



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2022-2023

LFIR # 2503

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Polk County Coroner and Medical Examiner is responsible for determining the cause, time, and manner of death for deceased people in Polk County, FL. As part of this job, they maintain a number of records related to their work, including Polk County death certificates and other death records. These records list information about how the deceased person passed away, the time and place of death, and any known personal information about the deceased, such as the person's name, date of birth, and age at death. Replacing the existing 18 year old generator with a new more technologically advanced generator that reduces the amount of harmful exhaust emissions into the environment will support the Medical examiner's ongoing mission during a loss of power.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	140,000
Total State Funds Requested	140,000

7. Total Project Cost for Fiscal Year 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	140,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2022-2023	140,000	100%

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.

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



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Yes

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

The Polk Board of County Commissioners received \$126M - PPE, Medical supplies, medical disinfecting. DOJ COVID grant \$299,848 used for 2nd set of bunker gear to have an additional set to clean before using again after a COVID alert call.

11. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Design, engineering, permitting, procurement of materials/equipment and construction cost.	140,000
Total State Funds Requested (must equal total from question #6)		140,000

12. Program Performance

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

The services offered by the Polk County Medical Examiner's is responsible for determining the cause, time, and manner of death for deceased people in Polk County, FL. As part of this job, they maintain a number of records related to their work. Replacing the existing 18-year-old outdated generator with a new more technologically advanced generator will support the Medical Examiner's ongoing mission during a loss of power.

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

The administration of the project, procurement of materials and equipment, and the oversight of the removal of the existing generator and the installation of the new generator.

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

Medical Examiner is responsible for determining the cause, time, and manner of death for deceased people in Polk County, FL. As part of this job, they maintain a number of records related to their work, including Polk County death certificates and other death records. These records list information about how the deceased person passed away, the time and place of death and other information.

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

All citizens of Polk County will be served by this project. Polk County's population is approximately 700K +/-.

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



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The ME maintains a number of records related to their work, including Polk County death certificates and other death records. These records list information about how the deceased person passed away, the time and place of death, and any known personal information about the deceased, such as the person's name, date of birth, and age at death. The installation of the new generator will allow for a continuous uninterrupted flow of power to the building which will enable the Medical Examiner's office to perform their duties.

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?

By failing to meet the deliverables of replacing the emergency generator it would deprive the Medical Examiner's Office the ability to provide a continuation of the valuable services provided by the Medical Examiner's Office during an unexpected loss of power.

13. 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.

Polk County, a political subdivision of the State of Florida is the owner of the facility. The fixed capital outlay funding for the project will be managed by Polk County's Facilities Management Division. The Polk County Medical Examiner is a tenant within the building.



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14. Requestor Contact Information

a. First Name Last Name

b. Organization

c. E-mail Address

d. Phone Number Ext.

15. 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

f. Phone Number

16. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number