

Budget Detail Request - Fiscal Year 2016-17

Your request will not be officially submitted unless all questions and applicable sub parts are answered.

1. Title of Project: Critical Facility Infrastructure Improvement
2. Date of Submission: 01/12/2016
3. House Member Sponsor(s): Brad Drake

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? No
If answer to 4a is ?NO? skip 4b and 4c and proceed to 4d
- b. What is the most recent fiscal year the project was funded?
- 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 (Note that Column E will be the total of Recurring funds requested and Column F will be the total Nonrecurring funds requested, the sum of which is the Total of the Funds you are requesting in Column G):

FY:	Input Prior Year Appropriation for this project for FY 2015-16 (If appropriated in FY 2015-16 enter the appropriated amount, even if vetoed.)			Develop New Funds Request for FY 2016-17 (If no new Recurring or Nonrecurring funding is requested, enter zeros.)			
	Column: A	B	C	D	E	F	G
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated (Recurring plus Nonrecurring: Column A + Column B)	Recurring Base Budget (Will equal non-vetoed amounts provided in Column A)	INCREASED or NEW Recurring Requested	TOTAL Nonrecurring Requested (Nonrecurring is one time funding & must be re-requested every year)	Total Funds Requested Over Base Funding (Recurring plus Nonrecurring: Column E + Column F)
Input Amounts:					0	1,600,000	1,600,000

- e. New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- f. New Recurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs

5. Requester:

- a. Name: JoAnn Baker
- b. Organization: Doctors Memorial Hospital - Bonifay
- c. Email: joann.baker@doctorsmemorial.org
- d. Phone #: (850)547-8000

6. Organization or Name of Entity Receiving Funds:

- a. Name: Doctors Memorial Hospital - Bonifay
- b. County (County where funds are to be expended) Holmes
- c. Service Area (Counties being served by the service(s) provided with funding) Holmes, Jackson, Walton, Washington

7. Write a project description that will serve as a stand-alone summary of the project for legislative review. The description should summarize the entire project's intended purpose, the purpose of the funds requested (if request is a sub-part of the entire project), and most importantly the detail on how the funds requested will be spent - for example how much will be spent on positions and associated salaries, specifics on capital costs, and detail of operational expenses. The summary must list what local, regional or statewide interests or areas are served. It should also document the need for the funds, the community support and expected results when applicable. Be sure to include the type and amount of services as well as the number of the specific target population that will be served (such as number of home health visits to X, # of elderly, # of school aged children to receive mentoring, # of violent crime victims to receive once a week counseling etc.)

Doctors Memorial Hospital, Bonifay ?\$1.6 million non-recurring general revenue from the Rural Hospital Assistance Program statutorily created in Section 409.9116 FS for a medical facility. 100% of funding requested will be used for the construction of a 6,000 square foot medical office facility located on the site of Doctors Memorial Hospital, Bonifay. The current medical office facility is at 100% capacity. The facility will be constructed for the purpose of providing Doctors Memorial Hospital with more capacity to serve pediatric specialists' needs and to operate a rural health clinic. Additionally, the new facility will help Doctors Memorial Hospital, Bonifay attract physicians to their hospital.

The construction of this facility will create at least 10 full time positions for nursing and office personnel ? salaries and operating costs will be paid for entirely by Doctors Memorial Hospital. The land upon which the building will be built will be provided by Doctors Memorial Hospital.

Doctors Memorial Hospital is a 20 bed critical access rural hospital facility with a 10 bed emergency room with telemedicine capabilities, swing-bed program and offers sub-specialty services from specialists from Nemours Children Clinic dedicated to providing quality care to the Bonifay, Florida Community and surrounding area.

According to Section 395.602 FS Rural hospitals.?

(1) LEGISLATIVE FINDINGS AND INTENT.?

(a) The Legislature finds that rural hospitals are the nucleus or ?backbone? of rural health care systems. Public health programs and physicians depend on rural hospitals to meet many of their medical needs. Rural hospitals are usually the only source of emergency medical care in rural areas for life-threatening situations

and play a crucial role in attracting physicians to rural areas. The Legislature deems the benefits derived from these features to be truly significant as rural counties with hospitals have lower accidental death rates and lower incidence of low birth weight than rural counties without hospitals. In addition, rural hospitals enhance their communities beyond the scope of health care as they are among the largest employers in rural areas and substantially foster economic development and growth. For these reasons, the Legislature finds that rural hospitals are widely viewed as integral to the welfare of rural communities.

8. Provide the total cost of the project for FY 2016-17 from all sources of funding:

Federal: 0

State: 0 (Excluding the requested Total Amount in #4d, Column G)

Local: 0

Other: 0

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

No