



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 3583

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Doctors' Memorial Hospital (DMH) located in Taylor County served as a critical community asset and safety net provider during Hurricane Idalia. Even throughout the direct hit of the storm, the Emergency Room remained open and provided critical services during the aftermath and throughout the storm recovery period. During the storm, DMH provided safety and shelter to community first responders including the County EMS and air flight crews during the storm and for 4-5 days post storm. After the storm, facility damage and critical infrastructure needs have been identified that need to be addressed to ensure that DMH can sustain another storm and provide the same level of critical services to the community.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,500,000
Total State Funds Requested	1,500,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,500,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,500,000	100%

8. Has this project previously received state funding?

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

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.

DMH received Covid Relief Funds to enhance patient safety, infection prevention, and critical care delivery systems as well as to ensure availability of critical staff.

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
 N/A

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

Yes

c. What is the estimated start date of construction?

Upon receipt of funds

d. What is the estimated completion date of construction?

120 days

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.

Taylor County owns the facility and leases it to Doctors' Memorial Hospital, Inc. to operate the hospital and all affiliated clinical services.

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	The entire facility roof (approx 92k sq. ft) was weakened as a result of Hurricane Idalia. The roof is approximately 20 years old, and the storm caused already weak areas to become even more damaged, escalating the need for a new roof. The facility generator needs replacement and to be upgraded to a reliable 750kw generator that can maintain essential power for days after a storm. Reliable communication systems need to be installed that allow for the continuity of essential healthcare services.	1,500,000
Total State Funds Requested (must equal total from question #6)		1,500,000

14. Program Performance



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

The funds will be used to repair damage caused by Hurricane Idalia and to ensure that DMH can continue to serve as a community safety net during a natural disaster to provide critical medical services and support to community first responders. Repairing damage and improving critical systems will ensure that DMH is ready to support continuity of operations for critical services needed to ensure the safety and well-being of citizens in the Taylor County and surrounding areas.

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

A new roof will be installed, a new generator will be purchased and installed, and new communications systems will be purchased and installed.

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

The project will ensure that they citizens of Taylor County have access to emergency services during a natural disaster.

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

All citizens of Taylor County (Approx. 21k) and the surrounding areas including Jefferson County (Approx.14k), Lafayette County (Approx. 8k), and Dixie County (Approx 16k) for a total of approximately 59,000 people. Particular focus is on medically vulnerable citizens.

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

A safer, more stable hospital infrastructure that can maintain operations during and after a natural disaster. Outcomes will be measured by safety and performance inspections by certified specialists and the Agency for Health Care Administration surveyors.

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?

Failure to meet deliverables or measures should result in repayment of distributed state funds.

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