



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1240

1. Project Title "Life in Balance: A Chronic Care Initiative"

2. Senate Sponsor Jason Brodeur

3. Date of Request 11/10/2025

#### 4. Project/Program Description

The Florida Economic Consortium requests continued support for its Community-Based Health & Wellness Initiative addressing diabetes, hypertension, and high cholesterol in Lake, Seminole, Orange, Lake & Volusia Counties. Through Certified Community Health Workers, we provide in-person and virtual engagement, healthcare screenings, workshops, and one-on-one consultations to equip participants with practical tools for prevention and self-management.

This proactive approach reduces complications, lowers reliance on emergency care, and decreases Medicaid and indigent care costs. By funding this initiative, the Legislature can improve long-term health outcomes while generating substantial taxpayer savings and advancing Florida's commitment to healthier, more resilient communities.

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                          | 379,102        |
| Fixed Capital Outlay               | 0              |
| <b>Total State Funds Requested</b> | <b>379,102</b> |

#### 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)       | 379,102        | 100%        |
| <b>Matching Funds</b>                                |                |             |
| Federal                                              | 0              | 0%          |
| State (excluding the amount of this request)         | 0              | 0%          |
| Local                                                | 0              | 0%          |
| Other                                                | 0              | 0%          |
| <b>Total Project Costs for Fiscal Year 2026-2027</b> | <b>379,102</b> | <b>100%</b> |

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2025-26                  | 0         | 200,000      | 436                         | No     |

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

a. If yes, indicate nonrecurring amount per year. 200,000

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

There is none.



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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.

N/A

### 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 | Provides executive oversight, builds partnerships with local stakeholders, hospitals, and clinics, and secures collaborations that expand health access. Ensures strategic alignment, compliance, and measurable outcomes for Life N Balance.                                                               | 26,520  |
| Other Salary and Benefits                           | Supports administrative and clerical staff responsible for recordkeeping, scheduling, correspondence, and operational coordination of program activities.                                                                                                                                                   | 7,028   |
| Expense/Equipment/Travel/Supplies/Other             | This category covers essential costs for implementing the health education logistics service Expenses include facility rentals, utilities, and administrative support, while equipment provides tools like computers and projectors for workshops.                                                          | 18,400  |
| Consultants/Contracted Services/Study               | Bookkeeping consultancy supports accurate financial tracking, expense monitoring, and budget planning, ensuring compliance, clear reporting, and informed decisions for effective resource management and accountability.                                                                                   | 6,000   |
| <b>Operational Costs</b>                            |                                                                                                                                                                                                                                                                                                             |         |
| Salary and Benefits                                 | Funds will support the Community Health coordinator, and navigators responsible for managing logistics and field services for the initiative. This includes identifying and securing workshop locations, coordinating schedules, liaising with community partners, and overseeing & administering services. | 249,454 |
| Expense/Equipment/Travel/Supplies/Other             | Supports program supplies, health screening equipment, educational materials, and staff travel to community sites to ensure service accessibility.                                                                                                                                                          | 37,700  |



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|                                                                        |                                                                                                                                                                                                                                                                                                                                                                 |                |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Consultants/Contracted Services/Study                                  | Contracted service expenses for this initiative will include deliverable-based contracts with subject matter experts and the Community Health Coordinator. Additional costs will cover consultancy fees for program fidelity, service evaluation, quality assurance, IT support, and staff training including financial assistance for insulin and medications. | 34,000         |
| <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>379,102</b> |

#### 13. Program Performance

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

Over the course of the term of the contract the requested funds will support Life N Balance by FEC, a community-based health and wellness initiative led by certified health workers. Through workshops and one-on-one engagement, participants managing diabetes, hypertension, and high cholesterol will gain knowledge and preventative strategies to reduce complications, improve long-term outcomes, cut indigent care costs, and save taxpayer dollars.

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

Life N Balance by FEC will deliver workshops on chronic disease management, distribute tailored education, and provide on-site screenings for glucose and blood pressure. Participants will receive individualized health & wellness consultations, supported by community outreach and recruitment. Program impact will be measured through data-driven evaluation and surveys to ensure outcomes and accountability.

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

The appropriation project will provide citizens with direct health screenings for diabetes, hypertension, and cholesterol; individualized consultations with community health workers; distribution of tailored educational materials; interactive workshops on prevention and management; and accessible outreach to connect families with resources that improve long-term health outcomes.

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

The target population includes uninsured, underinsured, and at-risk individuals in underserved communities who are managing or at risk for diabetes, hypertension, and high cholesterol. The project is expected to directly serve approximately 500–600 individuals annually through screenings, workshops, and consultations. Special emphasis will be placed on reaching populations with limited access to preventive care and health education resources.

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

The expected outcome is improved long-term health for individuals managing diabetes, hypertension, and high cholesterol, with reduced reliance on emergency care and lower indigent care costs. Outcomes will be measured through pre- and post-program health screenings, participant surveys, and data analysis on knowledge gains, behavioral changes, and healthcare utilization.

##### 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?

The contracting agency should consider graduated corrective actions such as withholding a percentage of payments until deliverables are met, requiring a corrective action plan with defined timelines, reducing future funding allocations. These measures reinforce accountability while supporting performance improvement.

#### 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.*