



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Walton Rural Health Medical Facility

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 11/27/2017

4. **Project/Program Description:**

Walton County Rural Health Medical Facility

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

Department of Health

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
	250,000	250,000

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):** 250,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

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

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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

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

No

**11. Program Performance:**

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

Build a new facility at Mossy Head, a rural health clinic, to include primary care, prevention, health education, disease management to the uninsured/underinsured population as well as to the general population and Veterans to enhance quality of life.

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

Increase access to medical services and screening for Clinical Depression and Follow-Up.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<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		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		



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<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Mossy Head Rural Medical Facility.	250,000
TOTAL		250,000

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

Increase access to medical services and screening for clinical depression and follow-up.

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

Uninsured/underinsured residents and Veterans of Walton County.

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

HMS Client Summary Report compared to prior year data and percentage of patients aged 12 and older who were screened for depression with a standard tool and if screening was positive had a follow-up plan documented.

**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?**

None.

**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.**

Walton County Board of Commissioners

**13. Requestor Contact Information:**

- a. **Name:** Cecilia Jones
- b. **Organization:** Walton County Board of County Commissioners
- c. **Email:** joncecilia@co.walton.fl.us
- d. **Phone Number:** (850)892-8155

**14. Recipient Contact Information:**

- a. **Organization:** Walton County Board of County Commissioners
- b. **County:** Walton
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)



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- Local Entity
- University or College
- Other (Please specify)

**d. Contact Name:** Dede Hinote

**e. E-mail Address:** hindede@co.walton.fl.us

**f. Phone Number:** (850)892-8155

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

**a. Name:** Kelly Horton

**b. Firm:** Heffley Associates

**c. Email:** kelly@heffleyassociates.com

**d. Phone Number:** (850)251-8400