



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2211

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Miracle Hill will expand outreach of services to better serve the under-served community in which it resides. The pandemic has shaken the industry causing staff shortages and substantial cost increases which threaten access to resident care. The organization will implement a pilot program of Medical Practitioner Reservist that can be emulated throughout the State. The program will hire medical practitioners in academia to enhance their skills and commit to work at the facility for one weekend per month for a year. The project will allow the organization to raise wages of direct care staff to compete with temporary agencies that currently charge above market rates. Also, there will be a 7,500 square foot expansion of space of the current building footprint. It will allow for expansion of Physical Therapy services to the public and will look to work with public universities to provide opportunities for skill development for students and faculty providing needed services.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	350,000
Fixed Capital Outlay	850,000
<b>Total State Funds Requested</b>	<b>1,200,000</b>

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,200,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>1,200,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

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.



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

No

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

**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	Implement a pilot program of Medical Practitioner Reservist and raise wages of direct care staff to compete with temporary agencies.	325,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study	Subject matter expert consultants	25,000
<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	7,500 square foot expansion of space of the current building footprint. It will allow for expansion of Physical Therapy services to the public and will look to work with public universities to provide opportunities for skill development for students and faculty providing needed services. Profit from the expanded services will allow the organization to fund the pilot program and indigent care after the initial seed funds.	850,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,200,000</b>

**12. Program Performance**

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

1. Development of pilot program to establish Miracle Hill Practitioners Reserve. 2. Economic improvements by increasing salaries of direct care staff to combat market rates. 3. Training and development of students to serve in the healthcare field. (e.g., CNAs, LPNs, RNs) 4. Expansion of physical therapy services to the public by expanding the treatment area within the footprint of the building.

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

Miracle Hill will provide skilled nursing services to the area and surrounding counties. 32304 has been identified as the poorest zip code in FL. As one of the major employers in the area, we will continue to provide healthcare services and job opportunities to those in the Big Bend area. The expansion of physical therapy services to this community will provide a significant impact to the area where transportation challenges exist. The construction project will have a multiplier effect of no less than 1.5 times the outlay as to the economic impact.

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

Physical therapy, jobs, on the job training, enhanced quality of skilled nursing services.

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



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This project will serve the populations within 32304 and the Big Bend area: Elderly, persons with poor mental and physical health, jobless, economically disadvantaged, physically disabled, at-risk youth, high school students, and university/college students.

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

Economic impact as well as job opportunities and improvements in physical health, quality of education, enhancement of individual's economic self sufficiency. We will use surveys, fiscal reports, and payroll data to measure outcomes.

**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?**

The organization will adhere to all guidelines, rules and regulations prescribed by the State of Florida and take all necessary corrective actions as needed to adhere to aforementioned requirements.

**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 - non profit organization



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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