



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Miracle Hill Safe Place Initiative

2. **Senate Sponsor:** Bill Montford

3. **Date of Submission:** 11/15/2017

4. **Project/Program Description:**

Establish Regional Safe Place at Miracle Hill for evacuees of local SNF under mandatory evacuation order.

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
	350,000	350,000

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	175,000	33.3%
TOTAL	175,000	33.3 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 525,000

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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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?

No

11. Program Performance:

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

It will allow for the entire facility of the Safe Place to be electrically hardened during an emergency

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

Engineering as well as the purchase and installation of the required equipment.

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		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	All required permitting, construction engineering, site and equipment purchases.	525,000
TOTAL		525,000

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

Housing of SNF residents of areas under mandatory evacuation order-specifically those in low lying areas

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

Nursing home residents. At least 60 patients and appropriate staffing

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

SNF residents will be housed in a safe environment with minimal disruption during stressful event(s)

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.

There are no owners. It's a 501(c)(3) organization

13. Requestor Contact Information:

- a. **Name:** Roland Gaines
- b. **Organization:** Chairman, Miracle Hill Nursing and Rehabilitation Center
- c. **Email:** gaines_7093@yahoo.com
- d. **Phone Number:** (850)728-6063

14. Recipient Contact Information:

- a. **Organization:** Chairman, Miracle Hill Nursing and Rehabilitation Center
- b. **County:** Leon
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☐ Other (Please specify)



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d. Contact Name: Roland Gaines

e. E-mail Address: gaines_7093@yahoo.com

f. Phone Number: (850)728-6063

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

a. Name: None

b. Firm: None

c. Email:

d. Phone Number: