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

LFIR # 1177

1. Project Title Dr. Joe Lee Smith Community Center Healthcare Rehab

2. Senate Sponsor Debbie Mayfield

3. Date of Request 10/21/2025

4. Project/Program Description

With the recent announcement of the nearest hospital's closure, our community—particularly residents in one of the poorest census tracts in the city—faces a significant healthcare access crisis. Our plan is to repurpose a vacant community center into a fully equipped medical facility offering primary care, urgent care, maternal health services, and preventive screenings. This investment would ensure that critical healthcare services remain accessible to those who need them most.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

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

Type of Funding	Amount
Operating	0
Fixed Capital Outlay	5,000,000
Total State Funds Requested	**5,000,000**

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)	5,000,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	**5,000,000**	**100%**

8. Has this project previously received state funding? No

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? No

a. If yes, indicate nonrecurring amount per year.

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

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)? No

c. What is the estimated start date of construction? 01/01/2027

d. What is the estimated completion date of construction? 12/31/2028

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

Private partnership

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.

City of Cocoa

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		0
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	Funding will cover construction costs to repurpose the vacant former Dr. Joe Lee Smith Community Center in the heart of the Diamond Square community into a critical healthcare services facility. The building is over 60 years old and needs a complete renovation to make it usable once again.	5,000,000
Total State Funds Requested (must equal total from question #6)		**5,000,000**

13. Program Performance

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

With the recent announcement of the nearest hospital's closure, our community—particularly residents in one of the poorest census tracts in the city—faces a significant healthcare access crisis. Our plan is to repurpose a vacant community center into a fully equipped medical facility offering primary care, urgent care, maternal health services, and preventive screenings. This investment would ensure that critical healthcare services remain accessible to those who need them most.

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

The funding will address healthcare disparities, improve public health outcomes, and foster economic development. It will reduce strain on emergency rooms at distant hospitals, lower long-term healthcare costs through preventive care, and create jobs within the local economy. Furthermore, revitalizing this vacant facility will strengthen the community and improve overall quality of life for Cocoa

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

The refurbished healthcare facility will provide Cocoa residents with essential services including primary care, urgent care, mental health support, and preventive screenings. It will improve health outcomes, reduce emergency room strain, and offer health education while creating local jobs and addressing long-standing disparities in one of the city's most underserved areas.

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

The general public to include residents in the immediate Diamond Square neighborhood.

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

Improve physical and mental health, protect the general public from harm, create immediate job opportunities, and reduce substance abuse. All of which can be measured through utilization counts.

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?

Ineligibility for future funding or participation in similar state-funded projects for a defined period.

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	Stockton	**Last Name**	Whitten
b. Organization	City of Cocoa		
c. E-mail Address	swhitten@cocoafl.gov		
d. Phone Number	(321)433-8660	**Ext.**	

18. Recipient Contact Information

a. Organization	City of Cocoa
b. Municipality and County	Brevard

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	Samantha	**Last Name**	Senger
e. E-mail Address	ssenger@cocoafl.gov		
f. Phone Number	(321)433-8685	**Ext.**	

19. Lobbyist Contact Information

a. Name	Steve Crisafulli
b. Firm Name	SBM Partners, Inc.
c. E-mail Address	steve@stevecrisafulli.com
d. Phone Number	(321)223-8862

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