



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2021-2022

LFIR # 1740

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

5. State Agency to receive requested funds

State Agency contacted?

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

Type of Funding	Amount
Operations	5,400,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>5,400,000</b>

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)	5,400,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2021-2022</b>	<b>5,400,000</b>	<b>100%</b>

8. Has this project previously received state funding?

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

9. Is future funding likely to be requested?

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?

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



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Baptist Hospital received Federal assistance related to the COVID-19 Pandemic in the amount of \$23,967,687, through distributions under the CARES Act [and from a \$300,000 grant through CARES Act money distributed through Santa Rosa County]. In accordance with the Act, these funds were applied to expenses attributable to coronavirus such as personal protective equipment, COVID-19 testing, certain staffing and facilities reconfigurations.

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

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other	DSH funds will be used to provide charity and uncompensated care to residents in NW Florida.	2,052,000
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,052,000</b>

#### 12. 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 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 the hospital. 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 the contract?



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Clawback of dollars.

- 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