



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1512

1. Project Title
2. Senate Sponsor
3. Date of Request

#### 4. Project/Program Description

100% of funding requested will be used for the construction of a rural critical health care clinic adjacent to Doctors Memorial Hospital (DMH) in Bonifay, FL. (Holmes County). DMH will purchase the land where the clinic will be constructed with private hospital funds. The facility will be owned and operated by DMH. DMH is a critical access rural hospital as defined by Florida Statutes. Holmes County and the hospitals surrounding geographical rural county service area is lacking specialty services that will be provided in the clinic. Current medical office space at the hospital is at 100% capacity. The facility will provide DMH with capacity to attract specialists' for services that are not currently provided in the community. These specialty services will included; orthopedic, pediatric, cardiologist services, as well as primary care services, which will serve as an emergency room diversion. These specialists have already been identified.

5. State Agency to receive requested funds
- State Agency contacted?

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

#### 7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	500,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	33%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>750,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2019-20	0	1,000,000	2314A	Yes

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?



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Yes

If yes, indicate the amount of funds received and what the funds were used for.

- Payroll Protection Program in the amount of \$1,117,100 (Payroll)
- CARES Funds in the amount of \$3,640,149 (COVID 19 Related Cost)

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	100% of funding requested will be used for the construction of a rural critical health care clinic adjacent to Doctors Memorial Hospital (DMH) in Bonifay, FL. (Holmes County). DMH will purchase the land where the clinic will be constructed with private hospital funds. The facility will be owned and operated by DMH.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

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

Improve health outcomes for the community served - orthopedic, pediatric, cardiologist services, as well as primary care services, which will serve as an emergency room diversion.

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

The services provided will meet the intended purpose by offering needed healthcare services in the community and low-income families will not have to travel long distance to meet their healthcare needs. Services provided: orthopedic, pediatric, cardiologist services, as well as primary care services, which will serve as an emergency room diversion.

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

Services provided:  
orthopedic, pediatric, cardiologist services, as well as primary care services, which will serve as an emergency room diversion. Holmes County is an underserved area and one of the poorest in the state.  
It is very difficult for the residents of Holmes County to travel outside of the area for Healthcare.  
Very low-income families reside in the County.  
This appropriation if received will meet the needs and make Holmes County a healthier community.

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

All individuals in the following counties: Holmes, Washington, Jackson, Bay.



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

Patient health outcomes/success rate.

**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 the contract?**

Penalties outlined in contract between Doctors Memorial Hospital, Bonifay and State Agency

**13. 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.**

The Board of Directors have no ownership.  
The hospital is a not-for-profit public State Government Entity. The Board is appointed by the Governor of the State of Florida.



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#### 14. Requestor Contact Information

a. First Name  Last Name

b. Organization

c. E-mail Address

d. Phone Number  Ext.

#### 15. 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

#### 16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number