



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 3162

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Funds are necessary to implement a wage adjustment for direct care employees as mandated via Medicaid as a result of Governor DeSantis' Freedom First Budget, which requires all Medicaid patient direct care providers to pay a minimum of \$15/hr. Putnam County, a fiscally constrained county, strategically planned to meet this objective in line with Florida's Medical Wage Law; however, the timeline was exponentially expedited by the mandate which removed the County's ability to gradually increase wages.

5. State Agency to receive requested funds

State Agency contacted? No

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

Type of Funding	Amount
Operations	800,000
Fixed Capital Outlay	0
Total State Funds Requested	800,000

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)	800,000	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 2023-2024	800,000	100%

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.

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?

Yes



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

\$27,518,886.31. Funds were used to assist government, individuals, non profits and businesses to respond to the pandemic and its immediate effects.

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)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

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.

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	Provide the additional funding necessary to meet the State mandated medical wage adjustment for direct care employees.	800,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		800,000

14. Program Performance

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

Provide the County with the needed financial assistance to meet the State mandated medical wage adjustment for direct care employees

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



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Wage adjustments will be made to direct care employees to meet State mandate.

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

Funding utilized for wage adjustments will allow Putnam County to meet the Medicaid Mandate without interruption of services. Without the funding, the county is faced with a burden that creates penalties, compression, and turnover of department employees, and lack of first responders to serve the citizens.

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

All citizens of Putnam County as well as visitors to the county will be served by this project.

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

Project will protect general public from harm. Reduction in employee turnover and eliminating a diminished level of service will be the qualitative indicators of the intended benefits of the program being realized.

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?

Standard contract penalties are sufficient.

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
- University or College
- Other (please specify)

d. First Name Last Name

e. E-mail Address

f. Phone Number



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17. Lobbyist Contact Information

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