



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1394

1. **Project Title** Gulf Breeze Hospital Hurricane Hardening2. **Senate Sponsor** Doug Broxson3. **Date of Request** 11/21/20194. **Project/Program Description**

This funding will be used to secure Gulf Breeze Hospital, a critically important acute care hospital serving the people of Santa Rosa, Escambia, and Okaloosa Counties, from the effects of tropical storm force winds. This will be accomplished by replacing the original windows with wind-resistant windows and further protecting the building envelope to include outdoor louvers and roofs, to bring the facility to current building code standards.

5. **State Agency to receive requested funds** Department of HealthState Agency contacted? ☐ Yes ☒ No6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 490,775 |
| Fixed Capital Outlay | 6,368,522 |
| Total State Funds Requested | 6,859,297 |

7. **Total Project Cost for Fiscal Year 2020-2021 (including matching funds available for this project)**

| Type of Funding | Amount | Percentage |
|--|------------------|--------------|
| Total State Funds Requested (from question #6) | 6859297 | 100.0 % |
| Matching Funds | | |
| Federal | 00 | 0 % |
| State (excluding the amount of this request) | 00 | 0 % |
| Local | 00 | 0 % |
| Other | 00 | 0 % |
| Total Project Costs for Fiscal Year 2020-2021 | 6,859,297 | 100 % |

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

If yes, provide the most recent instance:

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

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

If yes, indicate nonrecurring amount per year.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1394

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 | Architect/MEP engagement to draft plans for hardening on existing structure and any necessary testing required via state and federal regulations. | 490,775 |
| Operational Costs: Other | | |
| Salary and Benefits | | |
| Expense/Equipment/Travel/Supplies/Other | | |
| Consultants/Contracted Services/Study | | |
| Fixed Capital Construction/Major Renovation: | | |
| Construction/Renovation/Land/Planning Engineering | Construction to harden structure to meet current Florida Building Code requirements. Replace windows and doors on the main hospital facility and adjacent office building. Total square footage of the facility is 140,153 sq ft. that requires hardening. | 6,368,522 |
| Total State Funds Requested (must equal total from question #6) | | 6,859,297 |



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1394

11. Program Performance

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

This funding will be used to secure Gulf Breeze Hospital, a critically important acute care hospital serving the people of Santa Rosa, Escambia, and Okaloosa Counties, from the effects of tropical storm force winds. This will be accomplished by replacing the original windows with wind-resistant windows and further protecting the building envelope to include outdoor louvers and roofs, to bring the facility to current building code standards.

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

Gulf Breeze Hospital will continue to serve the medical needs of Santa Rosa, Escambia, and Okaloosa Counties. The hospital is located on a peninsula in NW Florida and is the only source of healthcare services to residents in the region and is especially vital after the impact of tropical storm winds, hurricane or other natural disaster conditions because of the location of the facility.

- c. What direct services will be provided to citizens by the appropriation project?

Gulf Breeze Hospital provides emergency and acute care services. In addition, the hospital has intensive care services and various other radiology and specialty units. The Andrews Institute for Orthopaedic and Sports Medicine is also located on the Gulf Breeze Hospital campus.

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

All residents seeking health care from Gulf Breeze Hospital.

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

Gulf Breeze Hospital, the only hospital on the peninsula in Santa Rosa County, will continue to provide emergency and acute care services to the residents of, and tourists to, Santa Rosa, Escambia, and Okaloosa Counties during and after a tropical storm/hurricane event.

- 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?

Claw-back of dollars.



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1394

12. **The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.**

Baptist Health Care is a 501(c)3

13. **Requestor Contact Information**

- a. First Name Last Name
- b. Organization
- c. E-mail Address
- d. Phone Number Ext.

14. **Recipient Contact Information**

- a. Organization
- b. Municipality and County
- c. Organization Type
- ☐ For-profit Entity
 - ☐ Non-Profit 501(c) (3)
 - ☐ Non-Profit 501(c) (4)
 - ☐ Local Entity
 - ☐ University or College
 - ☒ Other (please specify)
- d. First Name Last Name
- e. E-mail Address
- f. Phone Number

15. **Lobbyist Contact Information**

- a. Name
- b. Firm Name
- c. E-mail Address
- d. Phone Number Ext.