The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1032

1. Project Title Lecom Health: Clinic-Based Services Outreach

2. Senate Sponsor Jim Boyd

3. Date of Request 10/8/2025

4. Project/Program Description

Funds will provide dental, medical and pharmacy services to over 5,000 persons and 10,000 patient encounters including reduced fee and charitable care services, increasing access to care for low-income, uninsured, veterans, homeless and rural populations at Lecom's Florida network of clinics and provider partner organizations. Funding also supports student clinical rotations.

5. State Agency to receive requested funds Department of Health

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

Type of Funding	Amount
Operating	2,500,000
Fixed Capital Outlay	0
Total State Funds Requested	**2,500,000**

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,500,000	50%
Total Project Costs for Fiscal Year 2026-2027	**5,000,000**	**100%**

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	350,000	436	No

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

a. If yes, indicate nonrecurring amount per year. 2,500,000

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

Lecom funds 50% of the cost of the program.

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
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	Funds will provide dental, medical and pharmacy services to over 5,000 persons and 10,000 patient encounters including reduced fee and charitable care services, increasing access to care to low-income, uninsured, veterans, homeless and rural populations at Lecom's Florida network of clinics and provider partner organizations. Funding also supports student clinical rotations.	2,500,000
Operational Costs		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		**2,500,000**

13. Program Performance

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

Provide dental, medical and pharmacy care patient encounters including reduced fee and charitable care services for low-income, uninsured, veterans, homeless and rural populations. Provide clinical rotations and licensed medical provider supervision for dental, medical and pharmacy students.

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

Provide, maintain and expand dental, medical and pharmacy care, including reduced fee and charitable services for rural and/or under served populations at LECOM dental clinics in Manatee and Walton Counties, and medical and pharmacy visits at all LECOM Florida clinical rotation sites statewide including Broward, Charlotte, Clay, Dade, Duval, Flagler, Hillsborough, Highlands, Lake, Lee, Manatee, Pasco, Pinellas, St. Johns, Sarasota, Volusia and Walton Counties. Maintain clinical rotations for health profession students.
Provide, maintain and expand clinical rotations for health profession students.

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

Primary care and specialty medical and pharmacy visits for acute care, chronic care and health maintenance, as well as comprehensive dental care.

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

Over 5,000 individuals including low-income, rural, and/or underserved populations, elderly, persons with poor physical health, unemployed or economically disadvantaged, veterans, and the homeless.

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

Improved and expanded dental, medical and pharmacy care. Outcomes will be measured by a number of unique patients served and number of patient clinical encounters provided through Lecom's statewide network of care.

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?

Funding adjustment based on any deliverables not met.

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

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	John	**Last Name**	Ferrretti
b. Organization	Lake Erie College of Osteopathic Medicine		
c. E-mail Address	hmckenzie@lecom.edu		
d. Phone Number	(814)866-8130	**Ext.**	

18. Recipient Contact Information

a. Organization	Lake Erie College of Osteopathic Medicine		
b. Municipality and County	Manatee		

c. Organization Type

❑For Profit Entity

☑Non Profit 501(c)(3)

❑Non Profit 501(c)(4)

❑Local Entity

❑University or College

❑Other (please specify)

d. First Name	Mark	**Last Name**	Kauffman
e. E-mail Address	mkauffman@lecom.edu		
f. Phone Number	(941)782-5940	**Ext.**	

19. Lobbyist Contact Information

a. Name	Michelle D. McKay
b. Firm Name	T. B. Consultants Inc.
c. E-mail Address	michdmckay@gmail.com
d. Phone Number	(850)402-9577

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