

LFIR # 2247

| 1. Project Title                              | District 1 Medica                              | l Examiners Facili                   | ty Planning, Design ar  | nd Construction                            |  |
|---|--|--------------------------------------|---|--|--|
| 2. Senate Sponsor                             | Doug Broxson                                   |                                      |   |  |  |
| 3. Date of Request                            | 02/21/2023                                     |                                      |   |  |  |
| 4. Project/Program D                          | escription                                     |                                      |   |  |  |
| District 1 Medical Ex<br>Pensacola, FL. A sit | kaminer Facility. Cur<br>te more centrally loc | rently the D1 ME ated in the Distric | g and design process<br>operates out of leased<br>t will be selected to all<br>ding has been commit | I space at Sacred H<br>ow easier access to | construction for a new<br>leart Hospital in<br>all law enforcement |
| 5. State Agency to re                         | ceive requested fur                            | n <b>ds</b> Departr                  | nent of Law Enforcem  | ent  |  |
| State Agency conta                            | acted? No                                      |                                      |   |  |  |
| 6. Amount of the Non                          | recurring Request                              | for Fiscal Year 2                    | 023-2024  |  |  |
|   |  |                                      |   | nt   | ]  |
| Type of Funding                               |  |                                      | Amo   | _  |  |
| Operations                                    |  |                                      |   | 0  |  |
| Fixed Capital Outlay                          |  |                                      |   | 1,500,000                                  | 1  |
| <b>Total State Funds</b>                      | Requested                                      |                                      |   | 1,500,000                                  |  |
| 7. Total Project Cost f                       | or Fiscal Year 2023                            | 3-2024 (including                    | matching funds ava  | ilable for this proj                       | ect)   |
| Type of Funding                               |  |                                      | Amount  | Percentage                                 |  |
| Total State Funds R                           | equested (from que                             | stion #6)                            | 1,500,000   | 32%  |  |
| Matching Funds                                |  |                                      |   |  |  |
| Federal                                       |  |                                      | 125,502   | 3%   |  |
| State (excluding the                          | amount of this requ                            | est)                                 | 750,000   | 16%  |  |
| Local   |  |                                      | 2,250,000   | 49%  |  |
| Other   |  |                                      | 0   | 0%   |  |
| Total Project Costs                           | s for Fiscal Year 20                           | 23-2024                              | 4,625,502   | 100%                                       |  |
| 8. Has this project pr                        | eviously received s                            | state funding?                       | Yes   |  |  |
| . , .   | •  |                                      | Omanific  | Votes d                                    | 1  |
| Fiscal Year<br>(уууу-уу)                      | Amo  | *****                                | Specific Appropriation #  | Vetoed                                     |  |
|   | Recurring                                      | Nonrecurring                         |   | Na   |  |
| 2022-23                                       | 0  | 500,00                               | 0 1253A   | No   |  |
| 9. Is future funding li                       | kely to be requeste                            | d?                                   | Yes   |  |  |
| a. If yes, indicate n                         | onrecurring amou                               | nt per year.                         | 3,000,000   |  |  |
| b. Describe the so                            | urce of funding tha                            | t can be used in                     | lieu of state funding   | •  |  |
| Local revenue from                            | n Escambia, Santa R                            | Rosa, Okaloosa ar                    | nd Walton counties  |  |  |
| 40 Hee the satterns                           |  | A nagalised and for                  | alamal applications as a section  | - 4- 4 00\/D                               | 40 mandam:!-0  |
| 10. Has the entity req                        | uesting this projec                            | t received any fe                    | ederai assistance rei   | ated to the COVID-                         | 19 pandemic?   |
| No  |  |                                      |   |  |  |
| If yes indicate the                           | amount of funds r                              | eceived and wha                      | at the funds were use   | ed for                                     |  |



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

| 1 | 1. | <b>Status</b> | of | Cons | stru | iction |
|---|----|---------------|----|------|------|--------|
|---|----|---------------|----|------|------|--------|

| a. | What | is | the | current | phase | of | the | proi | ect? |
|----|------|----|-----|---------|-------|----|-----|------|------|
|----|------|----|-----|---------|-------|----|-----|------|------|

| ○Planning                | sign Construction                 |           |
|--------------------------|-----------------------------------|-----------|
| b. Is the project "shove | el ready" (i.e permitted)?        | No        |
| c. What is the estimated | d start date of construction?     | 10/1/2024 |
| d What is the estimate   | d completion data of construction | 1/1/2025  |

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.

The District 1 Medical Examiner's office operates as non-profit (501(c)3) entity (DOMES, Inc.) which receives funding from the four counties within the District. DOMES, inc. will be the owner of the facility.

#### 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/<br>Other           |  | 0         |
| Consultants/Contracted<br>Services/Study              | Architect and engineering services have been contracted following a competitive procurement process. Funding will provide for 100% construction plans.       | 750,000   |
| Operational Costs: Other                              |  |           |
| Salary and Benefits                                   |  | 0         |
| Expense/Equipment/Travel/Supplies/Other               |  | 0         |
| Consultants/Contracted<br>Services/Study              |  | 0         |
| Fixed Capital Construction/Majo                       | r Renovation:  |           |
| Construction/Renovation/Land/<br>Planning Engineering | Construction services will be brought on for the project with this funding to start the early phases of site work and necessary infrastructure improvements. | 750,000   |
| <b>Total State Funds Requested (m</b>                 | ust equal total from question #6)  | 1,500,000 |

#### 14. Program Performance

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

Completion of design and initial site infrastructure work will be accomplished with this funding.

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



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|     | will be enhanced.   |   |               |               |                  |                                     |  |
|-----|---|---|---------------|---------------|------------------|-------------------------------------|--|
|     | c. What direct ser  | vices will be provided to                               | citizens by t | he approp     | riation project? | ?                                   |  |
|     | Medical examiner services.  |   |               |               |                  |                                     |  |
|     | d. Who is the target population served by this project? How many individuals are expected to be served? |   |               |               |                  |                                     |  |
|     | The residents (~8   | 00,000) of Escambia, Sant                               | a Rosa, Okal  | oosa and V    | Valton counties. |                                     |  |
|     | e. What is the exp be measured?   | ected benefit or outcome                                | of this proj  | ect? What     | is the methodo   | ology by which this outcome will    |  |
|     |   | edical examiner office will accordance with Florida Sta |               |               | in criminal pros | secutions, and ensure timely        |  |
|     |   | •   |               |               | •                | n addition to its standard penaltie |  |
|     | for failing to meet   | deliverables or performa                                | nce measur    | es provide    | d for the contr  | act?                                |  |
|     | Reimbursement o   | f state funds if deliverables                           | are not com   | pleted in a t | timely manner.   |                                     |  |
| 15. | Requester Contact   | t Information   |               |               |                  |                                     |  |
|     | a. First Name   | Dan   | Last Name     | Schebler      |                  |                                     |  |
|     | b. Organization   | District One Medical Exar                               | niner Suppor  | t             |                  |                                     |  |
|     | c. E-mail Address   | dans@d1meo.org  |               |               |                  |                                     |  |
|     | d. Phone Number   | (850)542-4157   | Ext.          |               |                  |                                     |  |
| 16. | Recipient Contact   | Information   |               |               |                  |                                     |  |
|     | a. Organization   | DOMES, Inc.   |               |               |                  |                                     |  |
|     | b. Municipality and County Santa Rosa   |   |               |               |                  |                                     |  |
|     | c. Organization Ty  | ре  |               |               |                  |                                     |  |
|     | □For Profit Entity  |   |               |               |                  |                                     |  |
|     | ☑Non Profit 501(c   | c)(3)   |               |               |                  |                                     |  |
|     | □Non Profit 501(d   | c)(4)   |               |               |                  |                                     |  |
|     | □Local Entity   |   |               |               |                  |                                     |  |
|     | □University or Co   | niversity or College                                    |               |               |                  |                                     |  |
|     | □Other (please specify)   |   |               |               |                  |                                     |  |
|     | d. First Name   | Dan   | Last Name     | Schebler      |                  |                                     |  |
|     | e. E-mail Address   | dans@d1meo.org  |               |               |                  |                                     |  |
|     | f. Phone Number   | (850)542-4157   |               |               |                  |                                     |  |
|     |   |   |               |               |                  |                                     |  |



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| a. Name           | Jon E. Johnson            |
|-------------------|---------------------------|
| b. Firm Name      | Johnson & Blanton         |
| c. E-mail Address | cheryl@johnsonblanton.com |
| d. Phone Number   | (850)224-1900             |