



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2631

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

**4. Project/Program Description**

This funding request is the final year for project funding and will complete the project. 100% of funding requested will be used for the construction of an 6,100 square foot rural critical specialty clinic. The current medical facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County. The construction of this facility will create at least 10 full time positions for nursing and office personnel.

5. State Agency to receive requested funds

State Agency contacted?

**6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026**

| Type of Funding                    | Amount         |
|------------------------------------|----------------|
| Operating                          | 0              |
| Fixed Capital Outlay               | 277,466        |
| <b>Total State Funds Requested</b> | <b>277,466</b> |

**7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)**

| Type of Funding                                      | Amount         | Percentage  |
|--|----------------|-------------|
| Total State Funds Requested (from question #6)       | 277,466        | 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 2025-2026</b> | <b>277,466</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
| 2023-24                  | 0         | 500,000      | 474B                        | No     |

9. Is future-year 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.

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



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning     
  Design     
  Construction     
  N/A

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

**c. What is the estimated start date of construction?** 02/01/2025

**d. What is the estimated completion date of construction?** 12/31/2025

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Hospital and Clinic Revenues

**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.**

The Board of Directors have no ownership. The hospital is a not-for-profit public State Government Entity - Holmes County Hospital Corporation d/b/a Doctors Memorial Hospital. The Board is appointed by the Governor of the State of Florida.

**12. 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</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                      | This funding request is the third and final year for project funding and will complete the project. 100% of funding requested will be used for the construction of an 6,100 square foot rural critical specialty clinic. The current medical facility is at 100% capacity. The facility will provide Doctors Memorial Hospital with more capacity to serve pediatric, cardiologist and pulmonary specialists needs, and primary care. These specialist currently are not in Holmes County. The construction of this | 277,466        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |   | <b>277,466</b> |

**13. Program Performance**

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



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Improve health outcomes for the community served by adding services/ specialties, Two primary care, two surgeons, 1 cardiologist, 1 ENT, 1 Orthopedic/Spine, 1 Sports medicine and One Rheumatologist, .as well as primary care services, which will serve as an emergency room diversion.

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

The services provided will meet the intended purpose by offering needed healthcare services in the community and low-income families will not have to travel long distance to meet their healthcare needs. Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion.

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

Services provided: orthopedic, pediatric, cardiologist, pulmonary services, as well as primary care services, which will serve as an emergency room diversion. Holmes County is an underserved area and one of the poorest in the state. It is very difficult for the residents of Holmes County to travel outside of the area for Healthcare. Very low-income families reside in the County. This appropriation if received will meet the needs and make Holmes County a healthier community.

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

All individuals in the following counties: Holmes, Washington, Jackson, Walton

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

Patient health outcomes/success rate.

**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?**

Penalties outlined in contract between Doctors Memorial Hospital, Bonifay and State Agency

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**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)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

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

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**



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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.*