

Appropriations Project Request - Fiscal Year 2017-18

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Doctors Memorial Hospital-Bonifay - Critical Facility Infrastructure Improvement

2. Date of Submission: 02/07/2017

3. House Member Sponsor: Brad Drake

Members Copied:

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?
- 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 2016-17 <i>(If appropriated in 2016-17 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2017-18 <i>(Requests for additional RECURRING funds are prohibited. Any additional Nonrecurring funding requested to supplement recurring funds in the base will result in the base recurring amount being converted to Nonrecurring .)</i>		
	Column:	A	B	C	D	E
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring Request <i>(Will equal the amount from the Recurring base in Column D to be CONVERTED to Nonrecurring plus the Additional Nonrecurring Request in Column E. These funds will be appropriated non-recurring if funded in the House Budget or the Final Conference Report on the budget.)</i>
Input Amounts:					1,600,000	1,600,000

5. Are funds for this issue requested in a state agency?s Legislative Budget Request submitted for FY 2017-18? No

5a. If yes, which state agency?

5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested? For example, if the requested issue pertains to services provided to inmates at correctional facilities, the Department of Corrections would be the most appropriate state agency. Department of Health

6. Requester:

- a. Name: JoAnn Baker
- b. Organization: Holmes County Hospital Corporation dba Doctors Memorial Hospital
- c. Email: JoAnn.Baker@doctorsmemorial.org
- d. Phone #: (850)547-8000

7. Contact for questions about specific technical or financial details about the project (Please retype if same as Requester):

- a. Name: JoAnn Baker
- b. Organization: Holmes County Hospital Corporation dba Doctors Memorial Hospital
- c. Email: JoAnn.Baker@doctorsmemorial.org
- d. Phone #: (850)547-8000

8. If there is a registered lobbyist, fill out the lobbyist information below.

- a. Name: Bryan Cherry
- b. Firm: Adams St Advocates
- c. Email: bryan@adamsstadvocates.com
- d. Phone #: (850)205-0885

9. Organization or Name of Entity Receiving Funds(Please retype if same as Requestor or Contact):

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

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government

- University or College
- Other (Please describe)

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

Construction of a 6000 square foot medical office facility located on the site of Doctors Memorial Hospital, Bonifay for the purpose of providing Doctors Memorial Hospital more capacity to serve pediatric specialists needs and to operate a rural health clinic. The facility will create at least 10 full time positions for nursing and office personnel. Doctors Memorial Hospital will pay for salaries, operating costs and provide land for construction.

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

Spending Category	Description	Nonrecurring (Should equal 4d, Col. F) 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:		
<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	Construction of a 6000 square foot medical office facility located on the site of Doctors Memorial Hospital, Bonifay for the purpose of providing	1,600,000

	Doctors Memorial Hospital more capacity to serve pediatric specialists needs and to operate a rural health clinic. The facility will create at least 10 full time positions for nursing and office personnel. Doctors Memorial Hospital will pay for salaries, operating costs and provide land for construction.	
TOTAL		1,600,000

13. For the Fixed Capital Costs requested with this issue, what type of ownership will the facility be under when complete? (In Question 12, if ?h. Fixed Capital Outlay? was not selected, question 13 is not applicable)

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)

14. Is the project request an information technology project?

No

15. 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

15a. Please Describe:

Letter of Support from Holmes County Board of County Commissioners

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

Yes

16a. Please Describe:
Holmes County Community Health Needs Assessment

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

Yes

17a. Describe the target population to be served. Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- 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
- Other (Please describe): 100% of funds will be for direct services to citizens of Holmes county a four county service area.

17b. How many in the target population are expected to be served?

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

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select all that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Reduce Emergency Room admissions and improved patient health outcomes.	One of the goals for the medical office building is to be able to attract a full-time pediatrician to the hospital. Bringing in a pediatric specialist will lead to early diagnosis, treatment plans etc... The hospital will document patient outcomes compared to prior years without specialist. The emergency room diversion program, the hospital will document how many patients were referred to the medical office building who otherwise would have been admitted to ER.
<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	Construction jobs. Return on Investment/Attract Physician(s) not already in community.	Estimated \$1.2 million impact on communities when a new physician is hired /Measure whether a physician(s) hired.
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<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):		

19. Provide the total cost of the project for FY 2017-18 from all sources of funding (Enter ?0? if amount is zero):

Type of Funding	Amount	Percent of Total (Automatically Calculates)	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	1,600,000	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d,	0	0.0%	No

Column F)			
4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	1,600,000	100%	

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

No