



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1167

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Current facilities which were built in 2003 do not meet current or future needs. In 2023, the Medical Examiner's Office performed 1,181 autopsies and inspections. Over the next 20 years that number is expected to increase by approximately 45%. The current building is showing signs of fatigue and does not meet administrative or operational standards. A new addition and renovation of the existing building would allow the ME to meet both standards as required by the State of Florida.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2025-2026

| Type of Funding                    | Amount           |
|------------------------------------|------------------|
| Operating                          | 0                |
| Fixed Capital Outlay               | 6,000,000        |
| <b>Total State Funds Requested</b> | <b>6,000,000</b> |

7. Total Project Cost for Fiscal Year 2025-2026 (including matching funds available for this project)

| Type of Funding                                      | Amount            | Percentage  |
|--|-------------------|-------------|
| Total State Funds Requested (from question #6)       | 6,000,000         | 39%         |
| <b>Matching Funds</b>                                |                   |             |
| Federal  | 0                 | 0%          |
| State (excluding the amount of this request)         | 0                 | 0%          |
| Local  | 9,500,000         | 61%         |
| Other  | 0                 | 0%          |
| <b>Total Project Costs for Fiscal Year 2025-2026</b> | <b>15,500,000</b> | <b>100%</b> |

8. Has this project previously received state funding?

If yes, provide the most recent instance:

| Fiscal Year<br>(YYYY-YY) | Amount    |              | Specific<br>Appropriation # | Vetoed |
|--------------------------|-----------|--------------|-----------------------------|--------|
|                          | Recurring | Nonrecurring |                             |        |
|                          |           |              |                             |        |

9. Is future-year 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.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



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**10. Status of Construction**

**a. What is the current phase of the project?**

- Planning    
  Design    
  Construction    
  N/A

**b. Is the project "shovel ready" (i.e permitted)?**

**c. What is the estimated start date of construction?**

**d. What is the estimated completion date of construction?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

Polk, Highlands & Hardee Counties will provide for ongoing operations and maintenance of the project after construction is complete.

**11. 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.**

Polk County Board of County Commissioners, a Political subdivision of the State of Florida

**12. 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                                  |                               | 0                |
| <b>Operational Costs</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                      | New construction & renovation | 6,000,000        |
| <b>Total State Funds Requested (must equal total from question #6)</b> |                               | <b>6,000,000</b> |

**13. Program Performance**

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

Current facilities which were built in 2003 do not meet current or future needs. In 2023, the Medical Examiner's Office performed 1,181 autopsies and inspections. Over the next 20 years that number is expected to increase by approximately 45%. The current building is showing signs of fatigue and does not meet administrative or operational standards. A new addition and renovation of the existing building would allow the ME to meet both standards as required by the State of Florida.

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



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The Medical Examiner's Office workload is estimated at 1,265 autopsies and 425 external examinations without autopsy. These increases would represent an 119% increase of autopsies and a 70% increase of external examinations without autopsy, compared to when the facility first opened. The project will allow the ME to meet these demands.

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

10th Circuit Medical Examiner provides forensic examination and investigation services for cases involving sudden, unexpected, or suspicious deaths. The facility conducts autopsies and forensic testing to determine the cause and manner of death, working closely with law enforcement agencies and other stakeholders to provide accurate and impartial findings.

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

Deceased individuals, families of the deceased individuals, law enforcement.

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

Current facilities which were built in 2003 do not meet current or future needs. In 2023, the Medical Examiner's Office performed 1,181 autopsies and inspections. Over the next 20 years that number is expected to increase by approximately 45%. The current building is showing signs of fatigue and does not meet administrative or operational standards. A new addition and renovation of the existing building would allow the ME to meet both standards as required by the State of Florida.

**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 in the contract?**

No other penalties would be suggested in lieu of the standard contract terms and conditions.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No

**a. If Yes, what phase best describes the project?**

- Mitigation (reducing or eliminating potential loss of life or property)
- Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infrastructure)

**b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):**

**15. Has the entity applied for or received federal assistance for this project?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, provide the FEMA project worksheet ID#:**

**b. Provide the total project cost listed on the FEMA project worksheet:**



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**16. Has the entity applied for or received state assistance for this project (other than this request)?**

- Yes, Applied
- Yes, Received
- No
- No, but intends to apply

**a. If yes, specify the program and state agency (ex. Local Government Emergency Bridge Loan, Department of Commerce):**

**17. Requester Contact Information**

**a. First Name**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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) Local Government

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**



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d. Phone Number

*The information provided will be posted to the Florida Senate website for public viewing if sponsored by a Senator.*