



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1701

1. Project Title

2. Senate Sponsor

3. Date of Request

#### 4. Project/Program Description

The current modular building FDOH-Marion utilizes for its Belleview clinic is 25+ years old and is well past its expected life cycle. This project is to construct a new site-built health facility on the existing property to replace the aging modular building currently in use.

The current structural condition of the facility is in fair to poor condition and there are minimal possibilities to remodel the building to make it more compatible with current health care facility functions. The new facility will be a modern site-built facility that is designed to provide health care services to the residents of southeastern Marion County. It will be designed to 140 MPH wind loads to allow it to withstand hurricane-force winds and be operational after such an event to aid in the recovery efforts.

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	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

#### 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	80%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	500,000	20%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>2,500,000</b>	<b>100%</b>

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		

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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## 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?

03/01/2026

d. What is the estimated completion date of construction?

01/01/2027

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

Project construction contingent on appropriations funding.

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.

Marion County will receive the funds and will own the building when complete.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The funds requested will be used for the design of a new FDOH-Marion clinic in Belleview	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 13. Program Performance

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

The funds requested will be used for the construction of a new FDOH-Marion clinic in Belleview.

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

The new, updated clinic will provide the general public access to governmental health services in areas such as clinical and nutrition services, community health planning and statistics, emergency preparedness, environmental health, infectious disease services, wellness programs, overdose prevention, and minority health equity.



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

The new FDOH - Marion clinic will provide services in clinical and nutrition services, community health planning and statistics, emergency preparedness, environmental health, infectious disease services, wellness programs, overdose prevention, and minority health equity.

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

The population targeted will be Marion County residents in the Belleview area who are seeking treatment at an FDOH facility.

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

The new, updated clinic will be a modern site-built facility, and will be designed to 140 MPH wind loads to allow it to withstand hurricane-force winds and be operational after such an event to aid in the recovery efforts. Additionally, the new space will allow the FDOH - Marion team to offer their services in a manner better suited to caring for the local population. This will be measured by comparing the number of residents served in the various areas in the old vs the new clinics.

**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?**

Standard contract penalties including liquidated damages and the potential for failure to be awarded future contracts due to poor or lack of performance.

**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
- ☐ 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)?**



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- ☐ 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)
- 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



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d. Phone Number

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