Marianna Health Rehabilitation Center Backup Power

George Gainer

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Marianna Health & Rehabilitation Center is a 180 bed long term and short term convalescent center owned and operated by the City of Marianna, which is located in a Rural Area of Opportunity (RAO). The facility presently does not have 100% backup power and needs to replace the existing generators, which only meet minimum requirements, with a single prime rated generator, base mounted diesel fuel tank, impact resistant screen wall with lightning protection system. The generator will be designed to support the normal branch as well as the essential branches of the electrical system allowing the entire facility to be energized from backup power. This will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

Agency for Health Care Administration

Yes

80,000

100.0

800,000

100

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Has this project previously received state funding? Yes No

If yes, provide the most recent instance:

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Amount Recurring</th>
<th>Amount Nonrecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
</table>

Is future-year funding likely to be requested? Yes No

If yes, indicate nonrecurring amount per year.
### Details on how the requested state funds will be expended

<table>
<thead>
<tr>
<th>Spending Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administrative Costs:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td></td>
<td></td>
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<tr>
<td><strong>Operational Costs: Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary and Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expense/Equipment/Travel/Supplies/Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultants/Contracted Services/Study</td>
<td>Construction documents; geotechnical fees; construction administration; permitting</td>
<td>75,000</td>
</tr>
<tr>
<td><strong>Fixed Capital Construction/Major Renovation:</strong></td>
<td>Single prime rated generator, base mounted fuel tank, impact resistant screen wall with lightning protection system</td>
<td>725,000</td>
</tr>
</tbody>
</table>

**Total State Funds Requested (must equal total from question #6)** 800,000
11. **Program Performance**

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

   Presently the 180 bed long term and short term rehabilitation center relies on multiple generators to meet minimum state requirements by the State of Florida. The goal is to replace multiple generators that only provide power to limited space with a single prime rated generator, base mounted diesel fuel tank, impact resistant screen wall with lightning protection system. The generator will be designed to support the normal branch as well as the essential branches of the electrical system allowing the entire facility to be energized from backup power. This will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

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

   The funds will allow the entire facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits for 180 patients located at the Marianna facility.

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

   Services at this City's facility provide long term and short term rehabilitation care for citizens within Jackson County and the City of Marianna, along with surrounding counties. The funds will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

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

   The facility has 180 residents, families of residents from Jackson County, the City of Marianna, and surrounding counties. In addition, the facility employs 208 citizens within Jackson County which is a Rural Area of Opportunity (RAO).

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

   The funds will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits allowing the Center to remain open during catastrophic events. The outcome will be measured during power outages when all residents are able to remain in comfortable room temperatures in their individual rooms and avoid evacuation of the facility.

   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?

   All deliverables and performance measures will be met, however, contracts with the City require Liquidated Damages and/or suspension from doing business with the City in the future.
12. **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.**

The facility is owned and operated by the City of Marianna.

13. **Requestor Contact Information**
   a. First Name: James  
   b. Organization: City of Marianna  
   c. E-mail Address: jdean@mariannafl.city  
   d. Phone Number: (850)482-4353  

14. **Recipient Contact Information**
   a. Organization: City of Marianna  
   b. Municipality and County: Jackson  
   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: James  
   e. E-mail Address: jdean@mariannafl.city  
   f. Phone Number: (850)482-4353  

15. **Lobbyist Contact Information**
   a. Name: Patrick Bell  
   b. Firm Name: Capitol Solutions  
   c. E-mail Address: pbell@capitolsolutions.biz  
   d. Phone Number: (850)5440784  

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