

Fixed Capital Outlay

Total State Funds Requested

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2941

3,000,000

3,000,000

1. Project Title	Calhoun Liberty Hospital			
2. Senate Sponsor	Jay Trumbull			
3. Date of Request	01/02/2024			
4. Project/Program D	escription			
requesting funding to in 2018. Due to high	o support the construction of winds the facility was signif	f their repla- icantly com	ignated undeserved healthcare region cement facility that was severely dama promised and remains over 60% close ruction of the physical building.	aged by Hurricane Michael
5. State Agency to re	ceive requested funds	Departme	ent of Health	
State Agency conta	acted? Yes			
6. Amount of the Non	recurring Request for Fisc	al Year 202	24-2025	
Type of Funding			Amount	
Operations				0

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	3,000,000	7%
Matching Funds		
Federal	26,587,546	66%
State (excluding the amount of this request)	4,000,000	10%
Local	6,400,000	16%
Other	253,000	1%
Total Project Costs for Fiscal Year 2024-2025	40,240,546	100%

8. Has this project previously received state funding?

Yes

Fiscal Year	Amo	ount	Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
2019-20	0	3,000,000	2314A	No

9. Is future funding likely to be requested	e requested?	be	v to	likely	unding	ıre	futur	. Is	9.
---	--------------	----	------	--------	--------	-----	-------	------	----

No

- a. If yes, indicate nonrecurring amount per year.
- b. Describe the source of funding that can be used in lieu of state funding.

We're exploring various funding sources, including federal grants and congressional appropriations. A state appropriation would allow us to remain on our projected construction schedule and not jeopardize funding that has been secured.

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

Yes



11. Status of Construction

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2941

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

CLH received \$5,517,573.59 in COVID relief funds in 2020 and 2021. These funds were used for COVID relief contingency staffing, PPE, supplies, equipment to assist patients with COVID and offset lost revenues the hospital experiences during the pandemic.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. What is the cu	rrent phase of t	he project?		
Planning	O Design	Construction	O N/A	
b. Is the project "	'shovel ready" ((i.e permitted)?		Yes
c. What is the est	November 3, 2023			
d. What is the es	timated comple	tion date of construc	tion?	April 2, 2025

12. List 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.

Calhoun Liberty Hospital Assoc. Inc. is a stand alone 501(c)(3). There is no ownership of the hospital by any of the members of the Board of Directors.

13. 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		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	The construction of a 8 bed inpatient facility with 3 clinical decision rooms in the ER for 24 hour stays.	3,000,000
Total State Funds Requested (m	ust equal total from question #6)	3,000,000

14. Program Performance

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



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2941

Calhoun-Liberty Hospital, a critical access hospital in a designated undeserved healthcare region in rural North Florida, is requesting funding to support the construction of their replacement facility that was severely damaged by Hurricane Michael in 2018. Due to high winds the facility was significantly compromised and remains over 60% closed. The requested funds will be allocated towards essential capital expenses necessary for the construction of a new facility.

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

Funds received will support construction of the new facility. CLH is serving the community in a limited capacity due to the damage of Hurricane Michael. The roof of the current structure is held on by 650 sandbags and not rated above 40 mph wind speeds. The new facility will allow the hospital to function at full capacity with expanded healthcare options for citizens in the four counties. The new hospital is designed will feature 12 inpatient care rooms and 2 scaled down outpatient procedure rooms. The newly designed emergency room will better accommodate a broader range of patients needs.

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

A new replacement hospital is needed to ensure safe and appropriate medical care for those served in this four-county region. It will allow for emergency medical care, EMS transport, inpatient hospitalization, inpatient rehabilitation (swing bed), outpatient services, general surgery, physical/occupational and speech therapy, hospice care, wound care and enhanced specialty provider services.

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

The composition of the area consists of multiple socioeconomic factors and challenges found with its rural population such as an 18.9% population over the age of 65, 20.3% of individuals living in poverty, and a median household income of \$38,568. As with most rural counties, access to healthcare is one of the primary challenges that bring further complications to this problem. The existing healthcare resources in Calhoun and Liberty County are frail due to the damage sustained by the hospital which is only able to continue operations at a 40% capacity.

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

Historically, the percentage of deaths in Calhoun County due to modifiable or even preventable diseases, such as chronic lower respiratory disease (50% higher), diabetes (14% higher), heart disease (43% higher), and stroke (11% higher) are drastically higher than the State of Florida average. Many of these residents faced the challenges of transportation issues due to poverty, and are unable to leave the area for healthcare. Without a hospital in this area the disparity of care will drives these morbidity and mortality rates even higher. Utilizing the census date and Community Health Needs Assessment we will indirectly track the death rates for Calhoun and Liberty Counties year over year.

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?

If the appropriation is granted as fixed capital outlay with a three-year contract period, we do not anticipate any delays. We suggest a reasonable monetary amount as a penalty for any delays encountered with the option to amend the contract when needed to account for delays that are outside of the control of the hospital. We suggest non-payment of any work left incomplete after the 3-year period of this appropriation.

15. Requester Contact	t Information		
a. First Name	Sierra	Last Name	Smith
b. Organization	Holmes County School Bo	oard	
c. E-mail Address	sierra.smith@cityofbonifa	y.com	
d. Phone Number	(850)674-5411	Ext.	255
16. Recipient Contact	Information		
a. Organization	Holmes County School Bo	oard	
h Municipality and	d County Calhoun		



The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

LFIR # 2941

	c. Organization Type	pe			
	□For Profit Entity				
	☑Non Profit 501(c	2)(3)			
	□Non Profit 501(c	:)(4)			
	□Local Entity				
	□University or Co	llege			
	□Other (please sp	pecify)			
	d. First Name	Sierra	Last Name	Smith	
		Sierra sierra.smith@cityofbonifa	1	Smith	
			1	Smith	
17.	e. E-mail Address	sierra.smith@cityofbonifa (850)674-5411	1	Smith	
17.	e. E-mail Address f. Phone Number	sierra.smith@cityofbonifa (850)674-5411	1	Smith	
17.	e. E-mail Address f. Phone Number Lobbyist Contact I	sierra.smith@cityofbonifa (850)674-5411 nformation	1	Smith	
17.	e. E-mail Address f. Phone Number Lobbyist Contact I a. Name	sierra.smith@cityofbonifa (850)674-5411 nformation	1	Smith	