



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1379

1. Project Title

Miami Beach Community Health Center - 710-720 Alton Critical Renovation

2. Senate Sponsor

Ileana Garcia

3. Date of Request

11/17/2025

4. Project/Program Description

Funds requested provide for critically needed renovation and expansion of Miami Beach Community Health Center's 710-720 Alton Road location. Renovation will ensure that MBCHC, a critical safety net provider on Miami Beach, will continue to provide high quality, affordable primary health care and specialty services, chronic disease management, and support services to a largely poor, uninsured, and medically underserved patient population. MBCHC provided 162,901 visits for 51,561 patients in 2024.

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	0
Fixed Capital Outlay	2,000,000
Total State Funds Requested	2,000,000

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)	2,000,000	52%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	593,100	15%
Other	1,300,000	33%
Total Project Costs for Fiscal Year 2026-2027	3,893,100	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		
2024-25	0	1,500,000	466A	No

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.



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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)?

Yes

c. What is the estimated start date of construction?

7/22/2024

d. What is the estimated completion date of construction?

12/31/2026

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

All funding available to Miami Beach Community Health Center. Such funding comes from patient services and grants from multiple sources.

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.

All capital outlay funding will go directly to the restoration of Miami Beach Community Health Center for the renovation of the facility at 710-720 Alton Road, Miami Beach, FL 33139. The facility is owned by Miami-Dade County. MBCHC has a lease from Miami-Dade County through 2035. The lease has two 10-year renewal options beyond 2035.

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 pay for a portion of electrical modifications, fire extinguishers, fire alarm system installation and main water and sewer line connections, a portion of the concrete slab replacement and pin piles for the wall separating 710 and 720 Alton, a portion of the under-slab plumbing, build out of new pharmacy, new laboratory, new exam rooms and fire safety doors.	2,000,000
Total State Funds Requested (must equal total from question #6)		2,000,000

13. Program Performance

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



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Renovation of 710-720 Alton Road will ensure that a critical safety net provider on Miami Beach will be able to continue providing award-winning, high-quality, affordable health care services to the poor, uninsured, and medically underserved. MBCHC's operations from the 710 side of the building are cramped. Renovating the 720 side of the building will facilitate expansion of operations to serve increasing numbers of patients.

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

MBCHC engaged a general contractor for design build services to perform the necessary repairs and to add 25 examination rooms to the building at 710-720 Alton Road, Miami Beach. Work to be done to the 720 side of the building includes: removing and replacing the existing floating slab, installing new pin piles, providing clean fill compacted and treated for termites, installing 12" x 18" grade beams following the existing steel column layout, and installing a new 8" concrete slab with rebar mat 12" OC. Emergency lighting and exiting lighting will be installed. Maintenance on the electrical system, and fire alarm will ensure that the 40-year re certification is cleared and that the building is safe for occupancy. Once restored, full range primary care will be provided to adults, children, and infants. Specialty services will include pharmacy, HIV, infectious disease, dental, endocrinology, vision, OBGYN and public enabling services such as food stamps and insurance assistance.

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

The project to renovate the 720 section of the building at 710-720 Alton Road will expand MBCHC's capacity to provide primary health care (including oral health and behavioral health) and enabling services, such as outreach and enrollment services, public benefits eligibility assistance, pharmacy and laboratory services, and transportation, to increasing numbers of low-income and uninsured people.

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

Low-income and uninsured individuals are the target population. MBCHC expects to serve 15,000 or more individuals in the year following completion of this project. Over ninety-five percent of MBCHC patients are low-income. Eighty-six percent have incomes below the Federal Poverty Level. More than a third (33.7%) of patients are uninsured.

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

The expected benefit from this project is a safer building, suitable for occupancy, from which to deliver high quality, affordable health care services to the community. The outcome will be certified by Miami Beach and Miami-Dade County building inspectors. Through data collected and published by the United States HHS and HRSA UDS reports, data on MBCHC services will reflect the high quality of care received by the MBCHC 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?

Funding should revert to the state.

14. Is this project related to mitigation, response, or recovery from a natural disaster?

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 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



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- ☐ 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
- ☐ For Profit Entity
- ☒ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☐ Local Entity
- ☐ University or College



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☐ 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.