

REBUILD FLORIDA INFRASTRUCTURE REPAIR PROGRAM (IRP) APPLICATION

GENERAL INFORMATION

Local Government Applicant Name:	Doctors' Memorial Hospital
Official Project Title:	Critical Infrastructure and Resilience Enhancements Initiative
Unique Entity Identifier (UEI):	E38BKP6KNWE8
Federal Employer Identification Number (FEIN):	59-3122517

Application Preparer: (This is the city/town/county employee that FloridaCommerce will contact regarding any question within your submitted application.)

First and Last Name:	Lauren Faison-Clark
Title:	Chief Executive Officer
Mailing street address:	333 North Byron Butler Parkway
City:	Perry
State:	FL
Zip:	32347
Phone Number:	850-766-3288
Email Address:	lfaison-clark@doctorsmemorial.com

Local project manager/lead contact: (This is the person who will lead the project locally.)

First and Last Name:	Lauren Faison-Clark
Title:	Chief Executive Officer
Mailing street address:	333 North Byron Butler Parkway
City:	Perry
State:	FL
Zip:	32347
Phone Number:	850-766-3288
Email Address:	lfaison-clark@doctorsmemorial.com

Location of Proposed Project

Street Address:	333 North Byron Butler Parkway
City:	Perry
State:	FL
Zip:	32347

Please select which qualifying county this project is located in:

HUD MIDs

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Hernando | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Highlands | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Indian River | <input type="checkbox"/> St. Lucie |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> DeSoto | <input type="checkbox"/> Lake | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Leon | <input checked="" type="checkbox"/> Taylor |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Levy | |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Madison | |

State MIDs

- | | | | |
|-----------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Gadsden | <input type="checkbox"/> Liberty | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Marion | <input type="checkbox"/> St. Johns |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Glades | <input type="checkbox"/> Martin | <input type="checkbox"/> Union |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Gulf | <input type="checkbox"/> Nassau | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Hardee | <input type="checkbox"/> Okeechobee | |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Hendry | <input type="checkbox"/> Osceola | |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Palm Beach | |

Does the proposed project exist within a fiscally constrained county (per [S. 218.67\(1\) F.S.](#))?

Yes No

If “Yes,” please select which fiscally constrained county:

- | | | |
|--|--|--|
| <input type="checkbox"/> Baker (State) | <input type="checkbox"/> Gulf (State) | <input type="checkbox"/> Madison (HUD) |
| <input type="checkbox"/> Bradford (State) | <input type="checkbox"/> Hamilton (HUD) | <input type="checkbox"/> Okeechobee (State) |
| <input type="checkbox"/> Columbia (HUD) | <input type="checkbox"/> Hardee (State) | <input type="checkbox"/> Putnam (State) |
| <input type="checkbox"/> DeSoto (HUD) | <input type="checkbox"/> Hendry (State) | <input type="checkbox"/> Suwannee (HUD) |
| <input type="checkbox"/> Dixie (HUD) | <input type="checkbox"/> Highlands (HUD) | <input checked="" type="checkbox"/> Taylor (HUD) |
| <input type="checkbox"/> Franklin (State) | <input type="checkbox"/> Jefferson (State) | <input type="checkbox"/> Union (State) |
| <input type="checkbox"/> Gadsden (State) | <input type="checkbox"/> Lafayette (HUD) | <input type="checkbox"/> Wakulla (State) |
| <input type="checkbox"/> Gilchrist (State) | <input type="checkbox"/> Levy (HUD) | |
| <input type="checkbox"/> Glades (State) | <input type="checkbox"/> Liberty (State) | |

Please select the number of **FEMA IA Categories A-G (to include IA/PA) Declarations** your community received for storms occurring within the applicable 2023-2024 allocation period:

One (1) Two (2) Three (3) Four (4) Five (5)

Please select the number of **FEMA PA Declarations** your community received for storms occurring within the applicable 2023-2024 allocation period:

One (1) Two (2) Three (3) Four (4) Five (5)

Does the project applicant qualify as a Rural Development Initiative (REDI) Eligible County and/or Community (per [S. 288.0656\(6\)\(b\) F.S.](#))?

Yes No

If “Yes,” please select the applicable REDI designation(s):

- Northwest Rural Areas of Opportunity (NW RAO)
- South Central Rural Areas of Opportunity (SC RAO)
- North Central Rural Areas of Opportunity (NC RAO)
- Economically Distressed Rural Counties (EDRC)
- Designated Rural Communities Located in an Urban County (DRCLUC)

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Division of Community Development Office of Long-Term Resiliency (OLTR)

Does the project applicant qualify as an Area of State Critical Concern (ASCC) Eligible County and/or Community (per [S. 380.05 F.S.](#))?

Yes No

If "Yes," please select the applicable ASCC designation(s):

- Big Cypress Area (Collier)
- Green Swamp Area (Polk and Lake)
- Apalachicola Bay Area (Franklin)
- Brevard Barrier Island Area (Brevard and Indian River)

FUNDING REQUEST

Type of Funding Sought:

- Infrastructure Activities (Storm Tie-Back)
- Mitigation Activities (No Storm Tie-Back)
- Infrastructure Activities with Mitigation Measures (Storm Tie-Back with Hardening and Resiliency)

If the Infrastructure funding sought incorporates mitigation measures, can the infrastructure project be completed without additional funding for the mitigation measures?

Yes No N/A

Total Infrastructure Funds Requested (Storm Tie-Back)	\$4,980,185
Total Mitigation Funds Requested (No Storm Tie-Back)	
Other Funding/Local Leverage (Attributed to the project)	\$2,500,000
Total Project Budget (100% - Requested and Leverage)	\$7,480,182.28

If Other Funding has been secured, select the source of the leveraged funds (select all that apply).

- FEMA (non-HMGP)
- State Funds
- Local Match
- Private Funds

Other: _____

[[Attach](#)] supporting documentation for source of leveraged funds.

ATTACHMENT: Agreement No. I0183 and A1

Is the local government covered by the National Flood Insurance Program (NFIP)?

Yes No

If you do not participate in the NFIP, will you participate in the program prior to the announcement of the Intent to Award?

Yes No

NATIONAL OBJECTIVE

How was the LMI data obtained for this project?

Census Block Data (*preferred*) Survey Data (*Responses and Worksheet **MUST BE PROVIDED***)

If your project LMI is below 51% Low-Moderate Income Data (LMID) for the Area of Benefit (*based on 2016-2020 ACS*), please select the applicable criteria to qualify your project under the “Urgent Need” National Objective and provide a written justification on how this project qualifies to participate in the IRP.

- The existing conditions must pose a serious and immediate threat to the health or welfare of the community.
- The existing conditions are of recent origin or recently became urgent (generally, within the past 18 months).
- The grantee is unable to finance the activity on its own.
- Other sources of funding are **not** available.

Doctors Memorial Hospital (DMH) is a designated Critical Access Hospital that serves as Taylor County’s sole acute-care provider for more than 84,000 residents across Taylor, Madison, Lafayette, and Suwannee Counties. This facility’s role is especially vital during and after disaster events—most recently the landfalls of Hurricanes Idalia, Debby, and Helene, which caused extensive physical damage, power loss, communications failures, and severe disruptions to patient care and operations.

DMH has already secured and committed funding to the roof and load path hardening project, directly addressing structural vulnerabilities exposed by recent hurricanes. While this work is crucial, additional critical weaknesses in the facility’s infrastructure—specifically a lack of reliable backup power, outdated communications systems, vulnerable sterile water treatment infrastructure, and

ability to withstand flooding and wind intrusion, have also been identified. DMH is now seeking CDBG-DR funds specifically for these additional resiliency projects:

- Installation of a whole-facility emergency power system with dedicated enclosure
- Modernization and redundancy of the communications (phone) system
- Upgrades to sterile water treatment and supply systems
- Floodproofing targeted to high-risk areas
- Strengthening and hardening of the facility's building envelope and entry points

LMI Justification (Below 51% Threshold)

As part of Taylor County and DMH's previous CDBG-DR project, FloridaCommerce has reviewed and provided an official determination using HUD Census Block Group data:

- Total Service Area Population: 84,225
- Low/Moderate Income Population: 36,955
- Project LMI Percentage: 43.88% (Taylor 40.91%, Madison 47.43%, Lafayette 39.17%, Suwannee 44.56%).

While the LMI percentage falls below 51%, DMH's service area contains a substantial and deeply vulnerable population. The hospital's function as the sole provider for distant rural regions amplifies the impact—there are no comparable facilities within 35 miles, per Critical Access Hospital designation requirements. The exclusion of neighboring counties (Jefferson, Dixie, Gilchrist) is fully justified based on their proximity to tertiary care centers in Tallahassee and Gainesville, ensuring the project's benefit is focused solely on those without alternative hospital access.

Failure to maintain or improve DMH's infrastructure will disproportionately jeopardize LMI residents, who often lack transportation, insurance, or financial means to seek care at distant hospitals and rely entirely on DMH for acute and emergency services.

Urgent Need National Objective

FloridaCommerce has previously confirmed DMH qualifies under the "Urgent Need" National Objective, satisfying all four required criteria:

1. The current facility conditions pose a serious and immediate threat to the health and welfare of the service area.
2. The conditions have become urgent in the last 18 months due to documented hurricane damage, including the failure of backup power generators, flooding, and communications outages.
3. The County and DMH cannot finance these activities on their own and have been unsuccessful in securing alternative sources of funding.
4. Without immediate intervention, disaster vulnerability will increase and public health will be put at serious risk.

This determination aligns directly with IRP goals to prioritize projects that address infrastructure failure and imminent threats to critical health care access.

Meeting Program Goals & National Objectives

The proposed project is fully consistent with the goals of the Housing and Community Development Act and CDBG-DR regulations, focusing on:

- The development of viable rural communities and expansion of economic opportunity (through uninterrupted hospital operation)
- Meeting urgent needs where local resources are insufficient, and addressing conditions posing a threat to health and welfare
- Providing targeted benefit for populations that are disproportionately low-to-moderate income and medically underserved

DMH's new proposed resiliency project qualifies to participate in the IRP program based on:

- **Urgent Need:** The critical nature of the facility, its recent disaster vulnerabilities, inability to self-fund, and lack of viable alternatives all meet HUD criteria.
- **Substantial LMI Benefit:** Although below 51%, the hospital directly benefits over 36,000 LMI residents, serves as the sole health care provider for an isolated, economically disadvantaged rural region, and provides emergency and disaster care for those most at risk.

ELIGIBLE ACTIVITIES

Please select which CDBG-DR eligible **Infrastructure** activity that best describes your proposed program or project:

- Restoration or improvements of Infrastructure damaged by a qualifying 2023 and/or 2024 storm (such as water and sewer facilities, streets, removal of debris, bridges, etc.).
- Demolition and rehabilitation of publicly- or privately-owned commercial or industrial buildings.
- Renourishment of protective coastal dunes systems and state beaches.
- Repairs to damaged buildings that are essential to the health, safety, and welfare of a community when repairs to these buildings constitute an urgent need (this may include police stations, fire stations, parks and recreational centers, community and senior centers, hospitals, clinics, schools and educational facilities and other public properties, including properties serving as emergency shelters).
- Repairs to water lines and systems, sewer lines and systems, drainage, and flood mitigation systems.
- Natural or green infrastructure.
- Communications infrastructure.
- Acquisition with or without relocation assistance.

Other: _____

Please select which CDBG-DR eligible Mitigation activity that best describes your proposed program or project:

- Development of mitigation standards, regulations, policies, and programs.
- Adherence to FEMA code+, statewide building code, and floodplain management regulations.
- Dam safety programs, seawalls, and levee systems; enlarge a dam or levee beyond the original footprint of the structure that existed prior to the disaster event, after obtaining pre-approval from HUD and any federal agencies that HUD determines are necessary based on their involvement or potential involvement with the levee or dam.
- Acquisition of flood prone and environmentally sensitive lands.
- Retrofitting/hardening/elevating structures and critical facilities.
- Relocation of structures, infrastructure, and facilities out of vulnerable areas; permanent relocation of public facilities located in high-risk areas, appropriate relocation assistance and rebuilding in low-risk areas within the neighborhood or areas of opportunity.
- Public awareness/education campaigns.
- Improvement of warning and evacuation systems.
- Other: _____

PROJECT DESCRIPTION

If you are seeking funding only through an eligible Infrastructure Activity (Storm Tie-Back), write an overview/summary of the infrastructure project being proposed.

Please include the following:

1. Project purposed.
2. How the work will be completed.
3. The team responsible for completing the work.
4. Method(s) used to determine funding requested.
5. Anticipated outcomes.
6. How the project will be maintained after it is completed.

***Please note if property acquisition is required and if the applicant possesses the necessary jurisdiction/site control to complete the project activities.**

2,500 words or less.

If you are seeking funding only through an eligible **Mitigation Activity (No Storm Tie-Back)**, write an overview/summary of the mitigation project being proposed.

Please include the following:

1. Project purposed.
2. How the work will be completed.
3. The team responsible for completing the work.
4. Method(s) used to determine funding requested.
5. Anticipated outcomes.
6. How the project will be maintained after it is completed.

**Please note if property acquisition is required and if the applicant possesses the necessary jurisdiction/site control to complete the project activities.*

2,500 words or less.

If you are seeking funding only through an eligible **Infrastructure project with Mitigation Measures (Storm Tie-Back and Hardening and Resiliency)**, write an overview/summary of the mitigation project being proposed.

Please include the following:

1. Project purposed.
2. How the work will be completed.
3. The team responsible for completing the work.
4. Method(s) used to determine funding requested.
5. Anticipated outcomes.
6. How the project will be maintained after it is completed.

**Please note if property acquisition is required and if the applicant possesses the necessary jurisdiction/site control to complete the project activities.*

Doctors Memorial Hospital (DMH) stands as the sole Critical Access Hospital within Taylor County and serves as the principal medical provider for over 84,000 residents across Taylor, Madison, Lafayette, and Suwannee counties. The hospital's service area includes a population in which nearly 44 percent are classified as low- or moderate-income, making DMH an indispensable healthcare lifeline for some of Florida's most rural and vulnerable communities.

Severe system failures and damage arising from Hurricanes Idalia, Debby, and Helene during 2023 and 2024 revealed critical shortfalls in the hospital's infrastructure, including unreliable backup power, outdated communications, vulnerable sterile water supply, and deficiencies in building envelope protection. These events directly threatened DMH's ability to deliver continuous patient care during disasters, resulting in equipment losses, increased risk to patients, and significant operational disruptions.

The purpose of the new proposed mitigation project is to address all these operational vulnerabilities, delivering a comprehensive and sustainable resiliency upgrade beyond the recently funded roof hardening initiative. The scope encompasses the installation of a whole-facility emergency power system that features a 10,000 kW generator with a storm-rated enclosure and all necessary switches, ensuring that life-safety, medical, and communications systems remain fully functional during grid outages. A full replacement of the antiquated hospital phone and communications system is planned, providing a disaster-resilient technology platform designed to maintain both internal and external communication channels with EMS, remote clinical providers, hospital staff, and patients' families. The facility's water treatment system will be modernized by installing a central sterile water treatment system. The building envelope and entry points across the facility will be fortified through the replacement of critical building elements, including roll-up overhead, metal, double, and storefront doors, as well as the installation of new windows and numerous storm-rated louvers. Additionally, targeted floodproofing and improvements will be implemented to address the areas most vulnerable to water intrusion, as evidenced by recent storm impacts.

The work will be completed through a carefully sequenced and managed contracting process. The construction effort will be managed by DMH's facilities team and an independent representative with hospital hardening and federal grant compliance experience. All design and engineering will be contracted to a licensed Florida firm specializing in healthcare and resiliency construction, with detailed site assessment informing the quantities and specifications for each system component. Contractors will be selected through a competitive public procurement process, with bidder qualifications emphasizing past hospital, disaster hardening, and CDBG-DR compliance success. The project will include permitting by local and state authorities, scheduling to avoid major disruption to hospital operations, and third-party inspections at key milestones to ensure both code compliance and highest-quality delivery of life-safety infrastructure. Grant and fund administration, including CDBG-DR compliance, drawdown, and documentation, will be carried out jointly by DMH's administrative team and a qualified grants administration team, with regular oversight from the finance director and county liaison.

The funding request of \$4,431,981 is derived directly from a detailed, line-item cost estimate tailored to DMH's facility and confirmed through on-site surveys, recent vendor quotes, and regional disaster recovery project benchmarks. This initial budget is thoroughly substantiated by engineering estimates, cost history for similar rural Florida hospitals, and CDBG-DR allowability standards.

Upon completion, the anticipated outcomes are significant and multifaceted. DMH will be able to provide uninterrupted medical, surgical, and support services throughout hurricanes or utility outages, eliminating dependence on unreliable outside generator rentals. The new communications system will ensure the hospital is never again isolated from outside responders or its own staff and patients, even under widespread disaster circumstances. Improved sterile water treatment capabilities will ensure ongoing infection control and safe patient care despite regional water quality issues. Robust envelope and floodproofing improvements will greatly reduce the risk of facility or equipment loss in future storms, which in turn avoids costly insurance claims, lost surgeries, and public health crises. Most importantly, the project will deliver direct and measurable public health protection and disaster equity for more than 36,000 low- and moderate-income residents, a benefit substantiated in verified census data and explicitly recognized by FloridaCommerce.

The resiliency upgrades will be maintained on a programmatic basis by DMH's internal facilities management team, supported by service contracts for the generator, water purification, and communications platforms. Annual budgets will include provision for preventive maintenance, inspection schedules for new doors, windows, and envelope seals, as well as mandatory regulatory drills for all emergency and disaster systems. Lessons from project completion will be shared with community and county partners to support region-wide resilience planning and operational readiness. All documentation will be retained according to federal and state recordkeeping requirements, ensuring robust, long-term compliance and audit readiness.

This mitigation project represents a mission-critical investment in North Florida's disaster health infrastructure, providing the operational redundancy, facility protection, and community benefit necessary for DMH to serve as the healthcare backbone for Taylor County and the surrounding region, particularly for its most vulnerable citizens. Federal investment is essential to overcome the existing urgent need, fill unmet funding gaps, and ensure the continuity of care and public health into the future.

DAMAGE SUMMARY

Write an overview/summary of infrastructure damaged by a qualifying 2023 and/or 2024 storm, specific to this project.

Doctors Memorial Hospital (DMH) stands as the only Critical Access Hospital for Taylor County and surrounding rural areas, delivering life-sustaining care to more than 84,000 residents, including approximately 37,000 low- to moderate-income individuals. The hospital's essential role and vulnerability were highlighted by the extraordinary impacts of Hurricanes Idalia, Debby, Helene, and

Milton during the 2023 and 2024 storm seasons. With each event, DMH faced a compounding series of infrastructure failures that placed patient safety, staff well-being, and community resilience at risk.

The arrival of Hurricane Idalia in August 2023 was a turning point. As a Category 3 hurricane with winds exceeding 125 mph, Idalia made a direct hit on Taylor County, inflicting widespread destruction. DMH remained operational as the region's sole hospital and response hub, sheltering first responders and treating over 325 patients in the eight days following landfall. Yet, the hospital's existing emergency power system failed under storm conditions, necessitating an emergency mission to secure portable generators and causing a critical gap in electrical service. During this window, all powered systems—including refrigeration for medicines and vaccines, essential medical equipment, and the hospital's analog phone system—went offline compromising power to life-safety systems, patient care areas, and electronic medical records. An independent emergency power system in a dedicated, hurricane-rated enclosure is essential to ensuring uninterrupted operation of critical hospital functions under all disaster scenarios. A purpose-built, code-compliant generator and enclosure will provide the resilience needed for continuous operation of DMH's essential healthcare services, even when the public utility grid is offline for prolonged periods. This investment is critical to safeguarding the hospital's lifesaving capacity and protecting community health during emergencies when healthcare demand is at its peak.

During Hurricane Idalia, communication failures struck at a critical moment, isolating patients and disrupting coordination with EMS, emergency agencies, and remote clinical providers. These breakdowns were exacerbated by DMH's obsolete copper-line phone system, which suffers from chronic part failures, unreliable handsets, and an inability to scale with demand—issues rooted in its internal deterioration and obsolescence, not just external disaster impacts. With parts and vendor support dwindling as the industry transitions to VOIP technology, the current analog system frequently drops calls, misroutes communication, and delays critical connections between clinical teams, admissions, and emergency responders. Lacking redundancy and modern functionality, the system cannot support applications essential for contemporary healthcare operations, including mass notifications, secure telemedicine, and integrated data transfer. Upgrading to a robust, facility-wide VOIP platform will address these vulnerabilities, enabling reliable, real-time communication, seamless internal coordination, and improved patient care, while significantly enhancing daily operations and disaster preparedness.

The impacts of Hurricane Idalia were especially severe on DMH's building envelope and critical interior systems. Extensive damage to the roof membrane, leaking exterior windows and doors, and subsequent water infiltration resulted in significant flooding of patient care and administrative areas. These failures triggered the loss of climate control, destroyed a \$350,000 surgical tower, and forced the suspension of clinical services at the height of the medical surge. Compromised door and louver assemblies, along with widespread damage to window glazing, exposed the hospital's interior and strained staff capacity for patient care, communication, and infection control.

Hardening the building envelope—including reinforcement of windows, exterior doors, and roof and wall assemblies—is essential for the hospital’s resilience. The legacy structure currently has vulnerable transition points and outdated materials that allow wind and water penetration, fueling recurrent flooding, equipment damage, mold growth, and unsafe conditions for healthcare delivery. By strengthening these components, the hospital will guard against future hazards, maintain climate and infection control, minimize service interruptions, and ensure rapid post-disaster recovery—preserving both operational continuity and compliance with stringent healthcare standards

Subsequent storms—Debby, Helene, and Milton—struck in 2024, each exacerbating the vulnerabilities left exposed by Idalia. Hurricane Helene, a Category 4 event, brought additional wind and rainfall, overwhelming temporary repairs and leading to further water intrusion and electrical service challenges throughout the facility. Debby’s repeated heavy rainfall tested every aspect of the hospital’s roof, windows, and flood barriers, saturating interior spaces, damaging fixtures, and stretching finite maintenance resources beyond capacity.

The impacts of Hurricane Milton, while most severe elsewhere, stoked regional water insecurity and threatened access to sterile water as power outages and system cross-contamination spread across north Florida, exacerbating existing and on-going regional water quality issues. Taylor County’s municipal water supply is characterized by exceptionally hard water with high levels of dissolved minerals and significant sediment content. Routine testing has documented persistent presence of calcium, magnesium, and fine particulates that exceed thresholds recommended for medical equipment and sterile processing environments. These water quality challenges are prevalent across North Florida’s rural communities, but are particularly acute at major facilities like Doctors’ Memorial Hospital—compromising the longevity, reliability, and safety of essential hospital operations. For a critical access hospital, the consequences of using hard-sediment-laden water in sterile processing are severe:

- **Instrument Damage and Reduced Sterility:** Mineral buildup and grit can cause scaling, corrosion, and malfunction in autoclaves, washer-disinfectors, and surgical instruments, increasing the risk of incomplete sterilization cycles and equipment failure.
- **Shortened Equipment Life:** The abrasive and mineral-rich water accelerates wear on gaskets, seals, heating elements, and precision components, resulting in higher maintenance costs, unscheduled downtime, and premature replacement.
- **Infection Control Risks:** Even trace contaminants in rinse and steam cycles can compromise the sterility of surgical and patient-care equipment, elevating the risk of healthcare-associated infections (HAIs) and threatening compliance with CDC and AAMI standards.

To ensure safe, compliant, and uninterrupted patient care—especially during and after disasters when external water quality may further deteriorate—DMH requires a dedicated, facility-wide Central Sterile Water System. This system will deliver ultrapure water for all autoclaves, washers, and sterile processing functions, mitigating the documented risks posed by the County’s native water supply and safeguarding critical healthcare infrastructure for the community.

These successive disasters proved that a piecemeal or delayed approach to infrastructure improvement is not workable in the face of consecutive hurricane seasons and ongoing regional vulnerability. For DMH, the inability to guarantee power, water, building integrity, or communications is a direct, ongoing threat to patient safety and community health. In the aftermath of these storms, it became clear that system failures could force the diversion of emergency vehicles, the suspension of surgeries, and—ultimately—the evacuation or closure of the facility, as seen at other hospitals during national disasters.

For these reasons, DMH’s CDBG-DR-funded mitigation project takes a comprehensive approach: replacing the obsolete communications network with a resilient VOIP system; installing a 10,000 kW backup generator with a dedicated, storm-rated enclosure; modernizing the hospital's sterile water treatment system to guarantee sterile supply and infection control during extended outages; and reinforcing the entire building envelope with new impact-resistant doors, storefront assemblies, louvers, and windows. Every element in the cost estimate attached to this application reflects lessons learned during Hurricanes Idalia, Debby, Helene, and Milton, and is targeted at preventing the direct, life-threatening harm previously endured.

These integrated upgrades will collectively ensure DMH’s operational continuity, allow it to reliably serve as the only emergency medical and disaster-response hub for thousands of vulnerable north Florida residents, and fully support the CDBG-DR urgent need and low- to moderate-income benefit criteria. The requested investment is not just warranted but essential to protect the health, security, and resilience of one of Florida’s most hurricane-exposed and medically underserved communities.

UNMET NEED

Describe how the proposed activity will address an Unmet Need tied to the impact of damage from the disaster (Note: All CDBG-DR activities must clearly address an impact of the disaster).

DMH has unmet needs arising from repeated and compounding infrastructure failures caused by Hurricanes Idalia, Debby, Helene, and Milton, which have not been remedied by insurance, FEMA, or other sources and would persist without CDBG-DR funding. These damages created life-safety risks, operational disruptions, and an increased vulnerability for thousands of rural and low- to moderate-income residents who rely solely on DMH for emergency and acute care services.

Communications System Failures

The hospital’s phone and communications system, built on obsolete copper-line analog technology, failed when Hurricane Idalia struck and again in subsequent events, cutting off internal and external coordination at the height of the crisis. The current system cannot be maintained or expanded due to a lack of parts and vendor support. Its failure during disasters left DMH unable to reach EMS, coordinate transfers, communicate with remote clinicians, or relay information between care teams and families, significantly endangering patient safety and regional disaster response.

Power System Vulnerability

DMH's single backup generator failed during multiple storms, including Idalia, resulting in periods when no electricity was available for essential hospital functions. These outages led to lost medications and vaccines, failures of clinical equipment, disruption of surgery and respiratory support, and a dependency on delayed rental generators that did not meet facility-wide needs. No permanent, code-compliant, facility-wide emergency power solution is currently in place, and this gap threatens the hospital's ability to operate during and after disasters.

Sterile Water Supply Security

The hospital's sterile water treatment systems have proven insufficient to maintain safe, uninterrupted service when municipal supply is compromised and Taylor County's documented water quality. The inability to guarantee sterile water for all autoclaves, washers, and sterile processing functions significantly compromises the longevity, reliability, and safety of essential hospital operations.

Building Envelope and Flood Protection

Roof, window, door, and louver failures resulted in severe water intrusion, asset loss (including a \$350,000 surgical tower), and forced shutdowns of patient areas. Temporary patches and minor insurance-funded repairs have not delivered a hardened, code-compliant envelope that can withstand repeated hurricane impacts. While funding has been secured for the roof, until robust upgrades are made to address the remaining vulnerabilities, the hospital remains at risk of future damage, closure, and loss of patient care capacity.

BUDGET, ACTIVITY WORK PLAN, DUPLICATION OF BENEFITS

Budget, AWP, and DOB Template

[\[Attach - Fillable Form\]](#) Budget, Activity Work Plan, and Duplication of Benefits Worksheet.

[\[Attach\]](#) Quotes/Estimates used to determine funding request.

SUPPORTING DOCUMENTS

[\[Attach\]](#) Map clearly showing Project Location and/or Service Area.

[\[Attach\]](#) Most Recent Flood Plain Map.

PRE-EXISTING DESIGN(S)

Does the applicant possess a 100% architectural/engineering design(s) for this projects that are signed and stamped by a licensed architect/engineer?

Yes No

FLORIDACOMMERCE

Division of Community Development Office of Long-Term Resiliency (OLTR)

If “Yes,” please [\[Attach\]](#).

PICTURES

Attach either up to ten (10) photos of the service area or any other relevant photos for the scoring team to review regarding the program or project.

Picture(s) [\[Attach\]](#)

CITIZEN PARTICIPATION/PUBLIC NOTICE

All applicants must conduct a public hearing or public comment period, notifying their citizens of their intent to seek CDBG-DR funding. In order to satisfy this requirement, please provide documentation for one of the two methods below.

Public Hearing

Date of Hearing Notice:	
Date of 1 st Public Hearing:	

Documentation of Public Hearing Notice [\[Upload\]](#)

Documentation of 1st Public Hearing

- Public Hearing Meeting Minutes [\[Upload\]](#)
- Public Hearing Certification [\[Upload\]](#)
- Citizen Participation Plan [\[Upload\]](#)
- Citizen Complaint Policy [\[Upload\]](#)
- Citizen Complaints from Public Hearing [\[Upload\]](#)

Public Comment Period

Date of Public Notice:	9/3/2025
Public Comment Start Date:	9/9/2025
Public Comment End Date:	9/23/2025

Documentation of Public Notice [\[Upload\]](#)

- Public Notice Certification [\[Upload\]](#)
- Citizen Participation Plan [\[Upload\]](#)
- Citizen Complaint Policy [\[Upload\]](#)
- Citizen Complaints from Public Comments [\[Upload\]](#)

CERTIFICATION AND SIGNATURE

As authorized Executive Officer, I certify that staff, contractors, vendors, and community partners of the CDBG-DR initiative:

- A. Will comply with all HUD and Florida requirements in the administration of the proposed CDBG-DR funded activities;
- B. Will work in a cooperative manner to execute the Subrecipient Agreement that provides the pathway for successful CDBG-DR program(s) and/or project(s) and;
- C. Certify that all information submitted in this Application is true and accurate.

X SIGN HERE