s for Fiscal Year 20	24-2025	7,250,000	100%		
8. Has this project pr	eviously received s	state funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #			
9. Is future funding li	kely to be requeste	nd?	No			
J	,					
a. If yes, indicate n	onrecurring amou	nt per year.				
b. Describe the so	urce of funding tha	t can be used in	lieu of state funding			
10. Has the entity req	uncting this projec	st received any fa	doral acciatones rela	ated to the COVID	10 nandomic?	
	uesting this projec	c received any le	uviai assistalite felõ	ateu to the COVID-	ra panuenno :	
Yes						
If yes, indicate the	amount of funds r	eceived and wha	t the funds were use	ed for.		



11. Status of Construction

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

LFIR # 2749

American Rescue Plan – \$ 5,510,574 - Electronic Medical Records system and accompanying Hardware Equipment;; Personnel Costs Implementing System; Remote Patient Monitoring services for 2 years

HRSA Covid Testing Grant -\$474,679- Purchase and Administer Covid Test to Indian River County Residents

American Rescue Plan Capital grant \$775,990 - Procured computer equipment; a mobile medical unit; vehicles to transport patients and a vehicle for pharmacy delivery HRSA PPE Grant \$984,305 – Procured

Complete questions 11 and 12 for Fixed Capital Outlay Projects

	a. What is the current phase of the project?						
	Planning	Design	Construction	O N/A			
	b. Is the project	No					
c. What is the estimated start date of construction?				April. 2024			

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.

May, 2025

Treasure Coast Community Health is a 501 c(3) non-profit, with a volunteer Governing Board of Directors.

13. Details on how the requested state funds will be expended

d. What is the estimated completion date of construction?

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	2 dental providers for the pediatric center, serving 1,500 pediatric patients, providing 4,500 dental services and 1,900 hygenist services	250,000			
Expense/Equipment/Travel/Supplies/Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	building materials and construction of a new 20,000 sq ft facility for pediatric services	1,000,000			
Total State Funds Requested (must equal total from question #6)					

14. Program Performance

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



15.

16.

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

LFIR # 2749

Increase accessib	oility for primary care and po	ediatric patier	nts in Indian River and S	St. Lucie counties
	and services will be prov	•		
primary care servi behavioral health,	ices to approximately 9,000 and physical and occupation	children. Se	rvices to be provided in	clude dental, pharmacy, vision,
c. What direct ser	vices will be provided to	citizens by t	he appropriation proje	ect?
	ices to approximately 9,000 and physical and occupation			clude dental, pharmacy, vision,
d. Who is the targ	et population served by t	this project?	How many individual	s are expected to be served?
Children between	the ages of 0-18. 9,000+			
-	ected benefit or outcome	of this proj	ect? What is the meth	odology by which this outcome will
be measured?				
Increased access government (HRS)		St. Lucie and	d Indian River Counties	. UDS Report through the federal
f. What are the su	ggested penalties that th	e contractin	g agency may conside	er in addition to its standard penaltie
for failing to meet	deliverables or performa	ance measur	es provided for the co	ntract?
Return money to t	he state			
Requester Contact	t Information			
a. First Name	Vick	Last Name	Soule	
b. Organization	Treasure Coast Commun	ity Health		
c. E-mail Address	vsoule@tcchinc.org	7		
d. Phone Number	(772)205-9249	Ext.		
Recipient Contact	Information			
a. Organization	Treasure Coast Commun	ity Health		
b. Municipality and	d County Indian River			
c. Organization Ty	pe			
□For Profit Entity				
☑Non Profit 501(d	c)(3)			
□Non Profit 501(c	c)(4)			
□Local Entity				
□University or Co	llege			
□Other (please sp	pecify)			
d. First Name	Vicki	Last Name	Soule	
e. E-mail Address	vsoule@tcchinc.org			



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

LFIR # 2749

f. Phone Number	(772)205-9249				
17. Lobbyist Contact Information					
a. Name	Melody Selis Arnold				
b. Firm Name	n Name RSA Consulting Group LLC				
c. E-mail Address	c. E-mail Address melody@rsaconsultingllc.com				
d. Phone Number	(386)547-1197				