



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 1667

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 2023-2024

Type of Funding	Amount
Operations	5,003,658
Fixed Capital Outlay	0
Total State Funds Requested	5,003,658

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	5,003,658	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 2023-2024	5,003,658	100%

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 Health Care received CARES Act funding in the amount of \$32,677,970 from 2020 through present. These funds were applied to personal protective equipment, COVID-19 testing, staffing and facilities reconfigurations. Baptist Health Care incurred pandemic-related expenses and lost revenues for a total pandemic financial impact of \$72,109,213.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☐ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

c. What is the estimated start date of construction?

d. What is the estimated completion date of construction?

12. List 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.

13. 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	DSH funds will be used to provide charity and uncompensated care to residents in NW Florida.	5,003,658
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)		5,003,658

14. Program Performance

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

To provide DSH funds for Baptist Health Care-Pensacola. Baptist Pensacola provides a high volume of Medicaid and uncompensated charity care. These funds will assist the hospital in caring for its most vulnerable patients.

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



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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?

Clawback of dollars.

15. Requester Contact Information

a. First Name **Last Name**
b. Organization
c. E-mail Address
d. Phone Number **Ext.**

16. 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

17. Lobbyist Contact Information

a. Name



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b. Firm Name

Smith Bryan & Myers Inc

c. E-mail Address

treeves@smithbryanandmyers.com

d. Phone Number

(850)224-5081