



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Milton Health Department Mechanical Project

2. **Senate Sponsor:** Doug Broxson

3. **Date of Submission:** 11/16/2017

4. **Project/Program Description:**

The project entails the replacement and upgrade of the existing Direct Digital Control System serving the entire facility.

5. **State Agency Contacted?** No

a. If yes, which state agency?

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

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
	192,000	192,000

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):** 192,000

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.



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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?

No

11. Program Performance:

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

Replacement of the climate controls to better serve the public utilizing the Health Dept. facilities.

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

Construction

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Construction to install functioning climate control features.	192,000
TOTAL		192,000

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

The Milton Health Department delivers Clinical and Nutrition Services, Wellness Services, Community Health Planning and Statistics, Environmental Health, Emergency Preparedness and Response, and Infectious Disease Services.

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

This facility serves the vulnerable population who are primarily of low socioeconomic status. The facility serves well over 5,000 individuals annually.

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

Benefits will be the proper regulation of climate control apparatus to ensure that the patients and employees are able to cope with the environmental conditions inside this facility.

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?

Withholding of funds.

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.

Santa Rosa County is both the owner and operator. Residents of the county will receive benefit from the project.

13. Requestor Contact Information:

- a. **Name:** Stephen Furman
- b. **Organization:** Santa Rosa County
- c. **Email:** StephenF@santarosa.fl.gov
- d. **Phone Number:** (850)981-7121

14. Recipient Contact Information:

- a. **Organization:** Santa Rosa County
- b. **County:** Santa Rosa
- c. **Organization Type:**
 - For Profit
 - Non Profit 501(c) (3)



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

d. Contact Name: Stephen Furman

e. E-mail Address: StephenF@santarosa.fl.gov

f. Phone Number: (850)981-7121

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

a. Name: Jon Johnson

b. Firm: Johnson & Blanton

c. Email: jon@teamjb.com

d. Phone Number: (850)224-1900