

# Appropriations Project Request - Fiscal Year 2018-19

## For projects meeting the Definition of House Rule 5.14

1. Title of Project: Saint Leo University/Florida Hospital Wellness Center

2. Date of Submission: 11/06/2017

3. House Member Sponsor: Daniel Burgess

Members Copied:

### 4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes  
***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? 2017-18
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? Yes
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2017-18 <i>(If appropriated in 2017-18 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2018-19 <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>	<b>Additional Nonrecurring Request</b>	<b>TOTAL Nonrecurring plus Recurring Base Funds</b>  <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		4,000,000	4,000,000		4,000,000	4,000,000

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2018-19? 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 Education

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.

N/A; construction project

6. Requester:

- a. Name: Denny Moller
- b. Organization: Saint leo University
- c. Email: denny.moller@saintleo.edu
- d. Phone #: (352)588-8644

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

- a. Name: Denny Moller
- b. Organization: Saint leo University
- c. Email: denny.moller@saintleo.edu
- d. Phone #: (352)588-8644

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

- a. Name: None
- b. Firm: None
- c. Email:
- d. Phone #:

9. Organization or Name of entity receiving funds:

- a. Name: Saint Leo University
- b. County (County where funds are to be expended): Pasco
- c. Service Area (Counties being served by the service(s) provided with funding): Pasco

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?

The project will bring healthcare resources to east Pasco County - in a local area where services are limited. The facility will provide urgent care, physician offices, rehab facilities and a wellness center all available to the public. Urgent care to meet emergency medical needs, physicians providing both well and sick care residents, rehab facilities not currently available, wellness center to promote physical fitness through regular exercise programs with professionally managed equipment.

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 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	The state funds will provide approximately one-third of the overall construction costs of the facility. Saint Leo University and Florida Hospital will provide the remaining two-thirds of the constructions costs. ALL	4,000,000

	ONGOING OPERATING COSTS FOR THE PROJECT WILL BE SUPPLIED BY THE UNIVERSITY AND HOSPITAL.	
TOTAL		4,000,000

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?

Yes

15a. Please Describe:

Commitment letters from both the University and the hospital

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:

Construction costs have been estimated by a major design/build firm with regional offices in Tampa, FL.

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?

The project will bring healthcare resources to east Pasco County - in a local area where services are limited. The facility will provide urgent care, physician offices, rehab facilities and a wellness center all available to the public.

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

Urgent care to meet emergency medical needs, physicians providing both well and sick care residents, rehab facilities not currently available in this area, a wellness center to promote physical fitness through regular exercise programs with professionally managed equipment and a professional staff.

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)

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	Providing professional medical care to the local community adds value to county. Additionally providing a wellness center allows the citizens a nearby cost effective and safe environment to maintain physical fitness leading to overall lowering of health costs for the county and state	1. Number of urgent care visits. 2. Number of scheduled doctor visits. 3. Use of wellness facility daily/weekly/monthly.
<input checked="" type="checkbox"/> Improve mental health	Provide a local immediate care facility for diagnosis.	Number of referrals to mental health providers
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Classes provided on wellness including nutrition, physical activity and mental wellness	1.) Number of classes. 2.) Class attendance
<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 checked="" type="checkbox"/> Increase or improve economic activity	The wellness facility will bring additional consumers to the area - specifically to the City of San Antonio, the Town of St. Leo and Dade City with ancillary benefits for Zephyrhills when hospital referrals are required.	1.) Visits to the center 1.) Hospital referrals
<input type="checkbox"/> Increase tourism		
<input checked="" type="checkbox"/> Create specific immediate job opportunities	Staffing will be required for both the medical and wellness areas of the center. Most will be high-paying healthcare positions.	Additional jobs filled
<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input checked="" type="checkbox"/> Reduce substance abuse	The center has the potential for intervention when dealing with patients who exhibit substance abuse concerns.	Number of referrals to the hospital or substance abuse professionals or professional facilities.
<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 2018-19 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:	4,000,000	33.3%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	0	0.0%	No
5. Other:	8,000,000	66.7%	Yes
<b>TOTAL</b>	<b>12,000,000</b>	<b>100%</b>	

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

No