The Florida Senate
Local Funding Initiative Request
Fiscal Year 2026-2027

LFIR # 1905

1. Project Title Advent Health Waterman Community Clinic-Community Care Expansion

2. Senate Sponsor Keith Truenow

3. Date of Request 11/3/2025

4. Project/Program Description

Provide care coordination for uninsured/underinsured patients high risk utilizers of acute care services including emergency dept, obs and/or inpatient admissions with goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health. Providing uninsured clinic patients with imaging, lab, medical which allows our providers address care needs.

5. State Agency to receive requested funds Department of Health

State Agency contacted? No

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

Type of Funding	Amount
Operating	500,000
Fixed Capital Outlay	0
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	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	**500,000**	**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		
2025-26	0	400,000	436	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 500,000

b. Describe the source of funding that can be used in lieu of state funding.

Public/Private Partnerships

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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

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	RN, LCSW Salary and Benefits	225,000
Expense/Equipment/Travel/Supplies/ Other	Equipment, Supplies, Travel, Phone, Lab, Imaging, OP Medical	265,000
Consultants/Contracted Services/Study	Medical Director	10,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/ Planning Engineering		0
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?

Provide care coordination for uninsured/underinsured patients high risk utilizers of acute care services including emergency dept, obs and/or inpatient admissions with goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health. Providing uninsured clinic patients with imaging, lab, medical which allows our providers address care needs. The most recent Community Health Needs Assessment recognized access to care as focus for area which is designated as a HPSA medically underserved area for low-income population.

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

Provide care coordination for uninsured/underinsured patients high risk utilizers of acute care services including emergency dept, obs and/or inpatient admissions with goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health. Providing uninsured clinic patients with imaging, lab, medical.

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

Provide care coordination for uninsured/underinsured patients high risk utilizers of acute care services including emergency dept, obs and/or inpatient admissions with goal of reducing unnecessary hospital utilization, by linking patients to community services and close care gaps related to social determinants of health. Providing uninsured clinic patients with imaging, lab, medical

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

Uninsured and underinsured patients to include persons with poor mental and physical health, jobless persons, economically disadvantaged persons, homeless, physically disabled, drug users and drug offenders. We expect to serve close to 800 patients.

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

Increase in patients establishing themselves at a community clinic, or other community program that meets their care needs. Decrease in ER utilization due to healthcare needs being met at primary care office. Volume of patients served, and Emergency Department Volume Reduction will be methodology to measure.

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?

Return of funds for failing to meet the deliverables.

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)
- ☐ Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

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	Edlyn	**Last Name**	Fernandez
b. Organization	AdventHealth Waterman Community Clinic		
c. E-mail Address	edlyn.fernandez@adventhealth.com		
d. Phone Number	(352)589-2501	**Ext.**	

18. Recipient Contact Information

a. Organization	AdventHealth Waterman Community Clinic
b. Municipality and County	Lake

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	Edlyn	**Last Name**	Fernandez
e. E-mail Address	edlyn.fernandez@adventhealth.com		
f. Phone Number	(352)589-2501	**Ext.**	

19. Lobbyist Contact Information

a. Name	None
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.