



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2508

1. **Title of Project:** Jackson Hospital - Emergency Backup Water System

2. **Senate Sponsor:** George Gainer

3. **Date of Submission:** 03/06/2019

4. **Project/Program Description:**

The funds requested will be used to provide emergency backup water system. During Hurricane Michael the hospital experienced a water outage due to a water main break. In order to avoid similar outages in the future, an emergency well system capable of delivering 100 gallons per minute coupled with a water filtration and disinfection system is required.

5. **State Agency to receive requested funds :** Department of Environmental Protection

State Agency Contacted? No

6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	
Fixed Capital Outlay	317,450
Total State Funds Requested	317,450

7. **Total Project Cost for Fiscal Year 2019-2020 (including matching funds available for this project)**

Type of Funding	Amount	Percent
Total State Funds Requested (from question #6)	317,450	100.0%
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
Total Project Costs for Fiscal Year 2019-2020	317,450	100.0%

8. **Has this project previously received state funding?** No

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

9. **Is future-year funding likely to be requested?** No

10. **Details on how the requested state funds will be expended**

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2508

Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Drill new well, install new pump, system design, site work and system installation through commissioning and training, for Jackson Hospital Emergency Backup Water System.	317,450
Total State Funds Requested (must equal total from question #6)		317,450

11. Program Performance:

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

The funds requested will be used to provide emergency backup water system. During Hurricane Michael the hospital experienced a water outage due to a water main break. In order to avoid similar outages in the future, an emergency well system capable of delivering 100 gallons per minute coupled with a water filtration and disinfection system is required.

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

Clean guaranteed water supply in Bay, Calhoun, Homes, Jackson and Liberty County.

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

n/a

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

Those seeking health care services.

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

Improve physical health - emergency backup water supply will allow individuals seeking health care services to receive those services without delay. It will also guarantee water supply and emergency backup water supply will allow individuals seeking health care services to receive those services without delay.

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 in the contract?

Reduction of funding as provided in agency contract.

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.

Non Profit 501(c) (3)



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2508

13. Requestor Contact Information:

- a. **Name:** C. James Platt
- b. **Organization:** Jackson Hospital
- c. **E-mail Address:** jplatt@jackhosp.org
- d. **Phone Number:** (850)718-2629

14. Recipient Contact Information:

- a. **Organization:** Jackson Hospital
- b. **County:** Jackson
- c. **Organization Type:**
 - ☐ For Profit
 - ☐ Non Profit 501(c) (3)
 - ☐ Non Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (Please specify) Hospital
- d. **Contact Name:** C. James Platt
- e. **E-mail Address:** jplatt@jackhosp.org
- f. **Phone Number:** (850)718-2629

15. Lobbyist Contact Information

- a. **Name:** Eric Prutsman
- b. **Firm Name:** Johnson & Blanton
- c. **E-mail Address:** eric@teamjb.com
- d. **Phone Number:** (850)894-6602

Please complete the questions below for Water Projects only

16. Have you applied for alternative state funding?

- ☒ Wastewater Revolving Loan
- ☒ Drinking Water Revolving Loan
- ☒ Small Community Wastewater Treatment Grant
- ☐ Other (Please describe)
- ☒ N/A

17. What is the population economic status?

- ☒ Financially Disadvantaged Community (ch. 62-552, F.A.C)
- ☒ Financially Disadvantaged Municipality (ch. 62-552, F.A.C)
- ☒ Rural Area of Economic Concern



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2508

☒ Rural Area of Opportunity (s. 288-0656, Florida Statutes)

☒ N/A

18. What is the status of construction? Not begun

19. What percentage of construction has been completed? 0

20. What is the estimated completion date of construction? To be determined