



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2022-2023

LFIR # 2509

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The requested funds will be used to initiate the planning and design process for a new District 1 Medical Examiner Facility. Currently the D1 ME operates out of leased space at Sacred Heart Hospital in Pensacola, FL. A site more centrally located in the District will be selected to allow easier access to all law enforcement and state attorney personnel within the District. The District counties have committed to construction of a new facility. This funding will properly scope the project.

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	500,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>500,000</b>

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)	500,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2022-2023</b>	<b>500,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2021-22	0	500,000	1647	No

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.

One additional year of funding at \$2M will supplement local funding of \$10M for construction of the facility once the planning and design is complete.

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



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

\$32 million through the Coronavirus Relief Fund. Used for small business economic recovery grants, first responders, and COVID-19 testing centers.

#### 11. 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	RFQ will be initiated to hire architect and engineering consultants for planning and design. The deliverable will be a complete design criteria package to allow for design-build of the new facility	500,000
<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		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 12. Program Performance

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

RFQ will be initiated to hire architect and engineering consultants for planning and design. The deliverable will be a complete design criteria package to allow for design-build of the new facility.

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

A new, efficient medical examiner office will assist the State Attorney in criminal prosecutions, ensure timely determinations in accordance with Florida Statue Chapter 406.

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

All medical examiner services as required in Chapter 406 of Florida Statute.

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

Over 700,000 residents of the District 1 area.

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

Better service, timely determinations on cause of death.

##### 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?

Reimbursement of any/all State funds if deliverable is not complete.



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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.

DOMES, Inc. is the non-profit which oversees and manages all D1 Medical Examiner services



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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