

### The Florida Senate Local Funding Initiative Request Fiscal Year 2022-2023

LFIR # 1607

- 1. Project Title Domestic Abuse Shelter Rebuild Emergency Shelter Facility
- 2. Senate Sponsor Ana Maria Rodriguez
- **3. Date of Request** 11/16/2021

#### 4. Project/Program Description

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 shelter beds to domestic abuse 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 its 15 bed shelter in the Lower Keys.

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

Department of Children and Families

State Agency contacted? No

#### 6. Amount of the Nonrecurring Request for Fiscal Year 2022-2023

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 2022-2023 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,500,000	83%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	500,000	17%
Total Project Costs for Fiscal Year 2022-2023	3,000,000	100%

8. Has this project previously received state funding? No

Fiscal Year	Amount		Specific	Vetoed	
(уууу-уу)	Recurring	Nonrecurring	Appropriation #		

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?

No

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



#### 11. Details on how the requested state funds will be expended

Spending Category	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: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Rebuild our 25 bed domestic violence emergency shelter, Middle Keys Outreach and administrative office. All to be housed in this location.	2,500,000
Total State Funds Requested (m	ust equal total from question #6)	2,500,000

#### 12. Program Performance

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

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, OAG relocation applications, Injunction for Protection Attorney, Economic Freedom Program, Co-located Child Welfare Advocate with the Elevide Department of Children and Emilian (DCE).

Florida Department of Children and Families (DCF).

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

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, OAG 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, OAG relocation applications, Injunction for Protection Attorney, Economic Freedom Program, Co-located Child Welfare Advocate with DCF.

#### 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?



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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?

Failure to meet performance measures may lead to corrective action, contract termination, and/or return of funds.

13. 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 owner of the facility is Domestic Abuse Shelter, Inc., a nonprofit 501(c)(3) organization.



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### 14. Requestor Contact Information

	a. First Name	Sheryl		Last Name	Schwab	
	b. Organization	Domestic Abuse Shelter, Inc.				
	c. E-mail Address	slschwab@fldas.org				
	d. Phone Number	(305)240-0073 Ext.				
15.	5. Recipient Contact Information					
	a. Organization	Domestic Abuse Shelter, Inc.				
	b. Municipality and	d County Monroe				
	c. Organization Type					
	□For Profit Entity					
	☑Non Profit 501(c	c)(3)				
	□Non Profit 501(c	c)(4)				
	□Local Entity					
	□University or Co	ollege				
	□Other (please sp	pecify)				
	d. First Name	Sheryl		Last Name	Schwab	
	e. E-mail Address					
	f. Phone Number	Phone Number				
16.	16. Lobbyist Contact Information					
	a. Name	None				
	b. Firm Name	None				
	c. E-mail Address	\$				
	d. Phone Number					