

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: Gulf Breeze Hospital-Hurricane Hardening Project
2. Date of Submission: 11/01/2019
3. House Member Sponsor: Alex Andrade
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, Col. E
- 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:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <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 <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 plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:					6,859,297	6,859,297

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? 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? Department of Health
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? No
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
Failure to meet deliverables will result in return of funds to administering agency.

6. Requester:

- a. Name: Jennifer Grove
- b. Organization: Baptist Health Care
- c. Email: Jennifer.grove@bhcpns.org
- d. Phone #: (850)469-2335

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

- a. Name: Jennifer Grove
- b. Organization: Baptist Health Care
- c. Email: Jennifer.grove@bhcpns.org
- d. Phone #: (850)469-2335

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Teye Reeves
- b. Firm: Smith, Bryan and Myers
- c. Email: treeves@smithbryanandmyers.com
- d. Phone #: (850)728-5490

9. Organization or Name of entity receiving funds:

- a. Name: Baptist Health Care
- b. County (County where funds are to be expended): Santa Rosa
- c. Service Area (Counties being served by the service(s) provided with funding): Escambia, Okaloosa, Santa Rosa

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?

This funding will be used to secure Gulf Breeze Hospital, a critically important acute care hospital serving the people of Santa Rosa, Escambia, and Okaloosa Counties, from the effects of tropical storm force winds. This will be accomplished by replacing the original windows with wind-resistant windows and further protecting the building envelope to include outdoor louvers and roofs, to bring the facility to current building code standards.

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

Spending Category	Description	Nonrecurring (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 checked="" type="checkbox"/> d. Consultants/Contracted Services/Study	Architect/MEP engagement to draft plans for hardening on existing structure and any necessary testing required via state and federal regulations.	490,775
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 to harden structure to meet current Florida Building Code requirements. Replace windows and	6,368,522

	doors on the main hospital facility and adjacent office building. Total square footage of facility is 140,153 sq ft. that requires hardening construction.	
TOTAL		6,859,297

13. For the Fixed Capital Costs requested with this issue (In Question 12, category “h. Fixed Capital Outlay” was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- 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?

No

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

No

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

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Gulf Breeze Hospital will continue to serve the medical needs of Santa Rosa, Escambia, and Okaloosa Counties. The hospital is located on a peninsula in NW Florida and is the only source of healthcare services to residents in the region and is especially vital after the impact of tropical storm winds, hurricane or other natural disaster conditions because of the location of the facility.

17b. Describe the direct services to be provided to the citizens by the funding requested.

Gulf Breeze Hospital provides emergency and acute care services. In addition, the hospital has intensive care services and various other radiology and specialty units. The Andrews Institute for Orthopaedic and Sports Medicine is also located on the Gulf Breeze Hospital campus.

17c. 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
- 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): Funds will be benefit all individuals visiting the hospital.

17d. 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 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
<input checked="" type="checkbox"/> Improve physical health	Gulf Breeze Hospital, the only hospital on the peninsula in Santa Rosa County, will continue to provide emergency and acute care services to the residents of, and tourists to, Santa Rosa, Escambia, and Okaloosa Counties.	The hospital remains open after a tropical storm event.
<input checked="" type="checkbox"/> Improve mental health	Gulf Breeze Hospital, the only hospital on the peninsula in Santa Rosa County, will continue to provide emergency and acute care services to the residents of, and tourists to, Santa Rosa, Escambia, and Okaloosa Counties.	The hospital remains open after a tropical storm event.
<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 type="checkbox"/> Create specific immediate job opportunities		
<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 checked="" type="checkbox"/> Other (Please describe): Maintain the only hospital service in Gulf Breeze Florida.	The rating of the windows will be improved, and the building envelope protected from tropical storm / hurricane winds.	The hospital remains open after a tropical storm event.

19. Provide the total cost of the project for FY 2020-21 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:	6,859,297	100.0%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No

4. Local:	0	0.0%	No
5. Other:	0	0.0%	No
TOTAL	6,859,297	100%	

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

No