

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

LFIR # 2984

					LFIR # 2984	
1. Project Title	Paxton Medical	Clinic				
2. Senate Sponsor	Jay Trumbull					
3. Date of Request	01/05/2024					
4. Project/Program De	scription					
building with a new la monies for FF&E and	arger permanent b I to supplement th	ouilding and supporti le USDA Grant and	xton Florida. The projeng infrastructure. The County funding alread alation and code com	funding requested ly in place for this p		
5. State Agency to rec	eive requested f	unds Departm	ent of Health			
State Agency contact		t for Fiscal Year 20	24-2025			
Type of Funding			Amo	unt]	
Operations			70	2,500		
Fixed Capital Outlay				360,000	1	
Total State Funds R	equested		362,500			
7. Total Project Cost fo			Amount	Percentage		
Total State Funds Re	equested (from qu	estion #6)	362,500	24%		
Matching Funds					_	
Federal			679,500	45%	1	
State (excluding the a	amount of this req	uest)	0	0%	1	
Local			460,000	31%		
Other			0	0%	1	
Total Project Costs	for Fiscal Year 2	024-2025	1,502,000	100%		
8. Has this project pre	viously received	state funding?	No			
Fiscal Year	Amount		Specific	Vetoed		
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		-	
9. Is future funding like a. If yes, indicate no	•		No]	
b. Describe the sou	rce of funding th	at can be used in I	ieu of state funding.		7	
10. Has the entity required No		·	deral assistance rela		-19 pandemic?	



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

LFIR # 2984

Status of Construction		
a. What is the current phase of the project?		
○ Planning		
o. Is the project "shovel ready" (i.e permitted)?	Yes	
c. What is the estimated start date of construction?	03/31/2024	
d. What is the estimated completion date of construction?	03/31/2025	
List the owners of the facility to receive, directly or indirect relationship between the owners of the facility and the enti		tal outlay funding. Include the

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	Grant Administration	2,500
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	Construction Costs and Soft Costs to include Engineering Design, Surveying, Permitting, Bidding, and Construction Administration/Monitoring Construction Costs	360,000
Total State Funds Requested (m	ust equal total from question #6)	362,500

14. Program Performance

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

The purpose of this project is to improve the overall health of the residents of Paxton Florida and the surrounding community.

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



d. First Name

Judy

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

LFIR # 2984

	Health care services provided through the Paxton Medical Clinic include: Preventive and wellness care, annual examinations and checkups, treatment of minor illnesses, treatment of minor injuries, ongoing care for chronic illnessuch as diabetes and high blood pressure, immunizations, family planning, and linkage to behavioral health service dental services. c. What direct services will be provided to citizens by the appropriation project?					ses and	
	Health Care servi	ces as noted above.					
	d. Who is the target population served by this project? How many individuals are expected to be served?						
	The target population are the residents of the City of Paxton and the surrounding area. In 2022, the Paxton Medical Clinic served 467 clients with 8,795 different services provided. As of October 31, 2023, the Paxton Medical Clinic has seen 632 clients with 11,873 services provided. The steady growth of clients is consistent with the population growth Walton County.						as
	e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?						will
	monthly utilization	reviews and care manager Assessments for Walton O	ment through	the Walton Co	unty Health I	provements will be measured Department. Additionally, ty benefits of this facility and d	
		ggested penalties that the deliverables or performation				addition to its standard pen	altie
	Any unused funds	will be returned to the Sta	te.				
15.	Requester Contact	t Information					
	a. First Name	Ann	Last Name	Sexton			
	b. Organization	City of Paxton, Mayor					
	c. E-mail Address	asexton@paxtonfl.net					
	d. Phone Number	(855)834-2489	Ext.				
16.	Recipient Contact	Information					
	a. Organization	City of Paxton					
	b. Municipality and	d County Walton					
	c. Organization Ty	ре					
	□For Profit Entity						
	□Non Profit 501(d	c)(3)					
	□Non Profit 501(d	c)(4)					
	☑Local Entity						
	□University or Co	llege					
	□Other (please sp	pecify)					

Last Name Williams



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

LFIR # 2984

e. E-mail Address	jwilliams@paxtonfl.net	
f. Phone Number	(850)834-2489	
17. Lobbyist Contact I	nformation	
a. Name	None	
b. Firm Name		
c. E-mail Address		
d. Phone Number		