



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2344

**1. Title of Project:** State Veterans Nursing Home

**2. Senate Sponsor:** Dennis Baxley

**3. Date of Submission:** 01/18/2019

**4. Project/Program Description:**

Funding to support design and construction of State Veterans Nursing Home facility, with designation in Marion County.

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

State Agency Contacted? Yes

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

Type of Funding	Amount
Operations	
Fixed Capital Outlay	2,200,000
<b>Total State Funds Requested</b>	<b>2,200,000</b>

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

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	2,200,000	3.6%
Federal	37,990,000	62.6%
State (excluding the amount of this request)	20,500,000	33.8%
Local	0	0.0%
Other	0	0.0%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>60,690,000</b>	<b>100.0%</b>

**8. Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		500,000		No

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

a. If yes, indicate non-recurring amount per year. Amount to be determined.

**10. 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		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Operational Costs:</b>		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning	Costs towards planning, design and engineering	2,200,000
Engineering		
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,200,000</b>

**11. Program Performance:**

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

The requested funds will be spent on the design and construction of a 120-bed State Veterans Nursing Home facility in Marion County to care for aging military Veterans.

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

Traditionally services provided by Nursing Home facilities include a clean, healthful, sheltered lodging environment, board including therapeutic or modified diets as prescribed by a doctor, 24 hour nursing care, diagnostic and pharmacy services, assistance and or a supervision of daily living activities, including but not limited to toileting, bathing, feeding and mobility assistance, activities and programs, social services and different forms of therapies.

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

Nursing home services for Veterans within a 75 mile radius or around the State of Florida.

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

Locally, the State Veterans Nursing Home will be available to provide care to 650,000 Veterans within a 75 mile radius from Marion County.

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

The 120 bed facility would add approximately 190 new jobs to the local community with the ability to tap into a local talent pool from the University of Florida and other local Colleges and Technical Schools.

**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?**

Marion County will request liquidated damages based on estimated loss on a per day behind schedule basis.

**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.**

N/A



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#### 13. Requestor Contact Information:

- a. **Name:** Jeannie Rickman
- b. **Organization:** Marion County Board of County Commissioners
- c. **E-mail Address:** jeannie.rickman@marioncountyfl.org
- d. **Phone Number:** (352)438-2300

#### 14. Recipient Contact Information:

- a. **Organization:** Florida Department of Veterans Affairs
- b. **County:** Marion
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College
  - Other (Please specify) Florida Department of Veterans Affairs
- d. **Contact Name:** Jeannie Rickman
- e. **E-mail Address:** jeannie.rickman@marioncountyfl.org
- f. **Phone Number:** (352)438-2300

#### 15. Lobbyist Contact Information

- a. **Name:** John Smith
- b. **Firm Name:** Peebles, Smith & Matthews, Inc.
- c. **E-mail Address:** john@psmfl.net
- d. **Phone Number:** (850)681-7383