1. **Title of Project:** Sacred Heart Disproportionate Share Hospital Funding
2. **Senate Sponsor:** Doug Broxson
3. **Date of Submission:** 03/20/2019
4. **Project/Program Description:**
   Sacred Heart Disproportionate Share Hospital (DSH) Funding
5. **State Agency to receive requested funds:** Agency for Health Care Administration
   State Agency Contacted? Yes
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>5,500,000</td>
</tr>
<tr>
<td>Fixed Capital Outlay</td>
<td></td>
</tr>
<tr>
<td><strong>Total State Funds Requested</strong></td>
<td><strong>5,500,000</strong></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</td>
<td>5,500,000</td>
<td>100.00%</td>
</tr>
<tr>
<td>Federal</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</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total Project Costs for Fiscal Year 2019-2020</strong></td>
<td><strong>5,500,000</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fiscal Year (yyyy-yy)</th>
<th>Recurring</th>
<th>Amount</th>
<th>NonRecurring</th>
<th>Specific Appropriation #</th>
<th>Vetoed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018-19</td>
<td></td>
<td>5,462,899</td>
<td>200</td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Is future-year funding likely to be requested?** Yes
   a. If yes, indicate non-recurring amount per year. $5,500,000

10. **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>0</td>
<td>0</td>
</tr>
</tbody>
</table>
11. Program Performance:

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

Funds from the DSH program will help the hospital continue to provide services to under and uninsured patients.

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

The hospital provides $23 million in free care to the community through various facilities and programs.

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

The hospital provides life saving services to all people regardless of their ability to pay.

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

The poor and uninsured will be served by these funds.

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

We expect the continuation of programs and services to improve the health status of people who are poor and vulnerable.

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?

N/A

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

13. Requestor Contact Information:

a. Name: Jules Kariher
b. **Organization:** Sacred Heart Hospital  

c. **E-mail Address:** jules.kariher@ascension.org  

d. **Phone Number:** (850)206-9495

14. **Recipient Contact Information:**  
   a. **Organization:** Sacred Heart Hospital  
   b. **County:** Escambia  
   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:** Jules Kariher  
   e. **E-mail Address:** jules.kariher@ascension.org  
   f. **Phone Number:** (850)206-9495

15. **Lobbyist Contact Information**  
   a. **Name:** Travis Blanton  
   b. **Firm Name:** Johnson & Blanton  
   c. **E-mail Address:** travis@teamjb.com  
   d. **Phone Number:** (850)225-1900