



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2578

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

**4. Project/Program Description**

The Rural Hospital Capital Improvement Grant Program, established in s.395.6061, F.S., is administratively housed within the Department of Health's, Office of Rural Health Program Office. The grant program provides each rural hospital, as defined in s. 395.602, a minimum of \$100,000 annually, subject to legislative appropriation, upon application to the Department of Health, for projects to acquire, repair, improve, or upgrade critical systems, facilities, or equipment. The Department of Health shall establish, by rule, criteria for awarding grants for any remaining funds. The Grant Program last received funding in Fiscal Year 2007-2008 (13 yrs.), prior to the economic downturn. Funding this grant program for critical capital facility needs for our state's 26 rural hospitals is integral to the long term sustainability of our rural hospital system in the state.

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	0
Fixed Capital Outlay	3,000,000
<b>Total State Funds Requested</b>	<b>3,000,000</b>

**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)	3,000,000	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 2022-2023</b>	<b>3,000,000</b>	<b>100%</b>

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

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
>5 years	0	3,000,000	679B	No

9. **Is future funding likely to be requested?**  Yes
- a. **If yes, indicate nonrecurring amount per year.**

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

The grant program is established in s.395.6061, F.S., and is administratively housed within the Department of Health's, Office of Rural Health Program Office. Only state funds for this grant program are available.



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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.

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		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	The grant program provides each rural hospital, as defined in s. 395.602, funding for projects to acquire, repair, improve, or upgrade critical systems, facilities, or equipment.	3,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>3,000,000</b>

12. Program Performance

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

Funding this grant program for critical capital facility needs for our state's 26 rural hospitals is integral to the longterm sustainability of our rural hospital system in the state.

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

Hospital medical related activities and services.

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

Hospital medical related services.

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

All Floridian's and tourist to the state.

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

Improved health outcomes and expanded health care services in undeserved communities.

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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Penalties outlined in contract between the grant recipient 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.**

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**