1. **Title of Project:** Doctors' Memorial Hospital - Critical Rural Health Clinic

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 02/07/2019

4. **Project/Program Description:**
   
   Funding requested will be used for the construction of a 6,000 square foot medical office facility. The current medical office facility is at 100% capacity. The facility will provide Doctors' Memorial Hospital with more capacity to serve pediatric/cardiac specialist’s needs. There are currently no pediatric or cardiologist specialists in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.

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

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations</td>
<td></td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td>1,600,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Amount</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total State Funds Requested (from question #6)</td>
<td>1,600,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal Funds Requested</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>State (excluding the amount of this request)</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Local Funds Requested</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Funds Requested</td>
<td>0</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

8. **Total Project Costs for Fiscal Year 2019-2020**

   | Total Project Costs for Fiscal Year 2019-2020 | 1,600,000 | 100.0% |

9. **Has this project previously received state funding?** No

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yyyy)</th>
<th>Amount</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Is future-year funding likely to be requested?** No

11. **Details on how the requested state funds will be expended**

<table>
<thead>
<tr>
<th>Spending Category Administrative Costs:</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director/Project Head Salary and Benefits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?
   Funding requested will be used for the construction of a 6,000 square foot medical office facility. The current medical office facility is at 100% capacity. The facility will provide Doctors' Memorial Hospital with more capacity to serve pediatric/cardiology specialists' needs. There are currently no pediatric or cardiologist specialists in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?
   Primary care and pediatric/cardiology specialist services.

c. What are the direct services to be provided to citizens by the appropriations project?
   Primary care and pediatric/cardiology specialist services.

d. Who is the target population served by this project? How many individuals are expected to be served?
   Doctors' Memorial Hospital in Bonifay, FL, provides services to patients within a 75 mile radius. This targeted population includes patients in the following counties: Holmes, Washington, Jackson, Bay, Walton, Calhoun, Okaloosa, and Franklin.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?
   Access to these services which are currently not provided in the community. Immediate jobs (10) - nursing and administrative. Access to specialists not already in the community.
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?

Penalties to be outlined in contract between Doctors' Memorial Hospital and State Agency.

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.

Doctors' Memorial Hospital, Bonifay.

13. Requestor Contact Information:
   a. **Name:** JoAnn Baker
   b. **Organization:** Doctors' Memorial Hospital, Bonifay
   c. **E-mail Address:** JoAnn.Baker@doctorsmemorial.org
   d. **Phone Number:** (547)547-8000

14. Recipient Contact Information:
   a. **Organization:** JoAnn Baker
   b. **County:** Holmes
   c. **Organization Type:**
      - For Profit
      - Non Profit 501(c)(3)
      - Non Profit 501(c)(4)
      - Local Entity
      - University or College
      - Other (Please specify)
   d. **Contact Name:** JoAnn Baker
   e. **E-mail Address:**
   f. **Phone Number:** (850)547-8000

15. Lobbyist Contact Information
   a. **Name:** Bryan Cherry
   b. **Firm Name:** PinPoint Results
   c. **E-mail Address:** bryan@pinpointresults.com
   d. **Phone Number:** (544)544-5673