



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1700

1. Project Title Heart of Florida Health Center Ocala National Forest Healthcare Access Initiative

2. Senate Sponsor Stan McClain

3. Date of Request 12/1/2025

4. Project/Program Description

Heart of Florida Health Center proposes to establish a full-service community health center site in East Marion County to bring quality medical, dental, and behavioral health care to residents of the Ocala National Forest. Over 18,700 residents live within 498 square miles in East Marion County communities such as Salt Springs, Lynn, and Ft. McCoy where 19% live in poverty; 15% are uninsured; over 50% rely on public insurance. Currently residents travel up to 30 minutes or go without care. This project aims to reduce preventable hospital visits, improve chronic disease outcomes, and strengthen the local workforce through job creation and integrated, patient-centered care.

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	100,000
Fixed Capital Outlay	750,500
Total State Funds Requested	850,500

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)	850,500	66%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	435,000	34%
Total Project Costs for Fiscal Year 2026-2027	1,285,500	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.



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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)?

No

c. What is the estimated start date of construction?

05/30/2026

d. What is the estimated completion date of construction?

05/30/2027

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

HFHC will provide matching funds of approximately \$539,000 in the form of clinical staffing, maintenance, repairs, and operational site planning, designing, finishing, implementation, and for the ongoing operational and maintenance of this 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.

HFHC will own this facility.

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	Architectural, Engineering, Permitting fees.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Site Acquisition/Preparation Encompass the expenses for constructing or converting the building cost range from \$150-\$350 per square foot. We are using \$250 per square foot for an estimated 3500 sq foot building. A moderate clinic renovation that will include new exam rooms, nurse station, restrooms, phlebotomy/lab room, basic mill work, upgraded or new plumbing/HVAC/electrical, ADA upgrades, flooring, ceilings, lights, and painting.	750,500
Total State Funds Requested (must equal total from question #6)		850,500

13. Program Performance

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



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The East Marion / Ocala National Forest Health Access Project will establish a new community health center to expand access to primary, dental, and behavioral health services for rural residents. The project will reduce preventable emergency visits, improve chronic disease management, and increase health equity in an under served region. The project will reduce preventable emergency visits, improve chronic disease management, and increase access to healthcare in this densely populated and medically underserved region of Marion County.

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

Funds will support facility construction, equipment, and operational startup for a full-service health center offering medical, dental, behavioral health, care coordination, and preventive screenings. Services will include chronic disease management, women's health, mental health counseling, substance use screening (SBIRT), pharmacy, and health education. The HFHC Operational Team will provide planning and oversight to the renovation. HFHC will provide leadership direction and fully staff this new service site and all services provided, that includes clinical support, maintenance, indirect staff such as human resources, finance, billing, compliance, quality, and operations.

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

Citizens will receive direct, integrated health care including physical exams, dental treatment, behavioral health counseling, laboratory testing, immunizations, and referrals. The center will provide affordable, sliding-fee services to uninsured and low-income residents, reducing barriers to essential care.

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

The project serves residents of East Marion County and the Ocala National Forest—rural, low-income, uninsured, elderly, and medically underserved populations. Approximately 3,000 patients annually will receive comprehensive medical, dental, and behavioral health care.

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

Outcomes: Improved physical and mental health, increased access to care, reduced avoidable ER use, and job creation. Measurement: Patient visits and outcomes tracked through eClinicalWorks EHR, Uniform Data System (UDS) reports, HR and payroll data, and community health indicators. Evaluation will measure patient access, disease control rates, and cost savings.

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?

If deliverables or performance measures are not met, the contracting agency may consider: Withholding a portion of remaining funds until corrective action is implemented. Requiring a performance improvement plan and quarterly reporting. Reducing future funding eligibility for noncompliance.

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
- ☐ Yes, Received



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☐ 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

☐ Other (please specify)



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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.