

1. Project Title

2. Senate Sponsor

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

Gilchrist County Department of Health Expansion

Jennifer Bradley

**LFIR # 2797** 

3. Date of Request	01/02/2024					
4. Project/Program D	escription					
an adjacent building staff, allowing for cli desperately needed services as we are Jacksonville, Tallah more efficient space	able Gilchrist County to expa g at the current campus. The inic expansion. The additional I parking. Our DOH serves the one of very few Medicaid pro- assee and every community a and operations. These servery and Dixie Counties.	new space wine Tri-Cour byiders. Our in between	e will accommodate Er Il permit the removal o nty area and is a region r Pediatric Dental Clini n. Furthermore, the DC	nvironmental Health f an outdated portal nal destination for P ic serves children fr DH Environmental H	and administrative ole building, providing ediatric Dental om as far away as lealth sector will have	
5. State Agency to re	ceive requested funds	Departm	ent of Health			
State Agency conta	acted? Yes					
6. Amount of the Non	recurring Request for Fisc	al Year 20	24-2025			
Type of Funding			Amou	unt		
Operations				0		
Fixed Capital Outlay	У			395,968		
<b>Total State Funds</b>	Requested		395,968			
7. Total Project Cost	for Fiscal Year 2024-2025 (	including	matching funds avail	lable for this proje	ct)	
Type of Funding			Amount	Percentage		
	Requested (from question #6)	)	395,968	80%		
Matching Funds						
Federal			0	0%		
	e amount of this request)		50,000	10%		
Local			50,000	10%		
Other			0	0%		
Total Project Costs	s for Fiscal Year 2024-2025		495,968	100%		
8. Has this project pr	eviously received state fur	nding?	No			
Fiscal Year (уууу-уу)	Amount Recurring Nonre	ecurring	Specific Appropriation #	Vetoed		
9. Is future funding li	kely to be requested?		No			
a. If yes, indicate n	nonrecurring amount per ye	ear.				
b. Describe the so	urce of funding that can be	used in I	ieu of state funding.			

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.	

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

- 11. Status of Construction
  - a. What is the current phase of the project?

\$3,226,886.00 Cares funding used for Public Safety payroll.

<ul><li>Planning</li></ul>	<ul><li>Design</li></ul>	<ul><li>Construction</li></ul>	O N/A		
b. Is the project "	'shovel ready" (	i.e permitted)?		No	
c. What is the est	timated start da	te of construction?		07/21/2024	
d. What is the es	timated comple	tion date of construc	ction?	01/01/2025	

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 facility is owned by The City Of Trenton Florida which is the County Seat and the geographic location of the Department Of Health for Gilchrist County which also serves Dixie and Levy (the Tri-County area). The City of Trenton has established an MOU with the DOH to provide a guaranteed ten year renewable lease of the building, without charge.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Funding will bring the building to code, and remodel interior space, including electrical, plumbing, drywall, windows, flooring, paint and fixtures- providing desperately needed office and conference space, a public reception area and ADA compliant restrooms.	395,968
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?



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Funds will remodel an existing building with local historical significance, providing much needed functional space to our Department of Health, while preserving our small town Florida heritage. The building is located adjacent to the current Clinic and Environmental Health campus. It will provide much needed space for the public to patron Environmental Health while also supplying administrative offices. The relocation of Environmental Health and administrative employees allows for required expansion in the Clinic. This remodel also permits us to remove an outdated portable building which will become desperately needed parking space at the Department of Health and relieve traffic congestion at 2 busy intersections.

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

The two-story, 2600 sq. ft. brick building will be ADA compliant, provide parking while reducing traffic congestion and improving safety. Funding will bring the building to code, and remodel interior space, including electrical, plumbing, drywall, windows, flooring, paint and fixtures- providing desperately needed office and conference space, a public reception area and ADA compliant restrooms.

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

Direct services will be expanded Environmental Health Services including Wastewater/Septic Permitting, Well Water Testing, Preparedness and Response, Animal Bite, Epidemiology Investigation, Communicable Disease Testing and treatment, Chronic Disease Prevention, Child & Adult Immunizations, Vital Statistics, Family Planning, Breast & Cervical Cancer Screening, School Physicals, WIC, Women's Health, Community Health, Healthy Start and REGIONALLY VITAL CHILDRENS DENTAL services.

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

The general public is served by this project. A total number of individuals expected to be served is hard to calculate as this project will benefit Gilchrist, Dixie and Levy counties. However, the Department of Health Clinic and Environmental Health provided over 94,000 individual services to Gilchrist county alone this year.

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

The expected benefit and outcome will be additional space for DOH staff to operate, improved and additional space for the public to visit DOH Environmental Health, and will allow relocation of non-clinical staff and provide the space needed to expand our current Clinic operations. Gilchrist County is the fastest growing county in the state which has directly impacted Environmental Health and Clinical operations.

## 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?

Deliverables/Performance will be measured monthly. If deliverables/performances are not met according to contract, they will be addressed immediately by County staff and the County engineer. If corrections are not successful within a timely manner, funds will be returned.

15. Requester Contact	t Information			
a. First Name	Ryan	Last Name	Clemons	
b. Organization	Gilchrist County Board of County Commission			
c. E-mail Address	rclemons@gcfr.org			
d. Phone Number	(352)538-8517	Ext.		
6. Recipient Contact Information				
a. Organization	Gilchrist County Board of County Commission			
b. Municipality and County Gilchrist				



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□For Profit Entity					
□Non Profit 501(c	□Non Profit 501(c)(3)				
□Non Profit 501(c	□Non Profit 501(c)(4)				
☑Local Entity	☑Local Entity				
□University or Co	□University or College				
□Other (please specify)					
d. First Name	Bobby	Last Name	Crosby Jr.		
e. E-mail Address	bcrosby@gilchrist.fl.us				
f. Phone Number	(352)463-3198				
17. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					