



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2023-2024

LFIR # 2092

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

The Domestic Abuse Shelter, Inc. (DAS) lost its 25-bed emergency shelter as a result of hurricane Irma. This allocation would allow us to rebuild that shelter and provide 25 safe beds to survivors and their families. This location would also serve as the Middle Keys Outreach office and house our administrative offices. Since the loss of this shelter, DAS has only had the 15-bed shelter in the Lower Keys.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,500,000
Total State Funds Requested	2,500,000

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	50%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	2,500,000	50%
Total Project Costs for Fiscal Year 2023-2024	5,000,000	100%

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		

9. Is future 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.

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.



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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

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

No

c. What is the estimated start date of construction?

7/1/2023

d. What is the estimated completion date of construction?

12/21/2023

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.

Domestic Abuse Shelter, Inc. (DAS) The relationship between the facility and the entity is that DAS is certified by the Department of Children & Families as the only certified domestic violence center in the FL Keys/Monroe County.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	None	0
Other Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Operational Costs: Other		
Salary and Benefits	None	0
Expense/Equipment/Travel/Supplies/Other	None	0
Consultants/Contracted Services/Study	None	0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering	Rebuild 25-bed domestic violence, emergency shelter and outreach office.	2,500,000
Total State Funds Requested (must equal total from question #6)		2,500,000

14. Program Performance

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

Rebuild the 25-bed emergency shelter lost in 2017 during hurricane Irma. The replacement of those beds will offer safety to Monroe county residents that has been missing for nearly six years. It will also house the administrative and Outreach offices. The outreach office will serve families that need services, but not necessarily emergency shelter.

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



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Safety Planning, Rick Assessments, Crisis Intervention, Emergency Shelter, Supportive Services, Advocacy Services, Service Management, Children's Services, Outreach, Support Groups, Courthouse Accompaniment, Information and Referrals, Office of the Attorney General relocation applications, Injunction for Protection Attorney, Economic Freedom Program, Co-located Child Welfare Advocate with DCF.

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

Safety Planning, Rick Assessments, Crisis Intervention, Emergency Shelter, Supportive Services, Advocacy Services, Service Management, Children's Services, Outreach, Support Groups, Courthouse Accompaniment, Information and Referrals, Office of the Attorney General relocation applications, Injunction for Protection Attorney, Economic Freedom Program, Co-located Child Welfare Advocate with DCF. In addition to the previously mentioned services provided to survivors, the Domestic Abuse Shelter will provide a space for and conduct community trainings at this location. This training/meeting space could be also be used by other community partners.

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

All domestic violence survivors, their families and pets if needed. Services will be provided regardless of race, religion, color, national origin, gender, age, mental or physical disability, sexual orientation, gender identity, citizenship, immigration status or language spoken. 600-800 would be the expected number of individuals to be served.

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

Increased safety of domestic violence survivors and provide freedom from a life of abuse. 100% of survivors will be more aware of the dynamics of domestic violence and will be aware of how to safety plan for their individual situations. Exit surveys and case management plan documentation.

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?

Anything that the funding source considers a reasonable action.

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
- University or College



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Other (please specify)

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