



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2020-2021

LFIR # 2355

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

4. **Project/Program Description**

To provide Disproportionate Share Hospital (DSH) funds for Tallahassee Memorial Healthcare (TMH). TMH provides a high volume of Medicaid and charity uncompensated care. These funds will assist the hospital in caring for our most vulnerable patients.

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="2,489,518"/>
Fixed Capital Outlay	<input style="width: 80%;" type="text" value="000"/>
Total State Funds Requested	2,489,518

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="2489518"/>	<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	2,489,518	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: 80%;" 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		<input type="text"/>
Other Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other		<input type="text"/>
Consultants/Contracted Services/Study		<input type="text"/>
Operational Costs: Other		
Salary and Benefits		<input type="text"/>
Expense/Equipment/Travel/Supplies/Other	DSH funds will be used to provide charity and uncompensated care to residents in North Florida.	2,489,518
Consultants/Contracted Services/Study		<input type="text"/>
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		<input type="text"/>
Total State Funds Requested (must equal total from question #6)		2,489,518



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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 Tallahassee Memorial Healthcare (TMH). TMH provides a high volume of Medicaid and charity uncompensated care. 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 members of the population will be served. 800 plus members of the community 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 physical and mental health status of the community; 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?

No funding is to be appropriated



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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.