

The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 2045

and

. Project Title	Gulf Breeze Hospital-Storm Har	dening Project		
. Senate Sponsor	Doug Broxson			
. Date of Request	01/04/2022			
. Project/Program Des	cription			
Okaloosa counties an	e Hospital, a critically important a d the only hospital on the penins al funding of a storm hardening c	ula, from the effects of sto	orm, hurricane or oth	Rosa, Escaml ner natural disa
. State Agency to rece	eive requested funds Depa	artment of Health		
State Agency contact Amount of the Nonre	ted? No curring Request for Fiscal Yea	r 2022-2023		
Type of Funding		Amo	unt	
Operations			289,138	
Fixed Capital Outlay			3,710,862	
Total State Funds Re	equested		4,000,000	
Type of Funding	average of (frame averaging #C)	Amount	Percentage	
	quested (from question #6)	4,000,000	83%	
Matching Funds		0	00/	
Federal State (excluding the a	mount of this request)	0	0% 0%	
Local	mount of this request)	0	0%	
Other		793,828	17%	
	or Fiscal Year 2022-2023	4,793,828	100%	
	riously received state funding?		10070	
Fiscal Year	Amount	Specific	Vetoed	
(уууу-уу)	Recurring Nonrecurring	Appropriation #		
Is future funding like	dy to be requested?	No		
•	•	INO		
a. If yes, indicate noi	nrecurring amount per year.			
b. Describe the sour	ce of funding that can be used	in lieu of state funding.		
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Baptist Health Care received CARES Act funding in the amount of \$26,783,597 and also received a \$300,000 grant distributed through Santa Rosa County. These funds were applied to personal protective equipment, COVID-19 testing, staffing and facilities reconfigurations. Baptist Health Care incurred pandemic-related expenses of \$20,316,333 and lost revenues of \$40,036,556 for a total pandemic financial impact of \$60,352,889.

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	Architect/MEP engagement to draft plans for hardening on existing structure.	289,138			
Operational Costs: Other					
Salary and Benefits		0			
Expense/Equipment/Travel/Supplies/ Other		0			
Consultants/Contracted Services/Study		0			
Fixed Capital Construction/Majo	r Renovation:				
Construction/Renovation/Land/ Planning Engineering	Construction to harden structure.	3,710,862			
Total State Funds Requested (must equal total from question #6) 4,000,00					

12. Program Performance

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

To secure Gulf Breeze Hospital, a critically important acute care facility serving the people of Santa Rosa, Escambia and Okaloosa counties and the only hospital on the peninsula, from the effects of storm, hurricane or other natural disaster damage through partial funding of a storm hardening capital improvement project.

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

Gulf Breeze Hospital will continue to serve the medical needs of Santa Rosa, Escambia and Okaloosa counties. The facility is the only hospital located on this peninsula in NW Florida and is vital after a natural disaster because of the location of the facility.

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

Gulf Breeze hospital provides emergency and acute care services, as well as intensive care services and other specialty units. The Andrews Institute for Orthopedic and Sports Medicine is also located at this facility.

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?

The facility will be able to provide emergency and acute care services to the residents and tourists in the counties it serves. Assurances that the hospital will be able to remain open after a storm, hurricane or other natural disaster occurs.

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.

١3.	. The owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. I	nclude the
	relationship between the owners of the facility and the entity.	

N/A	
NI/Δ	



14.

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14.	Requestor Contact	Informati	ion				
	a. First Name	Jennifer		Last Name	Grove		
	b. Organization	Baptist Health Care-Pensacola					
	c. E-mail Address	jennifer.grove@bhcpns.com					
	d. Phone Number	(850)469	-2335	Ext.			
15.	5. Recipient Contact Information						
	a. Organization	Baptist H	ealth Care-Pens	acola			
b. Municipality and County Santa Rosa							
	c. Organization Type						
	□For Profit Entity						
	☑Non Profit 501(c	☑Non Profit 501(c)(3)					
	□Non Profit 501(c	n Profit 501(c)(4)					
	□Local Entity						
	□University or College						
	□Other (please specify)						
	d. First Name	Jennifer		Last Name	Grove		
	e. E-mail Address	jennifer.grove@bhcpns.com					
	f. Phone Number	(850)469-2335					
16. Lobbyist Contact Information							
	a. Name	Teye Reeves					
	b. Firm Name						
	c. E-mail Address						
	d. Phone Number						