



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1916

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This funding request is the third and final year for project funding and will complete the project. 100% of funding requested will be used for the construction of an 8,000 square foot rural critical speciality clinic. The current medical facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	50%
Matching Funds		
Federal	1,000,000	50%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2023-2024	2,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	1,000,000	466A	No

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

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



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

Payroll Protection Program in the amount of \$1,117,100 (Payroll)
 CARES Funds in the amount of \$3,640,149 (COVID 19 Related Cost)

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

- Planning
 Design
 Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

October 2023

d. What is the estimated completion date of construction?

December 2024

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.

Funding for this project is limited for our small rural hospital in Bonifay, FL (Holmes County). Due to the limited sources of funding available, our hospital will use private hospital dollars in addition to state funding to fund the project.

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/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	This funding request is the third and final year for project funding and will complete the project. 100% of funding requested will be used for the construction of an 8,000 square foot rural critical specialty clinic. The current medical facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County.	1,000,000
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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Improve health outcomes for the community served by adding services/ specialties, Two primary care, two surgeons, one cardiologist, one ENT, one Orthopedic/Spine, one Sports medicine and One Rheumatologist, .as well as primary care services, which will serve as an emergency room diversion.

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

The services provided will meet the intended purpose by offering needed healthcare services in the community and low-income families will not have to travel long distance to meet their healthcare needs. Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion.

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

Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion. Holmes County is an underserved area and one of the poorest in the state. It is very difficult for the residents of Holmes County to travel outside of the area for Healthcare. Very low-income families reside in the County. This appropriation if received will meet the needs and make Holmes County a healthier community.

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

All individuals in the following counties: Holmes, Washington, Jackson, Bay.

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

Patient health outcomes/success rate.

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?

Penalties outlined in contract between Doctors Memorial Hospital, Bonifay and State Agency

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify)

d. First Name **Last Name**

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number