



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2109

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

South Florida State Hospital currently does not have a facility wide generator, except for life and safety issues. The current power loss plan requires relocation of patients due to heat which does not allow for social distancing. A facility wide generator to operate the air conditioning will allow patients to stay in their rooms and eliminate unnecessary off-site transportation.

5. State Agency to receive requested funds

State Agency contacted? Yes

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

| Type of Funding | Amount |
|------------------------------------|------------------|
| Operations | 2,250,000 |
| Fixed Capital Outlay | 0 |
| Total State Funds Requested | 2,250,000 |

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) | 2,250,000 | 100% |
| Matching Funds | | |
| Federal | 0 | 0% |
| State (excluding the amount of this request) | 0 | 0% |
| Local | 0 | 0% |
| Other | 0 | 0% |
| Total Project Costs for Fiscal Year 2022-2023 | 2,250,000 | 100% |

8. Has this project previously received state funding? No

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

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 | Facility wide generator. | 2,250,000 |
| 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) | | 2,250,000 |

12. Program Performance

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

Funds will be used to improve patient outcomes by eliminating need to relocate patients due to heat as it does not allow for social distancing.

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

Facility wide generator will operate the air conditioning allowing patients to stay in their rooms and support continued operation of 350 beds.

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

Continued comprehensive psychiatric and medical services by eliminating need to relocate patients.

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

Persons with poor mental health, persons with poor physical health, economically disadvantaged persons, homeless, drug users (in health services), currently or formerly incarcerated persons. Serves 401-800 individuals.

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

Improve patient outcomes by eliminating need to relocate patients due to heat which does not allow for social distancing. Facility wide generator to operate the air conditioning will allow patients to stay in their rooms and support continued operation of 350 beds. Methodology: Reduction of off-site patient movement and continued operation of 350 beds.

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?

Existing contract addresses penalties.



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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