

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

**LFIR # 3337** 

1. Project Title	District 1 Medica	I Examiner Facility	Construction		
2. Senate Sponsor	Doug Broxson				
3. Date of Request	01/10/2024				
4. Project/Program De	escription				
out of leased space	at Sacred Heart Ho sier access to all lav	spital in Pensacola	strict 1 Medical Exami a, FL. A site more cent I state attorney persor	rally located in the	tly the D1 ME operates District has been ict. Local funding has
5. State Agency to red	ceive requested fu	nds Departm	nent of Law Enforceme	ent	
State Agency conta	•				
6. Amount of the Noni	ecurring Request	for Fiscal Year 20	)24-2025		
Type of Funding			Amo	unt	
Operations				0	1
Fixed Capital Outlay	,			1,500,000	<u> </u>
<b>Total State Funds F</b>	Requested			1,500,000	
7. Total Project Cost f	or Fiscal Year 2024	4-2025 (including	matching funds ava	ilable for this proj	ect)
Type of Funding			Amount	Percentage	
Total State Funds R	Total State Funds Requested (from question #6)			7%	1
Matching Funds					
Federal	Federal			1%	7
State (excluding the	amount of this requ	lest)	2,000,000	11%	7
Local			15,150,000	81%	┪
Other			0	0%	
Total Project Costs	for Fiscal Year 20	24-2025	18,775,502	100%	
8. Has this project pre	eviously received s	state funding?	Yes		
Fiscal Year	Amo	ount	Specific	Vetoed	1
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		
2023-24	0	1,500,000	0	No	]
9. Is future funding lik	cely to be requeste	ed?	No		
a. If yes, indicate n	,				]
b. Describe the sou	urce of funding tha	t can be used in	lieu of state funding.		-
Local revenue from	Escambia, Santa F	Rosa, Okaloosa an	d Walton counties		
10. Has the entity req	uesting this projec	t received any fe	deral assistance rela	ited to the COVID-	·19 pandemic?
No		-			
If yes, indicate the	amount of funds r	eceived and wha	t the funds were use	d for.	



11. Status of Construction

Construction/Renovation/Land/

Construction of the facility.

Planning Engineering

14. Program Performance

Planning

a. What is the current phase of the project?

Opening the state of the sta

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Complete questions 11 and 12 for Fixed Capital Outlay Projects

Construction

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1,500,000

1,500,000

b. Is the project "shovel ready" (i	.e permitted)?	No	
c. What is the estimated start date	e of construction?	10/1/2024	
d. What is the estimated completi	ion date of construction?	1/1/2025	
List the owners of the facility to relationship between the owners	receive, directly or indirect s of the facility and the enti	ly, any fixed capital d ty.	outlay funding. Include the
The District 1 Medical Examiner's from the four counties within the D	office operates as non-profit District. DOMES, inc. will be th	(501(c)3) entity (DON e owner of the facility	MES, Inc.) which receives funding .
Details on how the requested sta	-		
Spending Category		Description	Amount
Executive Director/Project Head			
Executive Director/Project Head Salary and Benefits			
Administrative Costs:  Executive Director/Project Head Salary and Benefits Other Salary and Benefits  Expense/Equipment/Travel/Supplies/ Other			
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/ Other Consultants/Contracted			
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study			
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/Other Consultants/Contracted Services/Study Operational Costs: Other			
Executive Director/Project Head Salary and Benefits Other Salary and Benefits Expense/Equipment/Travel/Supplies/			

N/A

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

District 1 Medical Examiner services will be improved and level of service for the almost 800,000 residents of the district will be enhanced.

Construction services will be brought on for the project with this

funding to complete construction and outfitting of the facility.

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

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

Total State Funds Requested (must equal total from question #6)



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	Medical Examiner	services as required by F.S. 406.										
	d. Who is the targ	d. Who is the target population served by this project? How many individuals are expected to be served.  The residents (~800,000) of Escambia, Santa Rosa, Okaloosa and Walton counties.							e served	?		
	The residents (~8											
	<ul> <li>e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome be measured?</li> <li>A new, efficient medical examiner office will assist the State Attorney in criminal prosecutions, and ensure timely determinations in accordance with Florida Statue Chapter 406.</li> </ul>							me will				
								ly				
	f. What are the su	suggested penalties that the contracting agency may consider in addition to its standar							standard	penaltie		
	for failing to meet	deliverab	les or performa	ance measur	es provi	ded f	or the cont	tract	?			
	Reimbursement o	f state fund	ds if deliverables	are not com	pleted in	a time	ely manner.					
15.	. Requester Contact	t Informati	on									
	a. First Name	Dan		Last Name	Scheble	er						
	b. Organization	District O	District One Medical Examiner Support, I			, Inc.						
	c. E-mail Address	dans@d1	meo.org									
	d. Phone Number	(850)542-	-4157	Ext.								
16.	Recipient Contact	Informatio	on									
	a. Organization	DOMES,	Inc.									
	b. Municipality and	. Municipality and County Santa Rosa										
	c. Organization Ty	pe										
	□For Profit Entity											
☑Non Profit 501(c)(3)												
	□Non Profit 501(c	□Non Profit 501(c)(4)										
	□Local Entity											
	□University or Co	llege										
	□Other (please sp	oecify)										
	d. First Name	Dan		Last Name	Scheble	er						
	e. E-mail Address	dans@d1	meo.org									
	f. Phone Number	(850)542-	-4157									
17.	Lobbyist Contact I	nformatio	n									
	a. Name	None										
	b. Firm Name											
	c. E-mail Address											



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d. Phone Number	