



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1865

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. **Project/Program Description**

The requested funds will be used for the planning and design process of a new District 19 Medical Examiner Facility. Currently, the Medical Examiner operates out of a leased space originally built in the 1970s located on the main campus of Indian River State College in Fort Pierce, FL. According to the Medical Examiner and the St. Lucie County Facilities Department, this structure is in poor condition and beyond rehabilitation.

5. **State Agency to receive requested funds**

**State Agency contacted?**

6. **Amount of the Nonrecurring Request for Fiscal Year 2023-2024**

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	1,000,000
<b>Total State Funds Requested</b>	<b>1,000,000</b>

7. **Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)**

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	49%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	1,061,000	51%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,061,000</b>	<b>100%</b>

8. **Has this project previously received state funding?**

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?**

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

General Fund allocation from St. Lucie, Martin, Indian River and Okeechobee Counties.

10. **Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?**

**If yes, indicate the amount of funds received and what the funds were used for.**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1865

St. Lucie County received \$55 million in CARES funding. Programs to address the following needs were implemented: Social Services, Economic Recovery, St. Lucie County Public Safety/Public Health, Constitutional Officers, Municipalities/Unincorporated Area, Future COVID-19/Hurricane Preparedness. St. Lucie County received \$63,737,844 in American Rescue Plan funding, allocated for Water and Sewer Infrastructure, Public Health and Negative Economic Impacts.

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

- Planning    
  Design    
  Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

January 2024

d. What is the estimated completion date of construction?

December 2024

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

St. Lucie County Board of County Commission.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	RFQ will be initiated to hire an architect and engineering consultants for planning and design	1,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The goal of the funding request would be to source the planning and design of a new District 19 Medical Examiner Facility for future construction.

b. What activities and services will be provided to meet the intended purpose of these funds?



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1865

An RFQ will be executed by St. Lucie County to acquire an architecture and engineering firm for a needs assessment study and design completion of the new facility.

**c. What direct services will be provided to citizens by the appropriation project?**

This project will accommodate District 19's growing population, and better assist the State Attorney's Office in their criminal prosecutions and ensure timely determinations in accordance with Florida Statute Chapter 406. The new facility will also provide dignity to deceased and their families.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

All users in St. Lucie, Martin, Indian River and Okeechobee counties who utilize the Medical Examiner's Office and services.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

This project will accommodate the District 19's growing population, and better assist the State Attorney's Office in their criminal prosecutions and ensure timely determinations in accordance with Florida Statute Chapter 406. The new facility will also provide dignity to deceased and their families.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Noncompliance with granting agencies would jeopardize the county's standing and the ability to leverage funds.

**15. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**16. Recipient Contact Information**

**a. Organization**

**b. Municipality and County**

**c. Organization Type**

- For Profit Entity
- Non Profit 501(c)(3)
- Non Profit 501(c)(4)
- Local Entity
- University or College
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 1865

f. Phone Number

#### 17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number