

**LFIR # 2621** 

1. I	Project Title	Calhoun Liberty I	Hospital - Capacity	Restoration Project		
2. \$	Senate Sponsor	Jay Trumbull				
3. [	Date of Request	2/18/2025				
4. [	Project/Program Des	scription				
	Calhoun Liberty Hospital has long been a lifeline for thousands in rural North Florida, serving as the only critical access hospital for Calhoun and Liberty Counties with 25 patient care rooms and essential services. However, Hurricane Michael's devastating winds in 2018 left over 60% of the hospital uninhabitable, drastically reducing the hospital's ability to care for patients. In 2024, Calhoun Liberty Hospital broke ground on a long-awaited replacement hospital to restore care to the community (Phase I). However, a surge in material prices, rising labor costs, and ongoing supply chain shortages left the hospital with only enough funding to reconstruct 8 of its original 25 patient care rooms. The requested funding will fund Phase II, building the remaining 17 patient care rooms and bridging this critical gap, enabling the hospital to fully rebuild to capacity and restore access to quality healthcare for generations to come.					
	State Agency to rece State Agency contac	•	<b>Departme</b>	ent of Health		
	Amount of the Nonre		for Fiscal Year 202	25-2026		
	Type of Funding			Amo		
(	Operating				0	
Į	Fixed Capital Outlay					
•	Total State Funds Re	equested			5,400,000	
	7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)					
	Type of Funding			Amount	Percentage	
	Total State Funds Red	quested (from que:	stion #6)	5,400,000	100%	
	Matching Funds				00/	
-	Federal		()	0	0%	†
	State (excluding the a	mount of this requ	est)	0	0%	1
	Local			0	0%	1
	Other			0	0%	1
	Total Project Costs f	for Fiscal Year 20	25-2026	5,400,000	100%	
	Has this project prev If yes, provide the m	•	_	Yes		1
	Fiscal Year Amount (yyyy-yy) Recurring Nonrecurring			Specific Appropriation #	Vetoed	
,	2024-25	0	750,000		No	
9. I	Is future-year funding	g likely to be requ	uested?	No No	INO	]
	b. Describe the sour	_		eu of state funding.		]



**LFIR # 2621** 

### Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction			
a. What is the current phase of the project?			
○ Planning	O N/A		
b. Is the project "shovel ready" (i.e permitted)?		Yes	
c. What is the estimated start date of construction?	06/03/2024		
d. What is the estimated completion date of construc	02/27/2026		
e. What funding stream will be used for ongoing ope	rations a	nd maintenance of t	he project?
In addition to the traditional revenue streams of a non-private insurance and patient self-pay, as a critical accereceives cost-based reimbursement from Medicare while ensures the facility remains financially sustainable while the community. Phase I is under construction, Phase II	ess hospit ch helps c	al Calhoun Liberty Ho cover operational expe	enses and

11. 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.

Calhoun Liberty Hospital operates as an independent 501(c)(3) non-profit organization. The hospital is governed by a Board of Directors, none of whom hold any ownership or financial interest in the organization.

### 12. Details on how the requested state funds will be expended

Spending Category	pending Category Description			
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				
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	The funding will be utilized to cover expenses directly related to constructing 17 additional patient care rooms, which will fully restore the healthcare capacity of the hospital.	5,400,000		
Total State Funds Requested (must equal total from question #6)				

### 13. Program Performance

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



**LFIR # 2621** 

The requested funds will be used to complete the construction of 17 additional patient care rooms, restoring Calhoun Liberty Hospital to its pre-hurricane capacity of 25 rooms. This will ensure the hospital can fully serve the healthcare needs of Calhoun and Liberty Counties, providing essential services such as emergency care, inpatient treatment, and outpatient procedures. By restoring the hospital's full capacity, the funding will help address critical healthcare access gaps in this rural, underserved region, improving community health outcomes and supporting the area's resilience to future emergencies.

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

The funds will support activities directly related to the construction and completion of 17 patient care rooms, including all regulatory compliance requirements. The Calhoun Liberty Hospital project management team is currently successfully managing the construction of the new 8 room hospital which is nearing 82% completion. Without these additional rooms, the community faces gaps in critical services, longer wait times, and increased strain on neighboring facilities.

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

The additional rooms will increase the hospital's capacity to treat patients, ensuring that individuals facing life-threatening conditions, such as heart attacks, strokes, or trauma, receive immediate and effective care. With the restored capacity of 25 patient care rooms, the hospital can accommodate more patients who require hospitalization for illnesses, surgeries, and recovery, reducing wait times and ensuring timely treatment close to home. As a critical access hospital, Calhoun Liberty serves a rural and underserved population. The expanded capacity will ensure equitable access to healthcare for individuals who might otherwise face significant barriers to receiving care.

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

The area is characterized by a mix of socioeconomic challenges that are all too common in rural areas including higher poverty rates, lower median household incomes, and an aging population with a greater need for medical services. Nearly 20% of the service area population is over the age of 65. The poverty rate is estimated at 19.9% with the median household income of just \$38,568. The community is already grappling with systemic barriers to well-being and access to healthcare—often a lifeline for rural populations—has become one of the greatest challenges.

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

Restoring the hospital to full service capacity will bring numerous benefits to the community. It will reduce emergency response times, enhance health outcomes by ensuring timely access to care, and ease the burden on neighboring healthcare facilities. Furthermore, this project will fortify the local healthcare infrastructure, providing the community with the resilience and resources needed to effectively respond to future emergencies. Key indicators the hospital will look towards to measure the increased patient care capabilities include evaluation of community health outcomes such as preventable hospitalizations and better management of chronic conditions along with economic factors like increased jobs and access to healthcare/improved quality of life.

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 in the contract?

If the appropriation is granted as a fixed capital outlay with a three-year contract period, we do not anticipate any delays. We suggest a reasonable monetary amount as a penalty for any delays encountered with the option to amend the contract when needed to account for delays that are outside of the control of the hospital. We suggest non-payment of any work left incomplete after the three-year period of this appropriation.

14. Is 1	14. Is this project related to mitigation, response, or recovery from a natural disaster? Yes			
a. If	Yes, what phase best describes the project?			
	Mitigation (reducing or eliminating potential loss of life or property)			
	Response (addressing the immediate and short-term effects of a natural disaster)			
$\square$	Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)			

b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):



**LFIR # 2621** 

DR-4399   Hurrica	]					
15. Has the entity app						
☐ Yes, Applied	☐ Yes, Applied					
☑ Yes, Received	☑ Yes, Received					
□ No						
☐ No, but intends t	o apply					
a. If yes, provide th	ne FEMA project workshe	eet ID#:				
83619 - NOTE: Th	e funding received does no	ot include the scope of work requested	]			
b. Provide the total	project cost listed on th	ne FEMA project worksheet:				
0			]			
16. Has the entity app	olied for or received state	assistance for this project (other than this reque	est)?			
☐ Yes, Applied						
☐ Yes, Received						
□ No						
☐ No, but intends t	o apply					
a. If yes, specify th Commerce):	a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of					
Department of Cor	mmerce		]			
17. Requester Contac						
a. First Name	Christinia	Last Name Jepsen				
b. Organization	Calhoun Liberty Hospital	Association Inc.				
c. E-mail Address	cjepsen@clhcares.org					
d. Phone Number	(850)674-5411	<b>Ext.</b> 255				
19 Paginiant Contact	Information					
18. Recipient Contact		According Inc				
a. Organization Calhoun Liberty Hospital Association Inc.						
b. Municipality and	-					
c. Organization Type						
□For Profit Entity						
☑Non Profit 501(d	0)(3)					
□Non Profit 501(d	c)(4)					



**LFIR # 2621** 

□Local Entity					
□University or Co	□University or College				
□Other (please specify)					
d. First Name	Christinia	Last Name	Jepsen		
e. E-mail Address cjepsen@clhcares.org					
f. Phone Number	(850)674-5411	Ext.	255		
19. Lobbyist Contact Information					
a. Name	None				
b. Firm Name					
c. E-mail Address					
d. Phone Number					

The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.