



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 2634

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project proposes to renovate a vacant building owned by Jackson Hospital in Marianna, Fla., into medical office space for multiple physicians and their staff. Medical office space is extremely scarce in Marianna and is a limiting factor for the local medical community and the town's economic development. The addition of new medical office space would also allow for the expansion of healthcare services in a rural community and increase access to specialty healthcare services for local patients. Jackson Hospital has fielded requests from outside specialty clinics interested in establishing practices in Marianna, demonstrating a need for more space.

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	500,000
<b>Total State Funds Requested</b>	<b>500,000</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)	500,000	50%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	50%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

If yes, provide the most recent instance:

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

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.



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

### 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)?

No

c. What is the estimated start date of construction?

8/1/2025

d. What is the estimated completion date of construction?

5/1/2026

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

Any costs not covered by the requested appropriation will be self-funded by Jackson County Hospital District.

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.

Jackson County Hospital District owns the building to be renovated by the requested funding.

### 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	The requested state funds will be used to renovate an approximately 8,600 square foot building into much-needed medical office space, providing increased access to healthcare services in the rural community of Jackson County, Florida.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

### 13. Program Performance

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



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The funds requested will assist in the renovation of a vacant building into medical office space for multiple physicians and their staff, achieving Jackson Hospital's goal of improving access to healthcare services in the rural community it serves. Finding available medical office space in Marianna is challenging, if not impossible, and the addition of this space would give local patients access to new service lines and the expansion of existing services, such as cardiology, gastroenterology, general surgery, urology, and orthopedics.

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

By providing new medical office space, the requested funds will assist in increasing access to healthcare services in a rural community. Marianna currently has no available medical office space to offer incoming physicians, most of which are specialty practices interested in establishing satellite offices locally. These practices will bring in new services to Marianna or expand on existing service lines, providing more specialty healthcare locally and improving access to care for the patients in a rural community.

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

The availability of new medical office space will expand existing services and allow for new specialty healthcare services to be established in the rural community of Marianna. The lack of medical office space has become a critical issue in Marianna and has negatively impacted the growth of the local medical community, as well as patients who want or need to receive services not offered locally. Citizens will greatly benefit from increased access to specialty healthcare services that are not currently offered within 40-50 miles of Jackson County.

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

Patients of all ages who may require specialty healthcare services not currently provided in a local setting will be served by additional medical office space and the resulting expanded services. It is difficult to estimate the number of individuals expected to be served, but conservatively 20-25 patients a day could be seen in the practices established in the new medical office space.

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

Local patients will have better access to specialty healthcare services by creating more usable medical office space in Marianna, Fla. Data analysis of the current medical specialties offered in Marianna and the specialties offered after the addition of new medical office space should show an increase in specialties and a resulting increase in access to care.

**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 will be outlined in contract between requester and State Agency.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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



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- 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:**

**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) Florida Special Taxing District



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d. First Name  Last Name

e. E-mail Address

f. Phone Number  Ext.

#### 19. Lobbyist Contact Information

a. Name

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.*