

The Florida House of Representatives
Appropriations Project Request - Fiscal Year 2022-23
For projects meeting the definition of House Rule 5.14

1. Title of Project: Doctors Memorial Hospital (Bonifay) Rural Critical Health Care Clinic
2. Date of Submission: 10/07/2021
3. House Member Sponsor: Brad Drake

4. Details of Amount Requested:

- a. Has funding been provided in a previous state budget for this activity? Yes
- b. What is the most recent fiscal year the project was funded? 2021-22
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request.

FY:	Input Prior Year Appropriation for this project for FY 2021-22 <i>(If appropriated in 2021-22 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2022-23 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated	Recurring Base Budget	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds
Input Amounts:		250,000	250,000		1,000,000	1,000,000

- e. Provide the total cost of the project for FY 2022-23 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request	1,000,000	33.3%	N/A
2. Federal	0	0.0%	No
3. State (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	Yes
4. Local	0	0.0%	No

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5. Other	2,000,000	66.7%	No
TOTAL	3,000,000	100%	

5. Is this a multi-year project requiring funding from the state for more than one year?

No

6. Which is the most appropriate state agency to place an appropriation for the issue requested? Department of Health

a. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes

b. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.

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

7. Requester:

a. Name: JoAnn Baker

b. Organization: Holmes County Hospital Corporation d/b/a Doctors Memorial Hospital

c. Email: JoAnn.Baker@doctorsmemorial.org

d. Phone #: (850)547-8000

8. Contact for questions about specific technical or financial details about the project.

a. Name: JoAnn Baker

b. Organization: Holmes County Hospital Corporation d/b/a Doctors Memorial Hospital

c. Email: JoAnn.Baker@doctorsmemorial.org

d. Phone #: (850)547-8000

9. Registered lobbyist working to secure funding for this project.

a. Name: Bryan R. Cherry

b. Firm: PinPoint Results LLC

c. Email: bryan@pinpointresults.com

d. Phone #: (850)544-5673

10. Organization or Name of entity receiving funds:

a. Name: Doctors Memorial Hospital (Bonifay)

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b. County (County where funds are to be expended): Holmes

c. Service Area (Counties being served by the service(s) provided with funding): Bay, Holmes, Jackson, Washington

11. What type of organization is the entity that will receive the funds?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

12. What is the specific purpose or goal that will be achieved by the funds being requested?

100% of funding requested will be used for the construction of an 8,000 square foot rural critical health care clinic. The current medical office 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

13. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Amount Requested (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input type="checkbox"/> a. Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		

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<input type="checkbox"/> e. Salaries and Benefits		
<input type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		
<input checked="" type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering	100% of funding requested will be used for the construction of a rural critical health care clinic adjacent to Doctors Memorial Hospital (DMH) in Bonifay, FL. (Holmes County). DMH will purchase the land where the clinic will be constructed with private hospital funds. The facility will be owned and operated by DMH. DMH is a critical access rural hospital as defined by Florida Statutes.	1,000,000
TOTAL		1,000,000

14. For Fixed Capital Costs requested in Question 13, what type of ownership will the facility be under when complete?

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

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15. Is the project request an information technology project?

No

16. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

a. Please Describe:

Community support letters

17. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

a. Please Describe:

Holmes County Community Health Needs Assessment

18. Will the requested funds be used directly for services to citizens?

Yes

a. What are the activities and services that will be provided to meet the purpose of the 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 and pulmonary services, as well as primary care services, which will serve as an emergency room diversion.

b. Describe the direct services to be provided to the citizens by the funding requested.

Services provided: primary, orthopedic, pediatric, cardiologist and 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.

c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups"). Select all that apply to the target population:

Elderly persons

Persons with poor mental health

Persons with poor physical health

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- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe)

d. How many in the target population are expected to be served?

- < 25
- 25-50
- 51-100
- 101-200
- 201-400
- 401-800
- >800

19. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit or outcome
<input checked="" type="checkbox"/> Improve physical health	Services provided: Orthopedic, Primary care, pediatric, cardiology	Patient health outcomes.

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	and pulmonary specialist care	
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input type="checkbox"/> Improve quality of education		
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	10 immediate jobs - nursing, administrative - will be created. Additionally, orthopedic, pediatric, cardiologist and pulmonary specialists will come in to the community to provide services currently not available in Holmes County.	Internal review to determine number of hires.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		

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<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		