



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2537

1. **Title of Project:** Hurricane Michael - Calhoun Liberty Hospital
2. **Senate Sponsor:** Bill Montford
3. **Date of Submission:** 03/06/2019
4. **Project/Program Description:**
Re-construction of the Calhoun-Liberty Hospital which was severely damaged during Hurricane Michael.
5. **State Agency to receive requested funds :** Agency for Health Care Administration
State Agency Contacted? No
6. **Amount of the Nonrecurring Request for Fiscal Year 2019-2020**

Type of Funding	Amount
Operations	13,000,000
Fixed Capital Outlay	
Total State Funds Requested	13,000,000

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)	13,000,000	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	13,000,000	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		
Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		



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Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Re-construction of the Calhoun-Liberty Hospital. Replacement of damaged medical equipment and structures.	13,000,000
Total State Funds Requested (must equal total from question #6)		13,000,000

11. Program Performance:

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

Calhoun-Liberty Hospital is the sole provider of both emergency and hospital care of the citizens of Calhoun and Liberty counties. The Calhoun-Liberty Hospital is also the healthcare provider for the assisted living and rehabilitative centers in both counties.

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

The Calhoun-Liberty Hospital will be constructed to provide for the emergency, hospital, and diagnostic medical needs of the citizens of Calhoun and Liberty County.

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

The Calhoun-Liberty Hospital is the trauma center for all medical emergencies which occur within Calhoun and Liberty Counties. Currently, with no operational hospital facilities, county Emergency Medial Services are forced to transport those in need of hospital based care to Tallahassee. This takes the one ambulance within Liberty County out of service for an minimum of two and one half hours. During this time our citizens are denied access to emergency medical care and the county is at the mercy of its neighbors to assist if they are able and available. The construction of the hospital will restore the level of medical care to the surrounding area that has been provided by the Calhoun-Liberty Hospital since 1961.

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

Calhoun-Liberty Hospital provides services for residents of Calhoun and Liberty Counties as well as the surrounding areas. It is the primary care provider necessary to ensure the continued location and operation of the assisted living and nursing homes that rely upon the hospital. If the hospital is not restored we risk losing these businesses and the jobs that come along with them.

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

Restore emergency and hospital services that are crucially lacking to the citizens of Calhoun and Liberty Counties.

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?

None



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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.

Liberty County Board of County Commissioners.

13. Requestor Contact Information:

- a. **Name:** Kathy Brown
- b. **Organization:** Clerk of Court
- c. **E-mail Address:** kbrown@libertyclerk.com
- d. **Phone Number:** (850)643-2215

14. Recipient Contact Information:

- a. **Organization:** Liberty County Board of County Commissioners
- b. **County:** Liberty
- 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:** Kathy Brown
- e. **E-mail Address:** kbrown@libertyclerk.com
- f. **Phone Number:** (850)643-2215

15. Lobbyist Contact Information

- a. **Name:** None
- b. **Firm Name:** None
- c. **E-mail Address:**
- d. **Phone Number:**