



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

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

2. **Senate Sponsor:** Dennis Baxley

3. **Date of Submission:** 10/30/2017

4. **Project/Program Description:**

State Veterans Nursing Home Planning - Marion County

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Veterans Affairs

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 |
|---------------------------------|---|---------------------------------------|
| 500,000 | | 500,000 |

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):** 500,000

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.

| | |
|-----|---|
| FY: | Input Prior FY Appropriation for this project for FY 2017-18 |
|-----|---|



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| | | | |
|---------------------------|--|--|---|
| | (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?

No

11. Program Performance:

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

Preliminary engineering and site feasibility study of the 8th State Veterans? Nursing Home in Marion County.

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

Site surveying/engineering and an assessment of practicality and cost of the proposed State Veterans Nursing Home in Marion County.

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 checked="" type="checkbox"/> Consultants/Contracted Services/Study | Site surveying/engineering and other application requirement material | 500,000 |
| 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 type="checkbox"/> Construction/Renovation/Land/Planning Engineering | | |
| TOTAL | | 500,000 |

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

Preliminary engineering and site feasibility study of the 8th State Veterans?? Nursing Home in Marion County. The nursing home will serve Veterans in Marion County and around the state.

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

The nursing home will serve 800 veterans who are elderly, economically disadvantaged, or developmentally or physically disabled.

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

The nursing home will improve the physical and mental health of veterans, provide care for elderly veterans and improve the quality of life of veteran clients.

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?

The current standard contractual penalties for noncompliance area adequate.

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.

None

13. Requestor Contact Information:

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

14. Recipient Contact Information:

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



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- Non Profit 501(c) (4)
- Local Entity
- University or College
- Other (Please specify)

d. Contact Name: Jeannie Rickman

e. E-mail Address: jeannie.rickman@marioncountyfl.org

f. Phone Number: (352)438-2300

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

a. Name: John Wayne

b. Firm: Pebble & Smith, LLC

c. Email: john@pebbles-smith.com

d. Phone Number: (850)681-7373