

The Florida Senate Local Funding Initiative Request Fiscal Year 2023-2024

LFIR # 2286

Has this project pr Fiscal Year (yyyy-yy)	eviously received state funding? Amount Recurring Nonrecurring kely to be requested? nonrecurring amount per year.	No Specific Appropriation #	Vetoed	
Other Total Project Cost Has this project pr Fiscal Year (уууу-уу)	eviously received state funding? Amount Recurring Nonrecurring	Specific Appropriation #		
Other Total Project Cost Has this project pr Fiscal Year	eviously received state funding? Amount	No Specific		
Other Total Project Cost Has this project pr Fiscal Year	eviously received state funding? Amount	No Specific		
Other Total Project Cost			100%	
Other	s for Fiscal Year 2023-2024	14,000,000	100%	
Local		0	0%	
		9,000,000	64%	
	amount of this request)	0	0%	
Federal		0	0%	
Matching Funds	Requested (from question #6)	5,000,000	36%	
Type of Funding	Assumed at the second of the s	Amount	Percentage	
Total Project Cost	for Fiscal Year 2023-2024 (including	matching funds avail	able for this project)	
Total State Funds	requestea		5,000,000	
Fixed Capital Outla		5,000,000		
Operations			0	
Type of Funding		Amou	int	
Amount of the Non	recurring Request for Fiscal Year 2	023-2024		
State Agency cont	acted? No			
State Agency to re	ceive requested funds Departn	nent of Health		
building at Weems may need to be isol	I utilize the funding being requested to Memorial Hospital. This building will pr ated or victims of sexual assault. In ac nedical services such as infusion thera	ovide the hospital with dition, this building will	an additional 6 to 8 roon be used to store medica	ns for patient
Project/Program D	•			
Date of Request	02/28/2023			
	Corey Simon			
Senate Sponsor				



11. Status of Construction

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

(2020) CARES funding totaling \$2,115,720 which was used for small business grants, purchasing an ambulance, message boards and public health and safety salaries (2021) ARPA funding totaling \$2,355,139 which was used for loss of revenue

Complete questions 11 and 12 for Fixed Capital Outlay Projects

a. what is the current phase of the project?				
	Planning	Design	Construction	
	b. Is the projec	t "shovel read	y" (i.e permitted)?	No

c. What is the estimated start date of construction?

9-1-23

d. What is the estimated completion date of construction?

9-1-25

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.

Franklin County will be receiving the funding directly for the new construction at Weems Memorial Hospital, which is owned by Franklin County.

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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	These funds will be used for engineering and construction of the new Emergency Department and Diagnostics building at Weems Memorial Hospital.	5,000,000
Total State Funds Requested (m	ust equal total from question #6)	5,000,000

14. Program Performance

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

The specific purpose is to create more rooms for patients and medical equipment so Weems Memorial Hospital can provide more medical services to the county.



15.

16.

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b. What activities	and services will be provided to meet the intended purpose of these funds?		
Franklin county will utilize these funds for engineering and construction costs associated with the new building.			
c. What direct ser	vices will be provided to citizens by the appropriation project?		
With this new Eme	ergency Department and Diagnostics building, Weems Memorial Hospital can provide additional irectly to citizens within Franklin County.		
d. Who is the targ	et population served by this project? How many individuals are expected to be served?		
General populatio	n will be the target and 12,451 individuals are expected to be served.		
e. What is the exp be measured?	ected benefit or outcome of this project? What is the methodology by which this outcome will		
The outcome will keeping record of i	be to provide additional medical services to the citizens in Franklin County and this will be measured by individuals being served by this new addition.		
f. What are the su	ggested penalties that the contracting agency may consider in addition to its standard penaltie		
for failing to meet	deliverables or performance measures provided for the contract?		
Franklin County w agreement/contract	rill ensure that all deliverables and performance measures throughout the construction ct.		
Requester Contact	t Information		
a. First Name	Ricky Last Name Jones		
b. Organization	Franklin County Board of County Commissioners		
c. E-mail Address	ricky@franklincountyflorida.com		
d. Phone Number	(850)370-0478 Ext.		
Recipient Contact	Information		
a. Organization	Franklin County Board of County Commissioners		
b. Municipality and	d County Franklin		
c. Organization Ty	ре		
□For Profit Entity			
□Non Profit 501(d	5)(3)		
□Non Profit 501(d	5)(4)		
☑Local Entity			
□University or Co	illege		
□Other (please sp	pecify)		
d. First Name	Michael Last Name Moron		
e. E-mail Address	michael@franklincountyflorida.com		



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f. Phone Number	(850)653-5373			
17. Lobbyist Contact Information				
a. Name	None			
b. Firm Name	None			
c. E-mail Address				
d. Phone Number				