

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Florida Association of Free and Charitable Clinics
2. Date of Submission: 12/28/2015
3. House Member Sponsor(s): Paul Renner

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded? 2015-16
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:	9,000,000	500,000	9,500,000	9,000,000	0	4,500,000	4,500,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: Nicholas Duran
- b. Organization: Florida Association of Free and Charitable Clinics, Inc.
- c. Email: nick@fafcc.org
- d. Phone #: (954)547-6165

6. Organization or Name of Entity Receiving Funds:

- a. Name: nick@fafcc.org
- b. County (County where funds are to be expended) Statewide
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

With this funding, FAFCC will make grants available to approximately 90 not-for-profit, 501c3 tax-exempt, community-based and faith-based clinics throughout the state that are members of FAFCC. Following receipt of a contract from the Department of Health, FAFCC will issue a Request for Proposals to its member clinics. The criteria for allocating grants will be based on the size of the appropriation, number of applicants, current operating budget of applicants, number of medical, dental, and behavioral health visits provided by applicants in 2014, and level of need in the county where the applicant is located (specifically, percentage of non-elderly uninsured adults compared to other counties in the state).

Grant funds will be used for capacity building to allow free and charitable clinics to hire more support personnel to ensure quality and continuity of care (50%); purchase and install new medical and dental equipment and technologies (25%); and, purchase more medicines and pay for additional pharmacy and prescription assistance program expenses, lab testing, and diagnostic procedures (25%). No funds will be used for real estate purchases, building construction/renovation, or purchase of vehicles.

As was the case for the FY 2014-2015 appropriation, 100% of the appropriation will pass through FAFCC to the grant-funded free and charitable clinics. No state funds will be used by FAFCC for administration.

This appropriation will enable free and charitable clinics to serve approximately 14,000 additional low-income, uninsured and underserved Floridians in need of primary and specialty health care.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

9. Is this a multi-year project requiring funding from the state for more than one year?

No