

LFIR # 1164

1. Project Title Doctor's Memorial Hospital - Rural Critical Health Care Clinic

2. Senate Sponsor George Gainer

3. Date of Request 10/14/2021

4. Project/Program Description

100% of funding requested will be used for the construction of an 8,000 square foot rural critical health care clinic. The current medical office facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.

Department of Health

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage	
Total State Funds Requested (from question #6)	1,000,000	33%	
Matching Funds			
Federal	0	0%	
State (excluding the amount of this request)	0	0%	
Local	0	0%	
Other	2,000,000	67%	
Total Project Costs for Fiscal Year 2022-2023	3,000,000	100%	

8. Has this project previously received state funding? Yes

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2021-22	0	250,000	459A	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.

Funding for this project is limited for our small rural hospital in Bonifay, FL (Holmes County). Due to the limited sources of funding available, our hospital will use private hospital dollars in addition to state funding to fund the project.

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

Yes



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

Payroll Protection Program in the amount of \$1,117,100 (Payroll)
CARES Funds in the amount of \$3,640,149 (COVID 19 Related Cost)

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		0		
Consultants/Contracted Services/Study		0		
Fixed Capital Construction/Major Renovation:				
Construction/Renovation/Land/ Planning Engineering	100% of funding requested will be used for the construction of an 8,000 square foot rural critical health care clinic. The current medical office facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.	1,000,000		
Total State Funds Requested (must equal total from question #6)				

12. Program Performance

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

Improve health outcomes for the community served - orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion.

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

The services provided will meet the intended purpose by offering needed healthcare services in the community and lowincome families will not have to travel long distance to meet their healthcare needs. Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion.

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

Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion. Holmes County is an underserved area and one of the poorest in the state. It is very difficult for the residents of Holmes County to travel outside of the area for Healthcare. Very low-income families reside in the County. This appropriation if received will meet the needs and make Holmes County a healthier community.

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

All individuals in the following counties: Holmes, Washington, Jackson, and Bay.

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



Patient health outcomes/success rate.

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?

Penalties outlined in contract between Doctors Memorial Hospital, Bonifay and State Agency.

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.

The Board of Directors have no ownership. The hospital is a not-for-profit public State Government Entity. The Board is appointed by the Governor of the State of Florida.



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14. Requestor Contact Information

	a. First Name	JoAnn	Last Name	Baker	
	b. Organization	Doctors Memorial Hospital (Bonifay)			
	c. E-mail Address	JoAnn.Baker@doctorsmemorial.org			
	d. Phone Number	(850)547-8000	Ext.		
15.	Recipient Contact	Information			
	a. Organization	Doctors Memorial Hospital (Bonifay)			
	b. Municipality and County Holmes				
	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	JoAnn	Last Name	Baker	
	e. E-mail Address	ss JoAnn.Baker@doctorsmemorial.org			
	f. Phone Number	(850)547-8000			
16. Lobbyist Contact Information					
	a. Name	None			
	b. Firm Name	None			
	c. E-mail Address				
	d. Phone Number				