



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2356

1. **Project Title** Graduate Medical Education - Tallahassee Memorial Healthcare2. **Senate Sponsor** Bill Montford3. **Date of Request** 01/06/20204. **Project/Program Description**

To provide Graduate Medical Education (GME) funds for Tallahassee Memorial Healthcare (TMH). TMH is in a region of the State that has a demand for internal medicine physicians that is higher than the supply by more than 20 percent. These funds will assist the hospital in funding GME and providing access to patients in the region.

5. **State Agency to receive requested funds** Agency for Health Care AdministrationState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	2,096,436
Fixed Capital Outlay	000
Total State Funds Requested	2,096,436

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2096436	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	2,096,436	100 %

8. **Has this project previously received state funding?** ☐ Yes ☒ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future-year funding likely to be requested?** ☐ Yes ☒ No

If yes, indicate nonrecurring amount per year.



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10. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs: Other		
Salary and Benefits	The funding will supplement funding for GME internal medicine physician residency slots that are currently unfunded or inadequately funded.	2,096,436
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		2,096,436



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11. Program Performance

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

To provide Graduate Medical Education (GME) funds for Tallahassee Memorial Healthcare (TMH). TMH is in a region of the State that has a demand for internal medicine physicians that is higher than the supply by more than 20 percent. These funds will assist the hospital in funding GME and providing access to patients in the region.

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

Health care services, including within the hospital, clinics and affiliated entities.

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

Health care services related to charity and uncompensated care.

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

All populations will be served, including the economically disadvantaged. 800 plus individuals are expected to be served.

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

Improving the overall physical and mental health status of the community; ED visits, inpatient visits, readmission data and outpatient visit data.

- 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?

Return of funds to administering agency.



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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.

N/A

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. Recipient Contact Information

- a. Organization
- b. Municipality and County
- 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 Last Name
- e. E-mail Address
- f. Phone Number

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.