

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 2535

| 1. Project Title | District 23 Medical Examiner's Office |
|------------------|---------------------------------------|
| | |

2. Senate Sponsor Thomas Leek

3. Date of Request 2/11/2025

4. Project/Program Description

This project will construct a modern medical examiners office, which is a regionally critical asset for Flagler, Putnam, and St. Johns Counties. The new medical examiners office will meet the expected capacity and ensure operational efficiency, adequate ventilation, proper decontamination systems, security measures, and appropriate morgue storage as this project supports a vital mission within the administration of justice. This project has been identified for federal match funding in FY25/26.

5. State Agency to receive requested funds

Department of Law Enforcement

State Agency contacted? Yes

9.

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

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

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 | 50% | |
| Matching Funds | | | |
| Federal | 6,000,000 | 50% | |
| State (excluding the amount of this request) | 0 | 0% | |
| Local | 0 | 0% | |
| Other | 0 | 0% | |
| Total Project Costs for Fiscal Year 2025-2026 | 12,000,000 | 100% | |

8. Has this project previously received state funding? If yes, provide the most recent instance:

| Fiscal Year | Amount | | Specific | Vetoed | |
|------------------------------------------------------------------------------|------------------------|----|-----------------|--------|--|
| (уууу-уу) | Recurring Nonrecurring | | Appropriation # | | |
| | | | | | |
| Is future-year funding likely to be requested? | | No | | | |
| 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

No

| CF TU | Lo | The Florida cal Funding Initi Fiscal Year 20 | ative Request | | LFIR # 2535 |
|-------------------------------------------|-------------------------------------|-----------------------------------------------------------|--------------------------------------------------------|-----------------------|-------------|
| 10. Status of Constr | uction | | | | |
| a. What is the cu | rrent phase of tl | ne project? | | | |
| O Planning | 📀 Design | Construction | N/A | | |
| b. Is the project " | 'shovel ready" (| i.e permitted)? | No | | |
| c. What is the est | timated start da | te of construction? | 06/01/2026 | | |
| d. What is the est | timated complet | tion date of construction | ? 06/01/2027 | | |
| e. What funding s | stream will be u | sed for ongoing operation | ns and maintenance of | the project? | |
| The operational of St. Johns County 2011. | expenses will be , Putnam County | funded through an Interloc , and Flagler County with a | al Agreement established an effective date of Septe | d between mber 23, | |

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.

The St Johns County Board of County Commissioners (SJCBOCC). The facility will be established in St. Johns County with primary oversight provided by the SJCBOCC.

12. 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 | | |
| Salary and Benefits | | 0 |
| Expense/Equipment/Travel/Supplies/ Other | | 0 |
| Consultants/Contracted Services/Study | | 0 |
| Fixed Capital Construction/Majo | or Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | Design, Permitting, Engineering, Construction, and CEI for the new District 23 medical examiners office. | 6,000,000 |
| Total State Funds Requested (m | nust equal total from question #6) | 6,000,000 |

13. Program Performance

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

This project will construct a modern medical examiners office, which is a regionally critical asset for Flagler, Putnam, and St. Johns Counties. The new medical examiners office will meet the expected capacity and ensure operational capacity, adequate ventilation, proper decontamination systems, security measures, and appropriate morgue storage as this project supports a vital mission within the administration of justice. This project has been identified for federal match funding in FY25/26.

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



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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 shall assure the facility remains operational by relocation out of an existing surge zone.

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

This project shall assist in the wellbeing of the general public, families of the deceased and law enforcement by providing an efficient process to perform required medical examinations in a judicious manner. The efficiency will prevent delays within the court system and reduce unwarranted time related trauma and stress associated with these incidents.

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 current population served is 549,823. The projected population is a five year period will exceed 700,000.

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 and moral as determined by employee retention rates and a reduction in the loss of personnel hours. The support of scientific research for the prevention of neurological diseases and alzhheimers in military veterans.

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?

If there is a performance deficiency requiring correction by the County, the Agency will notify County. County will provide the Agency with a corrective action plan describing how the County will address performance deficiencies.

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)
- **C** Response (addressing the immediate and short-term effects of a natural disaster)
- Recovery (assisting communities return to normal operations, including rebuilding damaged infastructure)

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, 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 | Joy | Last Name | Andrews |
|-------------------|---------------------------|--------------|-------------|
| b. Organization | St. Johns County Board of | f County Cor | nmissioners |
| c. E-mail Address | jqandrews@sjcfl.us | | |
| d. Phone Number | (904)209-0530 | Ext. | |

18. Recipient Contact Information

| a. Organization | District 23 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)

☑ Local Entity

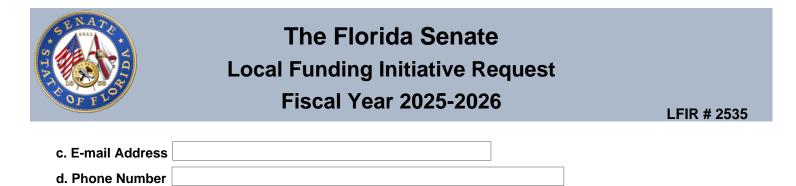
□University or College

□Other (please specify)

| d. First Name | Joel | Last Name | Sneed |
|--------------------|------------------|-----------|-------|
| e. E-mail Address | jlsneed@sjcfl.us | | |
| f. Phone Number | (904)209-3254 | Ext. | |
| Lobbvist Contact I | nformation | | |

19. Lobbyist Contact Information

| a. Name | None |
|--------------|------|
| b. Firm Name | |



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