



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1337

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Estella Byrd Whitman Community Health Center has demonstrated rapid growth and measurable impact, expanding patient visits from 321 in 2023 to over 5,000 year-to-date in 2025. With limited space and resources, the Center has delivered comprehensive primary care, chronic disease management, and preventive services to Marion County's most vulnerable populations. This funding request supports expanded capacity, improved efficiency, and enhanced service delivery — including on-site radiology, lab testing, and care coordination — to meet rising demand and reduce health disparities.

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operating	430,000
Fixed Capital Outlay	70,000
Total State Funds Requested	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)	500,000	39%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	39%
Other	278,000	22%
Total Project Costs for Fiscal Year 2026-2027	1,278,000	100%

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		
2023-24		250,000	1812	No

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.



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Future sustainability will be supported through a combination of patient revenue, philanthropic contributions, local government partnerships, and competitive grant opportunities. The organization is actively diversifying its funding base to reduce reliance on state appropriations while maintaining service quality and access.

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?

07/01/2026

d. What is the estimated completion date of construction?

11/01/2026

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

Ongoing operations and maintenance will be supported through a combination of patient revenue, philanthropic contributions, and local government support. The organization has a proven track record of fiscal responsibility and diversified funding streams to sustain expanded services.

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.

Estella Byrd Whitman Wellness and Community Resource Center, Inc. Db a Estella Byrd Whitman Community Health Center (a 501(c)(3) nonprofit organization)
The organization is the direct recipient and operator of the facility. All capital improvements will be owned and maintained by the nonprofit to serve the public.

12. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Provides overall project leadership, ensuring timely deliverables, fiscal accountability, and coordination between partners to maximize impact and efficient use of funds.	25,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
Salary and Benefits	Case Manager, Accountant, Radiology Technician, and Phlebotomist expanding patient navigation, diagnostics, and financial oversight	203,464
Expense/Equipment/Travel/Supplies/Other	Supplies and diagnostic tools to sustain patient services, enhance point-of-care testing, and support increased patient volume	201,536
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		



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Construction/Renovation/Land/ Planning Engineering	Expand facility capacity to enable on-site radiology, reducing missed diagnoses and improving follow-up care.	70,000
Total State Funds Requested (must equal total from question #6)		500,000

13. Program Performance

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

The funds will help us expand access to care for underserved residents in Marion County by strengthening patient navigation, improving operational capacity, and aligning our data systems with reporting requirements. This support will reduce avoidable ER visits and improve health outcomes through timely, community-based care.

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

The program will provide patient navigation and care coordination—including outreach, scheduling, and referrals—expand clinical access with additional primary care and behavioral health visits and same-week scheduling, and conduct mobile/community outreach through screening events and home visits. We will deliver targeted care management for high-risk patients with individualized plans and social-needs referrals, implement standardized data collection with quarterly outcomes tracking, and support staff and operations through training, modest technology upgrades, and administrative capacity.

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

The project will provide direct access to comprehensive primary care services, including preventive care, chronic disease management, acute illness treatment, lab services, and on-site diagnostic X-ray imaging. Patients will be able to receive evaluation, diagnosis, treatment planning, and follow-up care within the same visit, reducing delays and eliminating the need for external referrals for basic imaging needs. This ensures timely care, continuity of treatment, and improved health outcomes for uninsured, underinsured, and low-income residents.

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

The project serves uninsured, underinsured, and low-income residents of West Ocala and surrounding communities in Marion County, including individuals with chronic health conditions who often experience delays in care due to transportation, financial barriers, and limited provider availability. The service area has documented health disparities and a high rate of preventable emergency room utilization. The center is projected to serve at least 1,800 unique patients in FY 2026, generating more than 7,000 total patient visits annually as capacity and diagnostic access expand through this project.

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

The project will reduce delays in diagnosis and treatment by allowing patients to receive primary care and X-ray imaging in one location, improving continuity of care and reducing preventable emergency room utilization. Outcomes will include increased same-day diagnostic services, improved treatment adherence, and faster follow up care. Progress will be measured through: Monthly patient visit volume, Number of on-site X-rays completed Reduction in off-site referral wait times, Follow-up appointment adherence rates and Reduction in avoidable ER visits among established patients.

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?

Reversion of funds to the state.

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)



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- ☐ 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.