

LFIR # 2512

Project Title	Jackson Hospital - Clinic Emerg	ency Generators		
Senate Sponsor	George Gainer			
•				
Date of Request	01/22/2020			
Project/Program Description				
	will be used to provide emergency general Michael demonstrated the need for the c			
		cutive Office of the Go	vernor	
State Agency cont		.,		
	onrecurring Request for Fiscal			
Type of Funding	9	Amount		
Operations		000		
Fixed Capital Ou	-	989,712		
Total State Fun	ds Requested	989,712		
otal Project Cos	st for Fiscal Year 2020-2021 (inc	cluding matching fu	nds available for this proje	
Type of Funding				
Type of Funding	g	Amount	Percentage	
	g s Requested (from question #6)	<b>Amount</b> 989712	Percentage 100.0 %	
	s Requested (from question #6)			
Total State Fund	s Requested (from question #6)			
Total State Funds  Matching Funds  Federal	s Requested (from question #6)	989712	100.0 %	
Total State Funds  Matching Funds  Federal	s Requested (from question #6)	989712	0 % 0 %	
Total State Funds  Matching Funds  Federal  State (excluding	s Requested (from question #6)	989712	0 %	
Total State Funds  Matching Funds  Federal  State (excluding Local  Other	s Requested (from question #6)	989712 00 00 00	0 % 0 %	
Total State Funds  Matching Funds  Federal  State (excluding Local  Other  Total Project Collars this project p	s Requested (from question #6)  the amount of this request)	989712  00 00 00 00 989,712  ng? Yes Spec	100.0 %  0 % 0 % 0 % 0 % 100 %	
Total State Funds  Matching Funds  Federal  State (excluding Local  Other  Total Project Collas this project p	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state funding most recent instance:  Amount	989712  00 00 00 00 989,712  ng? Yes Spec	100.0 %  0 %  0 %  0 %  100 %	
Total State Funds  Matching Funds  Federal  State (excluding  Local  Other  Total Project Collas this project programme fiscal Year	the amount of this request)  osts for Fiscal Year 2020-2021  oreviously received state funding most recent instance:  Amount	989712  00 00 00 00 989,712  ng? Yes • N	100.0 %  0 % 0 % 0 % 0 % 100 %	



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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: Oth	er	
Salary and Benefits		
Expense/Equipment/ Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construc	tion/Major Renovation:	
Construction/Renovation/ Land/Planning	Generators for Quick Care on Hwy 90, CS&MS ENT, CS&MS Peds, CS&MS Main, and automatic transfer switch for hospital between two feeders.	989,712
Engineering		
Total State Funds Re	quested (must equal total from question #6)	989,712



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11.	Program	Performance
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۱.	What specific purpose or goal will be achieved by the funds requested?		
	The funds requested will be used to provide emergency generators at the hospital's medical and clinic buildings. The damage and impact from Hurricane Michael demonstrated the need for the continuous power at Jackson Hospital's Medical Office Buildings and its nine off-site clinics.		
b.	What activities and services will be provided to meet the intended purpose of these funds?		
	Access to hospital medical offices and clinics will not be hindered by a loss of electrical power with emergency generators able to provide uninterrupted power supply.		
c.	What direct services will be provided to citizens by the appropriation project?		
	Medical offices and clinic services will continue to be provided because there will be no loss of power with the available emergency generators.		
l.	Who is the target population served by this project? How many individuals are expected to be served?		
	The funds requested will serve persons with poor physical health and persons with physical disabilities. 800 plus members of the population will be served.		
e.	What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?		
	Uninterrupted power during natural disasters and emergency situations. The medical offices will not experience power loss.		
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?		
	Reduction of funding as provided in agency contract.		



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Jackson Hospital.			
Requestor Contac	ct Information		
a. First Name	C. James	Last Name Platt	
o. Organization	Jackson Hospital		
c. E-mail Address	jplatt@jackhosp.org		
d. Phone Number	(850)718-2629	Ext.	
Recipient Contact Information			
a. Organization	Jackson Hospital		
o. Municipality and	d County Jackson		
c. Organization Ty	/pe		
O For-profit I	Entity		
O Non-Profit	501(c) (3)		
O Non-Profit	501(c) (4)		
Local Entit	ty		
<ul><li>University</li></ul>	or College		
<ul><li>Other (ple</li></ul>	ase specify) Hospital		
d. First Name	C. James	Last Name Platt	
e. E-mail Address	jplatt@jackhosp.org		
. Phone Number			
_obbyist Contact	Information		
a. Name	Eric Prutsman		
o. Firm Name	Johnson & Blanton, LLC		
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