



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 2047

1. Project Title

2. Senate Sponsor

3. Date of Request

4. 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%. These funds will assist the hospital funding GME and providing access to patients in the region.

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	800,000
Fixed Capital Outlay	0
Total State Funds Requested	800,000

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)	800,000	38%
Matching Funds		
Federal	1,300,000	62%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,100,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2020-21	0	800,000	206	No

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?

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



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TMH has received a total of \$20,586,180 in stimulus payments from the CARES Act. The money has been used for the purposes enumerated in the Act related to COVID-19 patient care such as payment of increased costs of clinical and non-clinical staffing.

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

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits	The funding will supplement funding for GME internal medicine physician residency slots that are currently unfunded or inadequately funding.	800,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		800,000

12. 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%. These funds will assist the hospital 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. Approximately 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 the contract?



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Return of funds to administering 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.**

N/A



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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) Hospital

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