



The Florida Senate

Local Funding Initiative Request Fiscal Year 2019-2020

1. **Title of Project:** Medical Trips for Disadvantaged to Dialysis/Chemo

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 12/27/2018

4. **Project/Program Description:**

\$300,000 is needed to provide trips to non Medicaid disadvantaged residents of Lee County, The trips are to take disadvantaged residents to dialysis and chemo and blind individuals to their places of employment.

5. **State Agency to receive requested funds :** Department of Transportation

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	300,000
Fixed Capital Outlay	
Total State Funds Requested	300,000

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type if Funding	Amount	Percent
Total State Funds Requested (from question #6)	300,000	50.0%
Federal	300,000	50.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	600,000	100.0%

8. **Has this project previously received state funding?** No



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Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		

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

Yes

a. If yes, indicate non-recurring amount per year.

300000

10. Details on how the requested state funds will be expended

Spending Category	Description
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits	
<input type="checkbox"/> Other Salary and Benefits	
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	
<input type="checkbox"/> Consultants/Contracted Services/Study	
<input checked="" type="checkbox"/> Salary and Benefits	Drivers wages and benefits
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other	Fuel, vehicle insurance, and maintenance of vehicles
<input type="checkbox"/> Consultants/Contracted Services/Study	
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering	

Total State Funds Requested (must equal total from question #6)



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11. Program Performance:

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

Physically and/or economically disadvantaged residents of Lee County will receive transportation to dialysis, chemo, other medical appointments, and for blind residents to employment.

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

Trips on Good Wheels vehicles will be scheduled for the residents indicated above.

c. What are the direct services to be provided to citizens by the appropriations project?

Trips on Good Wheels vehicles for the disadvantaged to vital medical appointments and for blind persons to employment will be provided.

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

Approximately 10,800 person trips will be able to be scheduled.

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

Disadvantaged residents needing vital medical services will receive trips. Benefits will be keeping these residents alive. Blind people will be taken to employment. Benefit will be maintaining their employment and their contributing to the community.

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?

Non renewal of award is suggested as a penalty.

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Not applicable.

13. Requestor Contact Information:

- a. **Name:** Alan Mandel
- b. **Organization:** Good Wheels, Inc.
- c. **Email:** amandel@goodwheels.org
- d. **Phone Number:** (239)768-2900 Ext. 208

14. Recipient Contact Information:



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- a. Organization:** Good Wheels, Inc.
- b. County:** Lee
- c. Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify)
- d. Contact Name:** Alan Mandel
- e. E-mail Address:** amandel@goodwheels.org
- f. Phone Number:** (239)768-2900 Ext. 208

15. Lobbyist Contact Information

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

DISTRICT