



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1360

1. **Project Title**
2. **Senate Sponsor**
3. **Date of Request**

**4. Project/Program Description**

The Marion County Sexual Assault Center is designed to minimize additional trauma after an allegation of sexual assault. Therapeutic Counseling is a critical piece in helping victims receive the support and services needed to become survivors. Establishing a support network is key in the healing process which can begin with establishing a counselor. Our Therapeutic Counseling Program is designed to provide immediate therapeutic services to victims of sexual assault.

5. **State Agency to receive requested funds**
- State Agency contacted?**

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

Type of Funding	Amount
Operating	200,000
Fixed Capital Outlay	0
<b>Total State Funds Requested</b>	<b>200,000</b>

**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)	200,000	74%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	70,000	26%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>270,000</b>	<b>100%</b>

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

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

9. **Is future-year 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.**
- Counseling is currently funded out of the MCSAC's operational budget.

**Complete questions 10 and 11 for Fixed Capital Outlay Projects**



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1360

**10. 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?**

**e. What funding stream will be used for ongoing operations and maintenance of the project?**

**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.**

**12. Details on how the requested state funds will be expended**

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits	Two (2) Mental Health Counselors. Counselors will preferably hold a master's degree in psychology, social work, counseling, or other relevant discipline. Counselors will provide crisis intervention counseling using evidence-based treatment modalities. Counselors will advocate for clients by arranging for services to enhance recovery, assist in preparing for court, and engage in on-going case management.	200,000
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering		0
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>200,000</b>

**13. Program Performance**

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

The Marion County Sexual Assault Center is seeking funding to hire two (2) Mental Health Counselors. Counselors will preferably hold a Master's Degree in Psychology, Social Work, Counseling, or other relevant discipline.

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



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**LFIR # 1360**

Counselors will provide crisis intervention counseling using evidence-based treatment modalities.

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

Counselors will advocate for clients by arranging for services to enhance recovery, assist in preparing for court, and engage in on-going case management to ensure continuity of services.

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

Services will be offered to victims of sexual assault. Marion County has one of the highest rates of sexual assault in the state, with 60 new cases each month being investigated by MCSO SVU, so while the expected number of individuals served is unknown, it is expected to be substantial.

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

Our Therapeutic Counseling Program is designed to provide enforce immediate therapeutic services to victims of sexual assault. Benefits will be measured by counting the number of appointments scheduled.

**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?**

Standard contract penalties, including liquidated damages, and the potential for failure to be awarded future contracts due to poor or lack of performance.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**

**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 infrastructure)

**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



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## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1360

- 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**  **Last Name**

**b. Organization**

**c. E-mail Address**

**d. Phone Number**  **Ext.**

**18. 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
- Other (please specify)

**d. First Name**  **Last Name**

**e. E-mail Address**

**f. Phone Number**  **Ext.**

**19. Lobbyist Contact Information**

**a. Name**

**b. Firm Name**

**c. E-mail Address**

**d. Phone Number**



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