



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2083

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

4. **Project/Program Description**

Marianna Health & Rehabilitation Center is a 180 bed long term and short term convalescent center owned and operated by the City of Marianna, which is located in a Rural Area of Opportunity (RAO). The facility presently does not have 100% backup power and needs to replace the existing generators, which only meet minimum requirements, with a single prime rated generator, base mounted diesel fuel tank, impact resistant screen wall with lightning protection system. The generator will be designed to support the normal branch as well as the essential branches of the electrical system allowing the entire facility to be energized from backup power. This will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

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 style="width: 80%;" type="text" value="75,000"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="725,000"/>
Total State Funds Requested	800,000

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 style="width: 80%;" type="text" value="800000"/>	<input style="width: 80%;" type="text" value="100.0"/> %
Matching Funds		
Federal	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
State (excluding the amount of this request)	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Local	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Other	<input style="width: 80%;" type="text" value="00"/>	<input style="width: 80%;" type="text" value="0"/> %
Total Project Costs for Fiscal Year 2020-2021	800,000	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 style="width: 100%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" 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		
Consultants/Contracted Services/Study	Construction documents; geotechnical fees; construction administration; permitting	75,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Single prime rated generator, base mounted fuel tank, impact resistant screen wall with lightning protection system	725,000
Total State Funds Requested (must equal total from question #6)		800,000



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11. Program Performance

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

Presently the 180 bed long term and short term rehabilitation center relies on multiple generators to meet minimum state requirements by the State of Florida. The goal is to replace multiple generators that only provide power to limited space with a single prime rated generator, base mounted diesel fuel tank, impact resistant screen wall with lightning protection system. The generator will be designed to support the normal branch as well as the essential branches of the electrical system allowing the entire facility to be energized from backup power. This will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

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

The funds will allow the entire facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits for 180 patients located at the Marianna facility.

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

Services at this City's facility provide long term and short term rehabilitation care for citizens within Jackson County and the City of Marianna, along with surrounding counties. The funds will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits.

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

The facility has 180 residents, families of residents from Jackson County, the City of Marianna, and surrounding counties. In addition, the facility employs 208 citizens within Jackson County which is a Rural Area of Opportunity (RAO).

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

The funds will allow the facilities cooling and heating systems to remain operational on backup power as well as non-emergency receptacles and lighting circuits allowing the Center to remain open during catastrophic events. The outcome will be measured during power outages when all residents are able to remain in comfortable room temperatures in their individual rooms and avoid evacuation of the facility.

- 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?

All deliverables and performance measures will be met, however, contracts with the City require Liquidated Damages and/or suspension from doing business with the City in the future.



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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.**

The facility is owned and operated by the City of Marianna.

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.