



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1689

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funding will be used to support the Ascension Sacred Heart Bay Hospital Trauma Program. Ascension Sacred Heart Bay Hospital sustained significant damage in Hurricane Michael and continues to recover from COVID19 economic challenges. The trauma program currently operates at a loss and is in jeopardy of closing. Strategies are in place to obtain higher reimbursement for trauma services and the hospital is asking the state for funds to close the gap until those strategies are fully implemented.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	20%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	4,000,000	80%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>5,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

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

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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If yes, indicate the amount of funds received and what the funds were used for.

In FY 2021, the hospital received \$18 million for COVID related expenses and lost revenue. These expenses were audited by the federal government to ensure compliance.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning   
  Design   
  Construction

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?

12. 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.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Funding will be used to support the operations of the trauma program. This includes maintenance, overhead, supplies, pharmacy.	1,000,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 14. Program Performance

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

Funding to support the Ascension Sacred Heart Bay Hospital Trauma Program. Ascension Sacred Heart Bay Hospital sustained significant damage in Hurricane Michael and continues to recover from COVID19 economic challenges. The trauma program currently operates at a loss and is in jeopardy of closing. Strategies are in place to obtain higher reimbursement for trauma services and the hospital is asking the state for funds to close the gap until those strategies are fully implemented.



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

The funds will be used to sustain a Level II trauma program in Bay County, which serves the surrounding areas.

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

Trauma services will be provided to citizens.

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

All citizens in the panhandle of Florida experiencing a trauma emergency could benefit from having a trauma center close to their emergency.

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

The outcome would be to keep the trauma center operational in Bay County. We will track the amount of patients treated.

**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 the contract?**

Return of State funds

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**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**  **Last Name**

**e. E-mail Address**

**f. Phone Number**



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#### 17. Lobbyist Contact Information

a. Name	<input type="text" value="None"/>
b. Firm Name	<input type="text" value="None"/>
c. E-mail Address	<input type="text"/>
d. Phone Number	<input type="text"/>