

# Appropriations Project Request - Fiscal Year 2017-18

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Urban Health and Wellness Group - UrHealth Medical Center

2. Date of Submission: 02/06/2017

3. House Member Sponsor: Cynthia Stafford

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- Has funding been provided in a previous state budget for this activity? No  
*If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d*
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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<br>for FY 2016-17<br><i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i> |                               |   | Develop New Funds Request<br>for FY 2017-18<br><i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i> |  |  |
|--------------------|---|-------------------------------|---|--|--|--|
|                    | Column:   | A                             | B   | C  | D                                      | E  |
| Funds Description: | Prior Year Recurring Funds  | Prior Year Nonrecurring Funds | Total Funds Appropriated<br><br><i>(Recurring plus Nonrecurring: column A + column B)</i> | Recurring Base Budget<br><i>(Will equal non-vetoed amounts provided in Column A)</i>   | <b>Additional Nonrecurring Request</b> | <b>TOTAL Nonrecurring Request</b><br><i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i> |
| Input Amounts:     |   |                               |   |  | 15,000,000                             | 15,000,000   |

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: Robert L. Tyler
- b. Organization: Urban Health and Wellness Group
- c. Email: rtyler@uhwg.org
- d. Phone #: (305)454-8798

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: Robert L. Tyler
- b. Organization: Urban Health and Wellness Group
- c. Email: rtyler@uhwg.org
- d. Phone #: (305)454-8798

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

- a. Name: Urban Health and Wellness Group
- b. County (County where funds are to be expended): Miami-Dade
- c. Service Area (Counties being served by the service(s) provided with funding): Broward, Miami-Dade, Palm Beach

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

The specific purpose or goal is the provision of exceptional Healthcare Services for an undeserved community.

12. Provide specific details on how funds will be spent. (Select all that apply)

| Spending Category  | Description   | Nonrecurring<br>(Should equal 4d, Col. F)<br>Enter ?0? if request is zero for the<br>category |
|--|---|---|
| Administrative Costs:  |   |   |
| <input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits | The Funds will be used to cover the Salary and Benefits of our Executive Director | 120,000   |
| <input checked="" type="checkbox"/> b. Other Salary and Benefits                           | Administrative Support and Clerical   | 80,000  |
| <input checked="" type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other             | FFE (Furnishings, Fixtures and Equipment)   | 2,000,000   |
| <input checked="" type="checkbox"/> d. Consultants/Contracted Services/Study               | Legal and Accounting, Appraisals and Environmental, Etc.                          | 380,000   |
| Operational Costs:   |   |   |
| <input checked="" type="checkbox"/> e. Salaries and Benefits                               | Physicians, Department Heads, Mid levels and Administrative Support               | 5,000,000   |
| <input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other            | FF&E (Furnishings, Fixtures and Equipment) Medical Equipment and Supplies         | 1,000,000   |
| <input checked="" type="checkbox"/> g. Consultants/Contracted Services/Study               | Architects and Engineers  | 250,000   |

|  |   |            |
|--|---|------------|
| Fixed Capital Construction/Major Renovation:   |   |            |
| <input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering | Roofing; Fa?ade Improvements; MEP (Mechanical, Electric Plumbing); Interior Build-out; Parking lot Improvements; Site Lighting; Landscaping | 6,170,000  |
| TOTAL  |   | 15,000,000 |

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

We have Letters of Support from the State Senator, the State Representative, the Miami Dade County Commission, the Local and surrounding Mayors

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The area is a TUA (Targeted Urban Area); and Enterprise Zone; and a Community Redevelopment Area, and has been designated "A Healthcare Dessert".

17. Will the requested funds be used directly for services to citizens?

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- Other (Please describe)

17b. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

| Benefit or Outcome  | Provide a specific measure of the benefit or outcome                               | Describe the method for measuring level of benefit                      |
|---|--|---|
| <input type="checkbox"/> Improve physical health  |  |   |
| <input checked="" type="checkbox"/> Improve mental health                                     | UHWG expects to stimulate a 30% improvement in the Mental Health Patients we serve | we will evaluate the patients functional efficiency in home and society |
| <input checked="" type="checkbox"/> Enrich cultural experience                                | Community Assessments  | Surveys   |
| <input checked="" type="checkbox"/> Improve agricultural production/promotion/education       | Food Farms and Healthy Initiatives   | Medical Records   |
| <input checked="" type="checkbox"/> Improve quality of education                              | Health Awareness Seminars  | Surveys   |
| <input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality  |  |   |
| <input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.) |  |   |
| <input type="checkbox"/> Improve transportation conditions                                    |  |   |
| <input type="checkbox"/> Increase or improve economic activity                                |  |   |
| <input type="checkbox"/> Increase tourism   |  |   |
| <input type="checkbox"/> Create specific immediate job opportunities                          |  |   |
| <input type="checkbox"/> Enhance specific individual's economic self sufficiency              |  |   |
| <input type="checkbox"/> Reduce recidivism  |  |   |
| <input type="checkbox"/> Reduce substance abuse   |  |   |
| <input type="checkbox"/> Divert from Criminal/Juvenile justice system                         |  |   |

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Improve wastewater management  |  |  |
| <input type="checkbox"/> Improve stormwater management  |  |  |
| <input type="checkbox"/> Improve groundwater quality    |  |  |
| <input type="checkbox"/> Improve drinking water quality |  |  |
| <input type="checkbox"/> Improve surface water quality  |  |  |
| <input type="checkbox"/> Other (Please describe):       |  |  |

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

| Type of Funding   | Amount            | Percent of Total<br>(Automatically Calculates) | Are the other sources of<br>funds guaranteed in<br>writing? |
|---|-------------------|--|---|
| 1. Amount Requested from the State in this Appropriations<br>Project Request: | 15,000,000        | 84.3%  | N/A   |
| 2. Federal:   | 0                 | 0.0%   | No  |
| 3. State: (Excluding the requested Total Amount in #4d,<br>Column F)          | 0                 | 0.0%   | No  |
| 4. Local:   | 2,800,000         | 15.7%  | Yes   |
| 5. Other:   | 0                 | 0.0%   | No  |
| <b>TOTAL</b>  | <b>17,800,000</b> | <b>100%</b>                                    |   |

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

Yes

20a. How much state funding would be requested after 2017-18 over the next 5 years?

<1M

1-3M

>3-10M

>10M

20b. How many additional years of state support do you expect to need for this project?

1 year

2 years

3 years

4 years

>= 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select ?ongoing activity?.

Ongoing activity ? no total cost

<1M

1-2M

>2-3M

>3-10M

>10M