



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2021-2022

LFIR # 1051

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

4. Project/Program Description

Provides disproportionate share hospital funds (DSH) for Health Central. Historically, this hospital received DSH funding as a public hospital. When the hospital lost its public status, it was not eligible for DSH, however, its level of charity care and uncompensated care did not decrease. These funds will assist the hospital in providing care to our most vulnerable. Local IGT funds may be available to cover the match requirement. This funding was provided in 2018 and this request does not increase total DSH funding for the state.

5. **State Agency to receive requested funds**

State Agency contacted? No

6. Amount of the Nonrecurring Request for Fiscal Year 2021-2022

Type of Funding	Amount
Operations	974,539
Fixed Capital Outlay	0
Total State Funds Requested	974,539

7. Total Project Cost for Fiscal Year 2021-2022 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	974,539	39%
Matching Funds		
Federal	1,515,977	61%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2021-2022	2,490,516	100%

8. **Has this project previously received state funding?** Yes

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2018-19	0	2,490,516	200	No

9. **Is future funding likely to be requested?** No

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

No



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If yes, indicate the amount of funds received and what the funds were used for.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	Healthcare expenses and supplies to provide charity and uncompensated care for inpatient care and ER services.	974,539
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		974,539

12. Program Performance

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

State funding will be used to provide charity and uncompensated care for inpatient care and ER services.

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

Hospital and emergency services.

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

Hospital and emergency services.

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

Citizens in Lake, Orange and Osceola Counties.

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

Improve physical and mental health as well as reduce substance abuse by provider outcomes.

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 the contract?

No funding in future years.

13. 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



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14. Requestor Contact Information

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

15. 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

16. Lobbyist Contact Information

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