



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2024-2025

LFIR # 1847

1. **Project Title**

2. **Senate Sponsor**

3. **Date of Request**

4. Project/Program Description

Since August 1, 2023, Marion County, Florida has been without a Domestic Violence Shelter, creating a critical gap in essential services for our community. The organizational costs associated with operating a domestic violence shelter in Florida encompass various elements like personnel salaries, facility maintenance, utility expenses, program coordination, training, security measures, outreach efforts, and administrative functions. These costs contribute to the overall functioning, safety, and effectiveness of the shelter in providing critical support and resources for individuals facing domestic violence. Unfortunately, DCF cannot fully cover the operational and facilities costs required. The Marion County Hospital District (MCHD) is actively seeking funding for operational expenses. The projected cost for personnel and operational needs is \$2,636,560, and MCHD is specifically requesting \$1,000,000 to bridge the funding gap and ensure the shelter's sustainability.

5. **State Agency to receive requested funds**

State Agency contacted? Yes

6. Amount of the Nonrecurring Request for Fiscal Year 2024-2025

Type of Funding	Amount
Operations	1,000,000
Fixed Capital Outlay	0
Total State Funds Requested	1,000,000

7. Total Project Cost for Fiscal Year 2024-2025 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	1,000,000	80%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	250,000	20%
Other	0	0%
Total Project Costs for Fiscal Year 2024-2025	1,250,000	100%

8. **Has this project previously received state funding?** No

Fiscal Year (YYYY-YY)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. **Is future funding likely to be requested?** Yes

a. **If yes, indicate nonrecurring amount per year.**

b. **Describe the source of funding that can be used in lieu of state funding.**

Local in-kind donations from community partners when available.



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10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.

Complete questions 11 and 12 for Fixed Capital Outlay Projects

11. 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?

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.

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	38 full-time staff (1 Program Director, 3 Shelter Managers, 15 Shelter/Hotline Advocates, 1 Outreach Manager, 9 Outreach Advocates, 1 CPI Advocate, 1 DV Training & Prevention Advocate, 7 support staff)	900,000
Expense/Equipment/Travel/Supplies/Other	Computer equipment, fax machine, photocopy machine, printers, consumables (e.g., paper products, hygiene, etc.), insurance, rent, utilities, service and bus vouchers for clients, food, etc.	100,000
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,000,000

14. Program Performance

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



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To bridge the projected funding gap (\$1M) needed to operate a domestic violence shelter and outreach services for 200-400 domestic violence survivors per year in Marion County, Florida.

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

Grant funds in Marion County will support critical domestic violence services, including safe shelters, counseling, legal assistance, education, and outreach, helping survivors escape abuse and rebuild their lives.

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

Emergency shelter housing, financial assistance, behavioral health and child services, hot line calls for survivors, outreach, food, clothing, transportation, medical services, behavioral health services, temporary assistance, supplies.

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

Citizens of Marion County who are subject to domestic violence. Estimated between 200-400 survivors per year.

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

Ensure residents have access to medical care, either on-site or through partnerships with local healthcare providers. Establish a system for post-shelter follow-up to monitor residents' ongoing health and wellness after leaving the shelter. Offer resources and programs for residents dealing with substance abuse issues to reduce impact of substance abuse. Offer crisis intervention services for community members affected by domestic violence with the Marion Domestic Violence Shelter. Conduct periodic impact assessments to evaluate the shelter's influence on the community in terms of safety, awareness, and overall well-being.

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 the contract?

1. Warning & Rectification Period: Formal warning with a chance to correct minor issues within 30 days of notice
2. Financial Deductions: Percentage-based deductions from future payments for continued non-compliance.
3. Withholding Funds: Delay or withhold future disbursements for significant breaches.
4. Scaling Penalties: More severe breaches incur larger penalties.

15. Requester Contact Information

a. First Name **Last Name**

b. Organization

c. E-mail Address

d. Phone Number **Ext.**

16. 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



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University or College

Other (please specify) Dependent Special District

d. First Name Last Name

e. E-mail Address

f. Phone Number

17. Lobbyist Contact Information

a. Name

b. Firm Name

c. E-mail Address

d. Phone Number