



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Rural Hospital Capital Improvement Grant Program

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 10/11/2017

4. **Project/Program Description:**

Section 395.6061, F.S., establishes the rural hospital capital improvement grant program. The grant program, administered by the Department of Health, is specifically created for rural hospitals as defined in s. 395.602, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment. The grant program is necessary as many rural hospitals across the State of Florida serving a vital role in their rural communities do not have access to alternative sources of revenue to pay for critical infrastructure needs and are at risk and patient access, care, and quality are threatened. Therefore, it is necessary to fund the grant program for eligible Florida statutory rural hospitals to ensure their sustainability.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Health

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	5,000,000	5,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,000,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? Yes

b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 0



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- c. What is the most recent fiscal year the project was funded? > 5 years
- d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18		
	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	A	B	C
Funds Description:	Prior Year Recurring Funds *	Prior Year Nonrecurring Funds *	Total Funds Appropriated (Column A + Column B)
Input Amounts:			

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

Yes

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

Yes. Subject to annual appropriation.

11. Program Performance:

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

The grant program is necessary as many rural hospitals across the State of Florida serving a vital role in their rural communities do not have access to alternative sources of revenue to pay for critical infrastructure needs and are at risk and patient access, care, and quality are threatened. Therefore, it is necessary to fund the grant program for eligible Florida statutory rural hospitals to ensure their sustainability.

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

Hospital medical activities. Construction for critical medical facility needs. Purchase of critical medical equipment needs. The specific activities and services provided will vary dependent on the specific project in the grant application and subsequent grant award by the Department of Health. The department of Health will develop deliverables for each grant contract.

- c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	The grant program, administered by the Department of Health, is specifically created for rural hospitals as defined in s. 395.602, for projects to acquire, repair, improve, or upgrade systems, facilities, or equipment.	5,000,000
TOTAL		5,000,000

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

Hospital services. 100% of the funding will be used for direct services to citizens. The specific services will vary dependent on the specific project in the grant application and subsequent grant award by the Department of Health.

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

The target population will vary dependent on the specific project in the grant application and subsequent grant award by the Department of Health. The target population are rural communities / rural taxpayers and everyone who requires medical care provide by a rural hospital.

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

The measure of benefit or outcome will vary dependent on the specific project in the grant application and subsequent grant award by the Department of Health.



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

- g. 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?**
Established by the Department of Health
- 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.**
Type of entity(s) who will own the facility/equipment will be dependent upon the grant applicant and subsequent award by the Department of Health to grant applicant. Both Non-Profit and For-Profit Rural Hospitals as defined in s. 395.602 will be eligible for grant funding.
- 13. Requestor Contact Information:**
- a. **Name:** JoAnn Baker
 - b. **Organization:** Doctors Memorial Hospital Bonifay
 - c. **Email:** joann.baker@doctorsmemorial.org
 - d. **Phone Number:** (850)487-8000
- 14. Recipient Contact Information:**
- a. **Organization:** Doctors Memorial Hospital Bonifay
 - b. **County:** Statewide
 - c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)
 - Non Profit 501(c) (4)
 - Local Entity
 - University or College
 - Other (Please specify) Recipient will be dependent upon grant applicant and subsequent award by the Department of Health
 - d. **Contact Name:** JoAnn Baker
 - e. **E-mail Address:** joann.baker@doctorsmemorial.org
 - f. **Phone Number:** (850)487-8000
- 15. If there is a registered lobbyist, fill out the lobbyist information below.**
- a. **Name:** Bryan Cherry
 - b. **Firm:** PinPoint Results
 - c. **Email:** bryan@pinpointresults.com
 - d. **Phone Number:** (850)544-5673