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

LFIR # 1261

1. Project Title Medical/Dental Equipment for the low-income, uninsured patients of Grace Medical Home

2. Senate Sponsor Tom Wright

3. Date of Request 11/14/2025

4. Project/Program Description

The goal is to purchase two critical pieces of equipment vital to comprehensive patient care for the low-income, uninsured patients enrolled at Grace. The first is a Cone Beam CT for our dental services that serve Orange, Osceola and Seminole counties and the second is a digital x-ray machine for the medical services primarily in Orange County. Our existing equipment for these images is antiquated and the technology advances in new equipment will greatly improve efficiency and patient care. Student interns from UCF will be exposed to this new equipment which will give them an advantage when applying to advanced learning programs in health care.

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	260,000
Fixed Capital Outlay	0
Total State Funds Requested	**260,000**

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)	260,000	37%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	439,198	63%
Total Project Costs for Fiscal Year 2026-2027	**699,198**	**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)?

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?

Once the equipment is purchased, we will continue to privately raise the funding to support the salaries of the people utilizing the new equipment, the maintenance and extended warranty of the equipment.

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 - we are a 501c3. The new equipment will be part of our fixed assets for the organization.

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	The current semi-digital X-ray machine was purchased from GE Walker in 2009 and is now considered obsolete with technological advances and now puts patient data at risk as it is not HIPAA compliant. The Cone Beam CT is also outdated and is limited to hard tissue only. Technology and standard of care has evolved and volunteer dentists need soft tissue imaging for optimum care.	260,000
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)		**260,000**

13. Program Performance

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

The specific purpose achieved by the funds requested is to replace outdated equipment that is no longer supported by software and is not HIPAA compliant. We have volunteer radiologists, orthopedists, oral surgeons, and otolaryngologists who all volunteer at Grace Medical Home or the Dental Center, but they need updated and current equipment to provide accurate diagnostic imaging. We also have a lot of UCF students who intern at Grace Medical Home and would be exposed to new equipment that would give them a leg up in applying for graduate programs. Finally, new equipment will help us recruit younger volunteer physicians and dentists who are used to higher quality images.

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

Grace Medical Home serves uninsured residents of Central Florida who reside at or below 225 percent of the federal poverty level. We serve roughly 1,300 unduplicated patients annually, and 5,037 people since inception. The activities and services provided will be free Cone Beam CTs and digital x-rays to give much more accurate diagnostic images for our volunteer physicians and dentists to have more accurate and efficient treatment plans.

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

Free Cone Beam CTs and digital x-rays to Grace Medical Home's low-income, uninsured patients who have no other place to go and cannot afford these images. The digital x-rays provides direct imaging to help identify a range of medical conditions including pneumonia, bone fractures, joint issues, arthritis, osteoporosis and spinal problems. The Cone Beam CT provides accurate 3D imaging of the anatomical features of the patient resulting in a clearer diagnostic path and better patient outcomes.

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

Grace Medical Home serves uninsured residents of Central Florida who reside at or below 225 percent of the federal poverty level. We serve approximately 1,300 unduplicated patients every year and all would be eligible to receive tests with this new equipment. However, this equipment will last at least a decade, well-past the completion of this funding year so that tens of thousands of uninsured, low-income Central Floridians will be served in the future.

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

We will improve physical health by providing at least 25 x-rays or CBCTs each month for optimum patient care. We will measure this by the number of imaging studies that are performed each month. We will enhance our patients' economic self sufficiency by having these two pieces of diagnostic equipment available to our staff or volunteer medical or dental clinicians who can more readily alleviate pain or discomfort so that our patients can go back to work. We will measure the number of patients seen each month for medical and dental services at Grace. They all have access to this new equipment if ordered by the clinician.

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?

Repayment of purchase price for the new equipment.

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	Stephanie	**Last Name**	Garris
b. Organization	Grace Medical Home		
c. E-mail Address	sgarris@gracemedicalhome.org		
d. Phone Number	(407)615-8040	**Ext.**	

18. Recipient Contact Information

a. Organization Grace Medical Home, Inc.

b. Municipality and County Orange

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 Stephanie **Last Name** Garris

e. E-mail Address sgarris@gracemedicalhome.org

f. Phone Number (407)615-8040 **Ext.**

19. Lobbyist Contact Information

a. Name None

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.