



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1919

1. Project Title Jackson County Hospital District Medical Complex

2. Senate Sponsor Jay Trumbull

3. Date of Request 02/21/2023

4. Project/Program Description

The funds will assist in site preparation and initial construction costs to create a medical complex connected to Jackson Hospital, as well as renovation of vacant buildings for administrative space. This is the first phase of a multi-phase project that will include an imaging center, an ambulatory surgery center, a therapy/rehabilitation building, fitness center, and much-needed medical office space, in addition to administrative offices and the requisite infrastructure and parking. Most of the outpatient service lines highlighted in this medical complex are currently not offered in Jackson Hospital's service area, and are not easily accessible to those in the community.

5. State Agency to receive requested funds Department of Health

State Agency contacted? Yes

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

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	5,000,000
<b>Total State Funds Requested</b>	<b>5,000,000</b>

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)	5,000,000	46%
<b>Matching Funds</b>		
Federal	1,400,000	13%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	4,400,000	41%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>10,800,000</b>	<b>100%</b>

8. Has this project previously received state funding? No

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 5,000,000

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

Jackson Hospital will use reserve funds and private loans, as well as other grant opportunities to continue moving forward with the project.

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



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Yes

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

Jackson Hospital received \$14,533,720.52 in HHS Stimulus and ARP Rural Funds during the COVID-19 pandemic, all of which were used for operations purposes in the main hospital and physician practices. Jackson Hospital received and repaid in full \$8,478,399.57 through the Medicare Advanced Program for hospital and clinic operations to get the organization through the COVID-19 pandemic.

## 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?

September 1, 2023

d. What is the estimated completion date of construction?

December 31, 2025

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.

Jackson County Hospital District, a Florida special taxing district

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Construction costs for building the Therapy/Rehab and Fitness Center, renovation of vacant buildings for administrative offices currently located in the main hospital, costs for site preparation and required infrastructure for the medical complex that will eventually include an imaging center, ambulatory surgery center, and medical office space, in addition to the administrative space and PT/Rehab.	5,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,000,000</b>



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#### 14. Program Performance

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

The funds will assist in site preparation and initial construction costs to create a medical complex connected to Jackson Hospital, as well as renovation of vacant buildings for administrative space. This is the first phase of a multi-phase project that will include an imaging center, an ambulatory surgery center, a therapy/rehabilitation building, fitness center, and much-needed medical office space, in addition to administrative offices and the requisite infrastructure and parking.

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

The funds will be used for site preparation and initial construction for a medical complex attached to Jackson Hospital, and renovation of vacant buildings for administrative space. The complex will include an imaging center, an ambulatory surgery center, a therapy/rehabilitation building, a gym, and various administrative offices, all centrally located to the main hospital in downtown Marianna.

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

The new medical complex will expand on existing services offered by Jackson Hospital and provide more outpatient services for our community, as well as needed medical office space. This medical complex will make outpatient services, such as imaging, outpatient surgery, and therapy, more accessible to the local population, and will also be a driver of local economic development.

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

Patients of all ages who may require outpatient services or other healthcare services will be served by the new and expanded facilities. Because transportation is often very challenging for individuals living in rural communities, having access to these services close to where they live will result in better health outcomes for those individuals and those who care for them. The number served will be greater than 100 patients per day in the new facilities, without accounting for the increase in capacity in the main hospital by moving administrative offices to a separate building and opening up patient rooms.

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

More local patients will receive outpatient or preventative care in a centrally located medical campus. Making these types of outpatient services more accessible to the local population could improve health as a whole and make healthcare more available to a rural and aging community. Additionally, having a comprehensive medical campus in downtown Marianna makes Jackson County as a whole a more attractive destination for both individuals and businesses. Outpatient services such as imaging and surgical procedures are more affordable and accessible than traditional hospital-based services, and can make the area more attractive as a whole. Data analysis of residents leaving the service area of Jackson Hospital for outpatient care will be monitored as well as the number of jobs created by the complex as well as by new businesses attracted because greater access to healthcare is available locally.

##### 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 will be outlined in contract between requester 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



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**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) Florida Special Taxing District

**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**