The Florida Senate

Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Bay Medical Center Disproportional Share Hospital Program
2. **Senate Sponsor:** George Gainer
3. **Date of Submission:** 01/23/2018
4. **Project/Program Description:**

   Federal funding for state fiscal year 2018-19 DSH.

5. **State Agency Contacted?** Yes

   a. If yes, which state agency? Agency for Health Care Administration

   b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	3,690,000	100.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	3,690,000	100.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 3,690,000

9. **Previous Year Funding Details:**

   a. Has funding been provided in a previous state budget for this activity? Yes
   b. In the previous 5 fiscal years, how many years was funding provided? (Optional) 1
   c. What is the most recent fiscal year the project was funded? 2017-18
   d. Were the funds provided in the most recent fiscal year subsequently vetoed? No
   e. Complete the following Worksheet.

FY:	Input Prior FY Appropriation for this project for FY 2017-18

	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
Column:	**A**	**B**	**C**
Funds Description:	**Prior Year Recurring Funds ***	**Prior Year Nonrecurring Funds ***	**Total Funds Appropriated (Column A + Column B)**
Input Amounts:	**3,690,000**		**3,690,000**

10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

Federal funding for state fiscal year 2018-19 DSH.

11. Program Performance:

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

Federal funding for state fiscal year 2018-19 DSH.

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

Federal funding for state fiscal year 2018-19 DSH.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
☐Executive Director/Project Head Salary and Benefits		
☐Other Salary and Benefits		
☐Expense/Equipment/Travel/Supplies/Other		
☐Consultants/Contracted Services/Study		
Operational Costs		
☐Salary and Benefits		
☑Expense/Equipment/Travel/Supplies/Other	Funding will be used to	3,690,000

	provide hospital and emergency services.	
☐Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
☐Construction/Renovation/Land/Planning Engineering		
TOTAL		3,690,000

d. What are the direct services to be provided to citizens by the appropriations project?

Indigent, urgent and trauma health care.

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

Seven counties, Bay, Walton, Gulf, Holmes, Washington, Calhoun, & Jackson

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

None

g. 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 in the contract?

None

12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.

Bay Medical

13. Requestor Contact Information:

a. Name: Stephen Grubs
b. Organization: Bay Medical Center
c. Email: stephen.grubbs@baymedical.org
d. Phone Number: (850)747-6045

14. Recipient Contact Information:

a. Organization: Bay Medical Center
b. County: Bay
c. Organization Type:

- ○ For Profit
- ○ Non Profit 501(c) (3)
- ○ Non Profit 501(c) (4)

○ Local Entity
○ University or College
⦿ Other (Please specify) Bay Medical

d. Contact Name: Stephen Grubs
e. E-mail Address: stephen.grubbs@baymedical.org
f. Phone Number: (850)747-6045

15. If there is a registered lobbyist, fill out the lobbyist information below.

a. Name: Douglas Russell
b. Firm: D. Russell and Associates
c. Email: drussell@nettally.com
d. Phone Number: (850)445-0206