The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** DSH Funding for Sacred Heart Health System
2. **Senate Sponsor:** Doug Broxson
3. **Date of Submission:** 11/17/2017
4. **Project/Program Description:**

   Re allocation of DSH funding for Sacred Heart to bring to 2016-17 levels in order to continue providing health care services to the poor and vulnerable in NW Florida

5. **State Agency Contacted?** Yes

   a. If yes, which state agency? Agency for Health Care Administration

   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
10,000,000		10,000,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 10,000,000

9. **Previous Year Funding Details:**

   a. Has funding been provided in a previous state budget for this activity? Yes
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
   c. What is the most recent fiscal year the project was funded? 2016-17
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
   e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18 (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	**A**	**B**	**C**
Funds Description:	**Prior Year Recurring Funds ***	**Prior Year Nonrecurring Funds ***	**Total Funds Appropriated (Column A + Column B)**
Input Amounts:			

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

10,000,000

11. Program Performance:

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

Increasing access to health care and improving the health status of the poor and vulnerable residents of NW Florida

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

Increasing access to health care and improving the health status of the poor and vulnerable residents of NW Florida

c. How will the funds 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		

☐Salary and Benefits		
☐Expense/Equipment/Travel/Supplies/Other		
☑Consultants/Contracted Services/Study	care to the poor	10,000,000
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		10,000,000

d. What are the direct services to be provided to citizens by the appropriations project?

direct care in the inpatient and outpatient setting

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

uninsured citizens

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

improved health status

g. 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?

discontinue funding

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

N/A

13. Requestor Contact Information:

a. Name: Jules Kariher
b. Organization: Sacred Heart Health System
c. Email: jkariher@me.com
d. Phone Number: (850)206-9495

14. Recipient Contact Information:

a. Organization: Sacred Heart Health System
b. County: Escambia
c. Organization Type:

○ For Profit
⦿ Non Profit 501(c) (3)

- ○ Non Profit 501(c) (4)
- ○ Local Entity
- ○ University or College
- ○ Other (Please specify)

d. Contact Name: Jules Kariher
e. E-mail Address: jkariher@me.com
f. Phone Number: (850)206-9406

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Travis Blanton
b. Firm: Johnson and Blanton
c. Email: travis@teamjb.com
d. Phone Number: (850)528-5665