



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1083

1. **Project Title** Marion County State Veterans' Nursing Home2. **Senate Sponsor** Dennis Baxley3. **Date of Request** 10/07/20194. **Project/Program Description**

Funding to support design and construction of State Veterans' Nursing Home facility, with designation in Marion County.

5. **State Agency to receive requested funds** Department of Veterans' AffairsState Agency contacted? ☒ Yes ☐ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	750,000
Fixed Capital Outlay	000
Total State Funds Requested	750,000

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	750000	100.0 %
Matching Funds		
Federal	00	0 %
State (excluding the amount of this request)	00	0 %
Local	00	0 %
Other	00	0 %
Total Project Costs for Fiscal Year 2020-2021	750,000	100 %

8. **Has this project previously received state funding?** ☒ Yes ☐ No

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2017-18	00	500,000	563A	No

9. **Is future-year funding likely to be requested?** ☒ Yes ☐ No

If yes, indicate nonrecurring amount per year. 7,500,000



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10. Details on how the requested state funds will 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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Planning, design and engineering.	750,000
Total State Funds Requested (must equal total from question #6)		750,000



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11. Program Performance

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

The requested funds will be spent on the design and construction of a 120-bed State Veterans' Nursing Home facility in Marion County to care for aging military Veterans.

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

Traditionally services provided by Nursing Home facilities include a clean,healthful,sheltered lodging environment, including therapeutic or modified diets as prescribed by a doctor, 24-hour nursing care, diagnostic and pharmacy services, assistance and or a supervision of daily living activities (including but not limited to toileting, bathing, feeding and mobility assistance), activities and programs,social services and different forms of therapies.

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

Nursing home services for Veterans within a 75-mile radius or around the State of Florida.

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

Locally, the State Veterans' Nursing Home will be available to provide care to 650,000 Veterans within a 75-mile radius from Marion County.

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

The 120-bed facility would add approximately 190 new jobs to the local community with the ability to tap into a local talent pool from the University of Florida and other local colleges and technical schools.

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 in the contract?

FDVA will have their own penalties for failure to meet deliverables or performance measures.



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12. 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

13. Requestor Contact Information

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. 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

15. Lobbyist Contact Information

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.