



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2019-2020

LFIR#: 2654

1. Title of Project: Shands Jacksonville Statutory Teaching Hospital

2. Senate Sponsor: Audrey Gibson

3. Date of Submission: 04/01/2019

4. Project/Program Description:

This provides funding to a facility that is a statutory teaching hospital as defined in s. 408.07(44), F.I.S. and is a Level 1 Trauma Center and whose charity to commercial care ratio exceeds 50 percent. This will keep this safety net hospital adequately funded and allow inpatient and outpatient hospital services to continue to be provided in northeast Florida.

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	10,400,000
Fixed Capital Outlay	
Total State Funds Requested	10,400,000

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)	10,400,000	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	10,400,000	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		



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Other Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other		
Consultants/Contracted Services/Study		
Operational Costs:		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	Medical Services	10,400,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning		
Engineering		
Total State Funds Requested (must equal total from question #6)		10,400,000

11. Program Performance:

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

To provide additional financial supports so this facility can continue to provide inpatient and outpatient hospital services in northeast Florida.

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

Inpatient and outpatient hospital services.

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

Inpatient and outpatient hospital services.

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

Uninsured citizens in northeast Florida.

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

Improved health status for citizens in northeast Florida.

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?

The suggested penalties would be discontinued funding.

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: Dean Cocchi

b. Organization: UF Health Shands Jacksonville Hospital

c. E-mail Address: dean.cocchi@jax.ufl.edu

d. Phone Number: (904)224-5013



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14. Recipient Contact Information:

- a. **Organization:** UF Health Shands Jacksonville Hospital
- b. **County:** Duval
- 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:** Dean Cocchi
- e. **E-mail Address:** dean.cocchi@jax.ufl.edu
- f. **Phone Number:** (904)224-5013

15. Lobbyist Contact Information

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