



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2025-2026

LFIR # 1757

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Domestic Abuse Shelter, Inc. (DAS) lost its 25-bed emergency domestic violence shelter in 2017 during hurricane Irma. We have purchased a new property to renovate. We have lost a lot of funding since that time and will also need operating funds to sustain it.

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	500,000
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>1,000,000</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)	1,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2025-2026</b>	<b>1,000,000</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		
2024-25	0	1,000,000	332A	No

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.

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

10. Status of Construction



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a. What is the current phase of the project?

- Planning
  Design
  Construction
  N/A

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

Yes

c. What is the estimated start date of construction?

07/01/2025

d. What is the estimated completion date of construction?

06/30/2026

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

State and Federal grants from the Department of Children & Families, Domestic Violence Program (DVP) and Victims of Crime Act (VOCA)

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.

Domestic Abuse Shelter, Inc. The entity and the owner are one in the same.

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	N/A	0
Other Salary and Benefits	N/A	0
Expense/Equipment/Travel/Supplies/Other	N/A	0
Consultants/Contracted Services/Study	N/A	0
<b>Operational Costs</b>		
Salary and Benefits	Shelter Advocate's salary and benefits in order to maintain staff, due to recent funding cuts.	275,000
Expense/Equipment/Travel/Supplies/Other	Daily operating expenses for the shelter. Mileage for advocate travel in Outreach. Insurance, utilities	175,000
Consultants/Contracted Services/Study	IT and security.	50,000
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Renovation and ADA compliance of newly purchased property.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>1,000,000</b>

13. Program Performance

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

Our #1 goal is always survivor safety! DAS lost it's 25 bed emergency shelter as a result of hurricane Irma in 2017. We received state funding last year to assist with the purchase of a home to renovate, to open a new 15 bed shelter This location will also serve as the Middle Keys Outreach office and house our admin offices. Since the loss of this shelter, DAS has only had the 15 bed shelter in the Lower Keys. There is an additional request beyond the capital to rebuild for operating funds to assist with the ongoing services.

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



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Safety Planning, Risk 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, Risk 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?**

Domestic Violence survivors and their families. 400-800 unduplicated men, women and children.

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

Domestic violence survivors and their families will have a safe place to stay away from the batterer and receive the necessary restorative services. They will be able to move on and live a life that is violence free. This will all be tracked in our data software management system.

**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?**

Anything that the funding source considers a reasonable action.

**14. Is this project related to mitigation, response, or recovery from a natural disaster?**  No  Yes

**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):**

Hurricane Irma in 2017

**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)?**



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- 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):**

**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.*