



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2019-2020

LFIR#: 2614

1. **Title of Project:** Sacred Heart Disproportionate Share Hospital Funding
2. **Senate Sponsor:** Doug Broxson
3. **Date of Submission:** 03/20/2019
4. **Project/Program Description:**  
Sacred Heart Disproportionate Share Hospital (DSH) Funding
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	5,500,000
Fixed Capital Outlay	
<b>Total State Funds Requested</b>	<b>5,500,000</b>

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)	5,500,000	100.00%
Federal	0	0.00%
State (excluding the amount of this request)	0	0.00%
Local	0	0.00%
Other	0	0.00%
<b>Total Project Costs for Fiscal Year 2019-2020</b>	<b>5,500,000</b>	<b>100.0%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	NonRecurring		
2018-19		5,462,899	200	No

9. **Is future-year funding likely to be requested? Yes**
  - a. **If yes, indicate non-recurring amount per year. \$5,500,000**

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits	0	0



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Other Salary and Benefits	0	0
Expense/Equipment/Travel/Supplies/Other	0	0
Consultants/Contracted Services/Study	0	0
<b>Operational Costs:</b>		
Salary and Benefits	0	0
Expense/Equipment/Travel/Supplies/Other	DSH funds will be used to provide services to under and uninsured patients.	5,500,000
Consultants/Contracted Services/Study	0	0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	0	0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>5,500,000</b>

**11. Program Performance:**

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

Funds from the DSH program will help the hospital continue to provide services to under and uninsured patients.

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

The hospital provides \$23 million in free care to the community through various facilities and programs.

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

The hospital provides life saving services to all people regardless of their ability to pay.

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

The poor and uninsured will be served by these funds.

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

We expect the continuation of programs and services to improve the health status of people who are poor and vulnerable.

**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:** Jules Kariher



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- b. Organization:** Sacred Heart Hospital
- c. E-mail Address:** jules.kariher@ascension.org
- d. Phone Number:** (850)206-9495

#### 14. Recipient Contact Information:

- a. Organization:** Sacred Heart Hospital
- b. County:** Escambia
- 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:** Jules Kariher
- e. E-mail Address:** jules.kariher@ascension.org
- f. Phone Number:** (850)206-9495

#### 15. Lobbyist Contact Information

- a. Name:** Travis Blanton
- b. Firm Name:** Johnson & Blanton
- c. E-mail Address:** travis@teamjb.com
- d. Phone Number:** (850)225-1900