

1. Project Title

2. Senate Sponsor

Travis Hutson

## The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

St. Johns, Putnam, Flagler: Regional Medical Examiner's Office

**LFIR # 2471** 

3. Date of Request	12/12/2023				
4. Project/Program De	escription				
counties. The currer required security me current facility will not of a recognized floor Statute 406, this prolaw enforcement, an	ilitate the construction of a Region of location is obsolete and requires easures, creates inefficiencies is the observation of the projected deduction and prevent disruption in spiject will also provide accurate, timed the general public. The facility wor the Putnam County Sheriff, Flagorith.	s the use ne proces emands f ervice cr rely, and vill be loc	of two separate s sses, and exceeds for service. This p eated by weather thorough death in eated in the vicinity	structures. The facili the recommended roject will relocate the related events. As revestigations for fam of the SJC Sheriff	ty also lacks the storage capacity. The he current services out mandated by Florida lilies of the deceased, s Complex. This project
5. State Agency to red	ceive requested funds Dep	artment	of Health		
State Agency conta	acted? No				
6. Amount of the Noni	recurring Request for Fiscal Yea	ar 2024-2	2025		
Type of Funding			Amo	unt	
Operations				0	
Fixed Capital Outlay	1			11,700,000	
Total State Funds I	Requested			11,700,000	
7. Total Project Cost f	or Fiscal Year 2024-2025 (includ	ding mat	ching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	equested (from question #6)		11,700,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this request)		0	0%	
Local	Local		0	0%	
Other			0 0%		
<b>Total Project Costs</b>	s for Fiscal Year 2024-2025		11,700,000	100%	
8. Has this project pre	eviously received state funding	? No	)		
Fiscal Year (уууу-уу)	Amount Recurring Nonrecurri	ng A	Specific ppropriation #	Vetoed	
•	kely to be requested?	No			
a. If yes, indicate n	onrecurring amount per year.				
b. Describe the sou	urce of funding that can be used	in lieu	of state funding.		
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10. Has the entity req	uesting this project received an	y federa	ı assistance rela	ted to the COVID-1	19 pandemic?



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11. Status of Construction

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

\$106 million in COVID-19 direct and indirect funding for: COVID-19 prevention and mitigation; business and non-profit grant programs; affordable housing; rental assistance; public transit; water and sewer infrastructure; public safety first responder efforts.

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

	a. What is the cui	rent phase of t	he project?			
	<ul><li>Planning</li></ul>	O Design	Construction	O N/A		
	b. Is the project "shovel ready" (i.e permitted)?				No	
c. What is the estimated start date of construction?				4/1/25		

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.

4/1/27

The St Johns County Board of Cou	unty Commissioners
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d. What is the estimated completion date of construction?

#### 13. 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/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Design, permitting, construction, post-design services and CEI of the Regional Medical Examiners Office	11,700,000
Total State Funds Requested (m	ust equal total from question #6)	11,700,000

#### 14. Program Performance

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



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Build a Regional Medical Examiner's Office serving Putnam, Flagler and St. Johns counties at the Sheriffs Administration Complex. The existing facility is inadequate and currently housed in two separate structures. This creates backups in processing, exceeds storage capacity, lacks the required security measures and will not meet the future demands. This project will remove the building from a flood zone and prevent disruption in service created by weather related events. This project will also create efficiencies with processing resulting in an expedited judicial process.

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

To design and construct a Medical Examiner Facility to serve Putnam County, Flagler County and St. Johns County to provide accurate, timely, and thorough death investigations for families of the deceased, law enforcement, and the general public as outlined by Florida Statute 406. This project will also relocate the existing facility out of a recognized flood zone to assure there is no loss or disruption of services due to a weather related event.

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

In accordance with Florida Statue 406, this project shall serve Putnam County, Flagler County and St. Johns County to provide accurate, timely, and thorough death investigations for families of the deceased, law enforcement, and the general public as outlined by Florida Statute 406. This project will also relocate the existing facility out of a recognized flood zone to assure there is no loss or disruption of services due to a weather related event.

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

The population served will be the citizens of Putnam County, Flagler County and St. Johns County. The projected population is 508,277.

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

The outcome of this project is the ability to meet the demand for service and produce evidence and results with greater efficiency, which expedites the associated judicial processes. The outcome will be measured in process data provided by the Medical Examiner's Office. Improved employee health: improved ventilation system, radiological protection, work space, etc

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?

Standard contract penalties are sufficient.

15. Requester Contact Information

a. First Name Joy Last Name Andrews

b. Organization St. Johns County Board of County Commissioners

c. E-mail Address jqandrews@sjcfl.us

d. Phone Number (904)209-0530 Ext.

16. Recipient Contact Information

a. Organization Medical Examiner's Office

b. Municipality and County Saint Johns

c. Organization Type

□For Profit Entity

□Non Profit 501(c)(3)

□Non Profit 501(c)(4)



17.

# The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

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☑Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Wendolyn	Last Name	Sneed			
e. E-mail Address	wsneed@sjcfl.us					
f. Phone Number	(904)209-0821					
Lobbyist Contact Information						
a. Name	Joseph G. Mobley					
b. Firm Name	The Fiorentino Group					
c. E-mail Address	joe@thefiorentinogroup.c	om				
d. Phone Number	(904)358-2757					