

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

LFIR # 3337

| . Project Title | Palm Beach Cou | unty Sheriff's Office | Forensic Genetic Tes | ting | |
|---|------------------------|-----------------------|-------------------------|-----------------------|-----------------|
| . Senate Sponsor | Gayle Harrell | | | | |
| . Date of Request | 3/12/2025 | | | | |
| Project/Program De | escription | | | | |
| | y Sheriff's Office wil | Contract for service | es with a firm with exp | ertise in Forensic In | vestigative Ger |
| State Agency to re | | | nent of Law Enforceme | nt | |
| State Agency conta | • | Dopartii | ion or Law Emolocine | 110 | |
| | | | | | |
| Amount of the Non | recurring Request | for Fiscal Year 20 | 025-2026 | | |
| Type of Funding | | | Amor | | |
| Operating | | | | 1,000,000 | |
| Fixed Capital Outlay | | | | 0 | |
| Total State Funds | Requested | | | 1,000,000 | |
| • | or Fiscal Year 202 | 5-2026 (including | matching funds avai | | ct) |
| Type of Funding | | | Amount | Percentage | |
| Total State Funds R | equested (from que | estion #6) | 1,000,000 | 100% | |
| Matching Funds | | | 0 | 00/ | |
| Federal | amazint of this was | | 0 | 0% | |
| State (excluding the | amount of this requ | uest) | 0 | 0% 0% | |
| Local Other | | | 0 | 0% | |
| | | | | | |
| Total Project Costs | s for Fiscal Year 20 |)25-2026 | 1,000,000 | 100% | |
| Has this project pro If yes, provide the | - | _ | No | | |
| Fiscal Year | | ount | Specific # | Vetoed | |
| (уууу-уу) | Recurring | Nonrecurring | Appropriation # | | |
| | | | | | |
| Is future-year fund | ing likely to be req | uested? | No | | |
| a. If yes, indicate n | onrecurring amou | nt per year. | | | |
| | _ | | | | |
| h Describe the see | urce of funding the | at can be used in | liqu of state funding | | |
| b. Describe the so | urce of funding tha | at can be used in | lieu of state funding. | | |

Complete questions 10 and 11 for Fixed Capital Outlay Projects

10. Status of Construction



a. What is the current phase of the project?

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| Planning Design | ○ Construction ○ N/A | |
|--|---|-----------|
| b. Is the project "shovel ready" | (i.e permitted)? | |
| c. What is the estimated start da | te of construction? | |
| d. What is the estimated comple | etion date of construction? | |
| e. What funding stream will be ι | sed for ongoing operations and maintenance of the project? | |
| List the owners of the facility to relationship between the owner of the facility to relationship between the owner of the facility to relationship between the owner of the facility to relationship between | o receive, directly or indirectly, any fixed capital outlay funding. Index of the facility and the entity. tate funds will be expended | clude the |
| 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 | Contract for Forensic Investigative Genetics Genealogy to help solve up 100 cases. | 1,000,000 |
| Fixed Capital Construction/Majo | or Renovation: | |
| Construction/Renovation/Land/ Planning Engineering | | 0 |
| | nust equal total from question #6) | 1.000.000 |

13. Program Performance

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

These funds will be used to conduct testing in active criminal cases or for the purposes of identifying human remains.

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

Specialized DNA testing and genealogical research to give closure to relatives of victims of homicides as well as identifying suspects in active violent crime <u>cases</u>.

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

Safer community due to alleged criminals being identified and arrested. Families of victims will receive justice for lost loved ones.



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| d. Who is the target population served by this project? How many individuals are expected to be served? | |
|---|-------|
| Law Enforcement, prosecuting attorneys, citizens. | |
| e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome to be measured? | will |
| Closure for relatives of victims of homicides as well as identifying suspects in active violent crime cases. | |
| f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalting to meet deliverables or performance measures provided for in the contract? | altie |
| Withholding of future funding | |
| 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 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: | |
| | |
| 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): | F |



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| Requester Contact | | | |
|----------------------|--|--|--|
| a. First Name | Laurence "Larry" Last Name Poston | | |
| b. Organization | Captain - Palm Beach County Sheriff's Office | | |
| c. E-mail Address | postonl@pbso.org | | |
| d. Phone Number | (561)688-3000 Ext. | | |
| | | | |
| . Recipient Contact | | | |
| a. Organization | Palm Beach County Sheriff's Office | | |
| b. Municipality and | d County Palm Beach | | |
| c. Organization Ty | ре | | |
| □For Profit Entity | | | |
| □Non Profit 501(d | c)(3) | | |
| □Non Profit 501(d | c)(4) | | |
| ☑Local Entity | | | |
| □University or Co | ollege | | |
| □Other (please sp | pecify) | | |
| d. First Name | Laurence "Larry" Last Name Poston | | |
| e. E-mail Address | Captain - Palm Beach County Sheriff's Office | | |
| f. Phone Number | (561)688-3000 Ext. | | |
| . Lobbyist Contact I | Information | | |
| a. Name | Joe Mobley | | |
| b. Firm Name | The Fiorentino Group | | |
| c. E-mail Address | joe@thefiorentinogroup.com | | |
| d. Phone Number | (904)358-2757 | | |

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