



The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Fishermen's Community Hospital - Temporary Modular Hospital

2. **Senate Sponsor:** Anitere Flores

3. **Date of Submission:** 01/10/2018

4. **Project/Program Description:**

This project is to fund a temporary modular hospital to maintain access to healthcare in the middle Keys for a multi-year period while long-term options are evaluated. Fishermen's Community Hospital is the sole provider in a medically underserved area with no other hospital within 40 miles in either direction.

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
	2,000,000	2,000,000

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	2,000,000	50.0%
TOTAL	2,000,000	50.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 4,000,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- 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?

Continuation of Health Care access to a medically underserved area affected by Hurricane Irma

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

Hospital services will include emergency services, imaging and inpatient services.

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	Design, build, install and equip temporary modular hospital to provide continuity of care as sole provider in community	2,000,000
TOTAL		2,000,000

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

Hospital services will include emergency services, imaging and inpatient services for the citizens and tourist.

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

Between 400,000 to 800,000 individuals.

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

Continuation of Health Care access to a medically underserved area affected by Hurricane Irma

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?

None.

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.

Baptist Health South Florida - Operator

13. Requestor Contact Information:

- a. **Name:** Richard Freeburg
- b. **Organization:** Fishermen's Health Inc.
- c. **Email:** rickf@baptisthealth.net
- d. **Phone Number:** (305)289-6401

14. Recipient Contact Information:

- a. **Organization:** Fishermen's Health Inc.
- b. **County:** Monroe
- c. **Organization Type:**
 - ☐ For Profit
 - ☒ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College



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☐ Other (Please specify)

d. Contact Name: Richard Freeburg

e. E-mail Address: rickf@baptisthealth.net

f. Phone Number: (305)289-6401

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

a. Name: Jose Diaz

b. Firm: Robert M. Levy & Associates

c. Email: jdiazj@aol.com

d. Phone Number: (850)681-0254