



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 1610

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

4. **Project/Program Description**

To provide Disproportionate Share Hospital (DSH) funds for Baptist Health Care Pensacola.

5. **State Agency to receive requested funds**
- State Agency contacted? ☐ Yes ☒ No

6. **Amount of the Nonrecurring Request for Fiscal Year 2020-2021**

Type of Funding	Amount
Operations	<input type="text" value="5,400,000"/>
Fixed Capital Outlay	<input type="text" value="000"/>
Total State Funds Requested	5,400,000

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)	<input type="text" value="5400000"/>	<input type="text" value="100.0"/> %
Matching Funds		
Federal	<input type="text" value="00"/>	<input type="text" value="0"/> %
State (excluding the amount of this request)	<input type="text" value="00"/>	<input type="text" value="0"/> %
Local	<input type="text" value="00"/>	<input type="text" value="0"/> %
Other	<input type="text" value="00"/>	<input type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	5,400,000	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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

If yes, indicate nonrecurring amount per year.



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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: Other		
Salary and Benefits		
Expense/Equipment/Travel/Supplies/Other	DSH funds will be used to provide charity and uncompensated care to residents in NW Florida.	5,400,000
Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		
Total State Funds Requested (must equal total from question #6)		5,400,000



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11. Program Performance

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

To provide Disproportionate Share Hospital (DSH) funds for Baptist Health Care Pensacola. Baptist Health Care Pensacola provides a high volume of Medicaid and charity uncompensated care. Until recently, the hospital received DSH funding pursuant to Florida Statute; however, in recent years, DSH models utilized by the state did not provide for funding to Baptist Health Care Pensacola. These funds will assist the hospital in caring for our most vulnerable patients.

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

Health care services, including within the hospital, clinics and affiliated entities.

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

Health care services related to charity and uncompensated care.

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

All populations will be served.

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

Improve the overall health status of the community measured by ED visits, inpatient visits, readmission data, and outpatient visit data.

- 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.



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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.

N/A

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.