



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2334

1. Project Title

2. Senate Sponsor

3. Date of Request

#### 4. Project/Program Description

The operation of a Mobile Medical Care Unit (MMCU) to provide primary medical care to those who are lack of insurance or under insured or due to immigration status in the targeted Miami-Dade and Monroe counties.

Secondly, our social worker will reach out to different groups organizations and associations by involving in the local communities by partnering, participating, and organizing health fairs and other community gatherings to provide health care and medical consultancy.

5. State Agency to receive requested funds

State Agency contacted?

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

Type of Funding	Amount
Operating	600,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>600,000</b>

#### 7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	600,000	65%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	300,000	33%
Other	20,000	2%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>920,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

9. Is future-year funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

Currently, we manage to secure some funding from the Miami-Dade County-OMB to provide case management and health & wellness services in north Miami-Dade and Monroe Counties.



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## Complete questions 10 and 11 for Fixed Capital Outlay Projects

### 10. 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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

e. What funding stream will be used for ongoing operations and maintenance of the project?

11. 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.

### 12. 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	Emmanuella Fleurimont; the president executive director, responsible for the day-to-day- operation	30,000
Other Salary and Benefits	indirect service employees and benefits including but not limited (Taxes and other withholdings)	60,000
Expense/Equipment/Travel/Supplies/ Other	Medical supplies, maintenance, fuel, tolls and miscellaneous	50,000
Consultants/Contracted Services/Study	Accounting, payroll, and other Consultancy services	60,000
<b>Operational Costs</b>		
Salary and Benefits	indirect service employees and benefits including but not limited (Taxes and other withholdings) 1 Medical Doctor, 2 medical Assistance, 1 ARNP, 1 Counselor, 1 Case Manager, 1 Driver, 1 Outreach Specialist and 1 Secretary	400,000
Expense/Equipment/Travel/Supplies/ Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/ Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>600,000</b>

### 13. Program Performance

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



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- 1-The primary goal of the mobile clinic is to bring health care into communities and neighborhoods to those who are uninsured and/or under-insured.
- 2-To Increase access to health care to unserved and /or undeserved people for any reason that may be non-resident or indigent who are either geographically and/or linguistically isolated.
- 3-To educate and build and raise health awareness about preventive health care issues including family planning, communicable and other Chronic coronary diseases.
- 4-The Mobile clinic also integrates patients into existing social services and health care systems through referrals to our nonprofit partnered organizations
- 5-To provide free episodic care at a time and place chosen to best serve our target population.

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

It is proposed to run a Mobile Medical Care Unit (MMCU) to provide primary medical care to those who; lack of insurance or under insured in the targeted Miami-Dade and Monroe counties. Secondly, our social worker will reach out to different groups organizations and associations by involving in the local communities by partnering, participating, and organizing health fairs and other community gatherings to provide health care and medical consultancy.

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

1. There would be a mobile health care services in all the Districts of Miami-Dade and Monroe Counties where the basic access to health service is lacking.
2. There would be an increase access to health care in undeserved communities and neighborhoods of Miami-Dade and Monroe Counties
3. Curative health care services would be ensured in in those said areas
4. Epidemics, communication diseases and sexually transmitted diseases would come down in those said targeted areas.

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

South Florida has one of the highest incidence rates of uninsured and under-insured residents in the United States. In Miami-Dade 33% adults between the ages of 19 and 64 are employed but do not have health insurance, this is particularly true among low-income, Black, and Hispanic residents. (<https://hfsf.org/access-to-care>) In 2022 there is 21.6% adults under 65 and 23.7% over 65 without health insurance in Monroe County alone. (<https://datausa.io/profile/geo/monroe-county-fl/>)

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

MJD is proposing a unique mobile health program, a medical mobile unit that provides a community-based, high-value, and sustainable solution to provide care to hundreds of unserved and undeserved, marginalized communities and neighborhoods across all thirteen districts of Miami-Dade and the five of Monroe Counties. Bridging the gap in access to quality of care and fostering relationships and meeting people where they are. (Based on the Mobile Health Map), there is an estimated 600 emergency room visits that are prevented by mobile medical units every year. It is done by bringing healthcare to individuals where they are and by eliminating the need to find healthcare elsewhere or maybe not at all. The people can find healthcare they need before their issues become an emergency.

**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 in the contract?**

In addition to standard penalties outlined in the contract, a contracting agency may consider the following penalties for failing to meet deliverables or performance measures:

- 1-Withholding Payments – Retaining a portion of the contract payment until the contractor meets the required deliverables.
- 2-Performance Improvement Plan (PIP) – Requiring the contractor to develop and implement a corrective action plan with specific milestones.
- 3-Reduction in Scope or Contract Value – Adjusting the contract value or scope to account for the non-performance.

14. Is this project related to mitigation, response, or recovery from a natural disaster? ☐ No

**a. If Yes, what phase best describes the project?**

- ☐ Mitigation (reducing or eliminating potential loss of life or property)



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- ☐ Response (addressing the immediate and short-term effects of a natural disaster)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**

**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- ☐ Yes, Applied
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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  Ext.

#### 19. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*