

LFIR # 1479

1. Project Title	Rural Health Res	ource Access Ini	tiative for the Big Bend	Region			
2. Senate Sponsor	Corey Simon						
3. Date of Request	11/13/2025						
4. Project/Program D	escription						
to increase the awa and wellbeing in run existing multi-sector	reness, access, and al communities in Ma	increase utilization adison County and implementing ev	n in expanding it's reach on of critical resources nd the Big Bend Region idence-based efforts to munities.	that support positive . Funds will be used	e health outcomes d to enhance our		
5. State Agency to re	ceive requested fur	nds Depart	ment of Health				
State Agency conta	acted? No						
6. Amount of the Non	recurring Request	for Fiscal Year 2	2026-2027				
Type of Funding			Amount				
Operating				485,750			
Fixed Capital Outlay	/		0				
Total State Funds	Requested		485,750				
7. Total Project Cost f	for Fiscal Year 2026	6-2027 (including	g matching funds ava	ilable for this proje	ect)		
	Requested (from ques	stion #6)	485,750	100%			
Matching Funds	tequested (nom que	Stion moy	400,700	10070			
Federal			0	0%			
State (excluding the	amount of this requ	est)	0	0%			
Local			0	0%			
Other			0	0%			
Total Project Costs	s for Fiscal Year 20	26-2027	485,750	100%			
8. Has this project pr If yes, provide the	eviously received s most recent instan		No				
		unt	Specific	Vetoed			
Fiscal Year	Amo	инс					
Fiscal Year (уууу-уу)	Amo Recurring	Nonrecurring	Appropriation #				
(yyyy-yy) 9. Is future-year fund a. If yes, indicate n	Recurring ing likely to be requorecurring amoun	Nonrecurring uested? nt per year.					



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10. Status of Cons	struction						
a. What is the c	urrent phase of t	the project?					
Planning	O Design	Construction	O N/A				
b. Is the project	t "shovel ready"	(i.e permitted)?		No			
c. What is the e	stimated start da	ate of construction?					
d. What is the e	stimated comple	etion date of construc	tion?				
e. What funding	g stream will be ເ	used for ongoing ope	rations ar	d mainten	ance of th	e project?	
		o receive, directly or ers of the facility and			capital ou	tlay funding.	Include the
N/A		-					

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

Spending Category	Description	Amount	
Administrative Costs:			
Executive Director/Project Head Salary and Benefits	Shamarial Roberson, DrPH, MPH, CCHW will provide oversight for the implementation, operation, and reporting of state received funds.	7,750	
Other Salary and Benefits	Staff salary and associated fringe benefits to support contract management and invoicing and reporting.	16,250	
Expense/Equipment/Travel/Supplies/ Other		0	
Consultants/Contracted Services/Study		0	
Operational Costs			
Salary and Benefits	Staff salary and associated fringe benefits to support program planning and implementation and invoicing and reporting.	48,862	
Expense/Equipment/Travel/Supplies/ Other	Expenses include laptops, tablets, and software for learning; commercial vehicles for transporting youth and families to and from community resource center and/or distributing resources across the region, travel for staff to rural sites; books, workbooks, and school supplies; costs for workshops; and facility expenses.	193,000	
Consultants/Contracted Services/Study	Funds will support data tracking systems and contracted services for evaluation, marketing and outreach to engage and increase awareness of the program, and strengthen multi-sector partnerships, identify individual and community needs, and increase connection to resources, .	219,888	
Fixed Capital Construction/Majo	or Renovation:		
Construction/Renovation/Land/ Planning Engineering		0	
Total State Funds Requested (must equal total from question #6)			

13. Program Performance

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



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The funds will leverage a multi-sector network of partners to address and sustain evidence-based efforts to address persistent social and economic factors contributing to poor health outcomes in rural communities. Community Health Workers and other professionals will work with individuals and families to increase awareness, access, and increase utilization of critical resources that support positive health outcomes and wellbeing using a data-driven approach.

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

DSR will implement a multi-sector partnership network to coordinate services, reduce duplication, and address community needs. Community Health Workers and program staff will facilitate outreach, conduct screenings, make referrals, and connect individuals and families to critical health and social resources that support improved outcomes in rural communities.

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

DSR will work collaboratively with partners to increase availability of services, including but not limited to, health and nutrition education, tutoring, and screenings, and develop regularly updated resource repositories for organizations serving rural Big Bend counties. CHWs and other professionals will connect individuals and families to resources needed to improve health and wellbeing.

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

Elderly persons; Persons with poor mental health; Persons with poor physical health; Jobless persons; Economically disadvantaged persons; At-risk youth; Homeless; Developmentally disabled; Physically disabled; Preschool students; Grade school students; High school students; University/College students; Currently or formerly incarcerated persons

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

Improved physical health measured by the number of youth and adults receiving health and nutrition education and/or showing improvement in health behaviors.

Improved mental heath measured by the number of youth, caregivers, and community members completing screenings and receiving referrals.

Improved quality of education measured by the percent change of student reading and math scores.

Improved economic activity measured by the number of participants completing college/career readiness workshops.

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?

Suggested penalties for failing to meet deliverables or performance measures may include: withholding a percentage of funding until all required deliverables are completed, requiring corrective action plans to address performance issues and ensure alignment with contract expectations. Financial penalties proportional to unmet deliverables or delays could also be imposed to encourage timely and accurate completion of tasks, and in cases of significant non-compliance, contract termination.

CU	milaci termination.
. Is t	his 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. N	ame of the natural disaster (or Executive Order # for events not under a federal declaration):
. Has	s the entity applied for or received federal assistance for this project?
	Yes, Applied



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☐ Yes, Received					
□ No					
☐ No, but intends t	to apply				
	ne FEMA project worksh	eet ID#·			
a. II yes, provide iii	- LINA Project Worksh	CCL 1D#.			7
b. Provide the total	l project cost listed on th	he FEMA proj	ect worksheet:		<u> </u>
16. Has the entity app	olied for or received state	e assistance	for this project (o	ther than this requ	est)?
☐ Yes, Applied					
☐ Yes, Received					
□ No					
☐ No, but intends t	to apply				
					D
a. If yes, specify the Commerce):	e program and state age	ency (ex. Loca	al Government En	nergency Bridge Lo	oan, Department of
17. Requester Contact	t Information	\neg			
a. First Name	Shamarial	Last Name	Roberson		
b. Organization	DSR Public Health Foun	ndation, Inc.			
c. E-mail Address	SRoberson@dsrpubliche	ealth.org			
d. Phone Number	(850)980-6394	Ext.			
18. Recipient Contact					
a. Organization	DSR Public Health Foun	idation, Inc.			
b. Municipality and	d County Madison				
c. Organization Ty	pe				
□For Profit Entity					
☑Non Profit 501(d	c)(3)				
□Non Profit 501(d	c)(4)				
□Local Entity					
□University or Co	allege				



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⊔Otner (please specify)						
d. First Name	Shamarial	Last Name	Roberson			
e. E-mail Address	sroberson@dsrpublicheal	th.org				
f. Phone Number	(850)980-6394	Ext.				
9. Lobbyist Contact I	nformation					
a. Name	Erin Rock					
b. Firm Name	The Southern Group					
c. E-mail Address	rock@thesoutherngroup.com					
d. Phone Number	(850)671-4401					

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