

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: Florida Rural Hospital Capital Improvement Competitive Grant Program

2. Date of Submission: 12/04/2015

3. House Member Sponsor(s): Halsey Beshears

4. DETAILS OF AMOUNT REQUESTED:

- 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
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed? No
- 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	5,000,000	5,000,000

- New Nonrecurring Funding Requested for FY 16-17 will be used for:
 Operating Expenses Fixed Capital Construction Other one-time costs
- 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: Claudia Davant
- b. Organization: Adams Street Advocates
- c. Email: claudia@adamsstadvocates.com
- d. Phone #: (850)205-0885

6. Organization or Name of Entity Receiving Funds:

- a. Name: The Florida Department of Health
- b. County (County where funds are to be expended) Leon
- c. Service Area (Counties being served by the service(s) provided with funding) Statewide

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.)

The Department of Health shall establish and administer the "Florida rural hospital capital improvement competitive grant program." Subject to annual appropriation, the Department shall establish grant awards up to \$750,000 for rural hospitals that meet the Florida statutory definitions of rural hospital as defined by section 395.602, F.S. Grants will be made available to eligible rural hospitals for critical infrastructure needs - i.e. critical medical equipment purchases (OCO) or critical facility infrastructure needs. - based on a competitive grant program and criteria established by the Department. 100% of funding requested will be awarded for eligible rural hospitals and the target population are rural communities/rural taxpayers and everyone who requires medical care provided by a rural hospital. The grant program is necessary as many rural hospitals across the State of Florida serving a vital role in their rural communities do not have access to alternative sources of revenue to pay for critical infrastructure needs and are at risk and patient access, care, and quality are threatened. Therefore, it is necessary to establish the Florida rural hospital capital improvement competitive grant program for eligible Florida statutory rural hospitals to ensure their sustainability. The Department shall provide an annual report to the Governor, the President of the Senate and to the Speaker of the House of Representatives that includes the list of grantees, amount awarded, and a brief description detailing what the funds will be used for, the anticipated outcomes to be achieved and the return on investment to Florida's taxpayers. Additional competitive grant requirements: (a)Grant applications shall be scored and ranked by the Department based on an established competitive grant application process. (b)Grant applicants must demonstrate the grant funds are necessary to maintain or improve their quality of health care services. (c)Grant applications must demonstrate a return on investment to the taxpayers of the State of Florida. (d)Preference in grant award decisions will be provided to applicants that leverage additional private and or public matching funds. (e)Preference in grant award decisions will be given to applicants demonstrating hospital practices targeted to reducing unnecessary emergency room visits and preventable hospitalizations through increased access to primary care services.

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

Federal: 0

State: 5,000,000 (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?

Yes