The Florida Senate
Local Funding Initiative Request
Fiscal Year 2019-2020

LFIR#: 2516

1. **Title of Project:** Bay Medical Sacred Heart
2. **Senate Sponsor:** George Gainer
3. **Date of Submission:** 03/14/2019
4. **Project/Program Description:**

   Provide Disproportionate Share Hospital (DSH) funding for Bay Medical Sacred Heart.
5. **State Agency to receive requested funds :** Agency for Health Care Administration

   State Agency Contacted? Yes
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	4,500,000
Fixed Capital Outlay	
Total State Funds Requested	**4,500,000**

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)	4,500,000	100.00%
Federal		0.00%
State (excluding the amount of this request)		0.00%
Local		0.00%
Other		0.00%
Total Project Costs for Fiscal Year 2019-2020	**4,500,000**	**100.0%**

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		3,689,320	200	No

9. **Is future-year funding likely to be requested?** Yes
   a. **If yes, indicate non-recurring amount per year.** 4,500,000

10. **Details on how the requested state funds will 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	Funding for Indigent Care for Bay Medical's seven county service area	4,500,000
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		**4,500,000**

11. Program Performance:

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

Provide funding for Indigent Care for Bay Medical's seven county service area.

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

All hospital services to support funding for Indigent Care for Bay Medical's seven county service area.

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

Direct Primary, Acute, and Emergency Services for Indigent Care for Bay Medical's seven county service area.

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

Bay County and six surrounding counties; anticipate serving in excess of 200,000 Floridians.

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

Primary, Acute, and Emergency Services to a poor or under served community. Anticipate better health outcomes and healthy baby deliveries as a result.

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?

N/A

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.

N/A

13. Requestor Contact Information:

a. Name: Douglass Russell

b. Organization: D. Russell & Associates

c. E-mail Address: drussell@nettally.com

d. Phone Number: (850)445-0206

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)

d. Contact Name: Scott Campbell

e. E-mail Address: scott.campbell@baymedical.org

f. Phone Number: (850)747-6045

15. Lobbyist Contact Information

a. Name: Doug Russell

b. Firm Name: D. Russell & Associates

c. E-mail Address: drussell@nettally.com

d. Phone Number: (850)445-0206