

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: Banyan Community Health Center - Primary Care Services

2. Date of Submission: 01/15/2016

3. House Member Sponsor(s): Jeanette Nunez

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:	0	200,000	200,000		0	500,000	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: Bruce Hayden
- b. Organization: Banyan Community Health Center
- c. Email: bhayden@banyanhealth.org
- d. Phone #: (305)398-6127

6. Organization or Name of Entity Receiving Funds:

- a. Name: Banyan Community Health Center
- b. County (County where funds are to be expended) Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding) Miami-Dade

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.)

The requested \$500,000 appropriation will be used to expand access to primary health services for 1,190 low income / impoverished residents in the City of Miami's Little Havana community, a HRSA-designated Medically Underserved Area with significant health disparities, health professional shortages, and a lack of adequate access to primary health services. It will result in a lowering of costs to the public for healthcare in one of the State of Florida's most medically needy communities, and help address the loss of federal allocation of Low Income Pool funds.

The goal of the appropriation is to improve health in a high-risk community with high incidence of serious health risks and chronic diseases while reducing the public costs of healthcare. The appropriation will enable the community health center to prevent the more expensive medical costs that occur when (i) diseases go untreated and become more serious and expensive or (ii) when residents use emergency services as their access mode for primary care at 400% higher rates than regular costs for access at a primary care clinic. The services will be provided at the clinics of BANYAN COMMUNITY HEALTH CENTER, a Federally Qualified Health Center located in Miami's Little Havana Medically Underserved Area, a community that HRSA ranks as having among the most extreme healthcare needs in the State of Florida.

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

Federal: 0

State: 332,303 (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?

Yes