

The Florida Senate Local Funding Initiative Request Fiscal Year 2025-2026

LFIR # 3031

1. Project Title	Safe Connections Family Visitation Centers	

2. Senate Sponsor Don Gaetz

3. Date of Request 3/7/2025

4. Project/Program Description

Our project for our visitation centers is to focus on creating a safe, child-centered, and supportive environment for supervised visitation between children and non-custodial parents, particularly in situations involving family conflict and domestic violence, by implementing features like dedicated play areas, trained staff, security protocols, and a welcoming atmosphere, while also providing access to additional resources like family counseling or parenting education when needed.

5. State Agency to receive requested funds

Department of Children and Families

State Agency contacted? Yes

9.

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

Type of Funding	Amount
Operating	100,000
Fixed Capital Outlay	0
Total State Funds Requested	100,000

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)	100,000	32%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	152,736	49%
Other	59,976	19%
Total Project Costs for Fiscal Year 2025-2026	312,712	100%

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

Fiscal Year	Amount		Specific	Vetoed
(уууу-уу)	Recurring	Nonrecurring	Appropriation #	
Is future-year fund	ing likely to be req	uested?	No	
a. If yes, indicate r	nonrecurring amou	nt per year.		
b. Describe the so	. Describe the source of funding that can be used in lieu of state funding.			

Complete questions 10 and 11 for Fixed Capital Outlay Projects

No

	Loc	The Flori cal Funding In Fiscal Yea	nitiativ	ve Reques	st	LFIR # 3031
10. Status of Const a. What is the cu		ne project?				
O Planning	🔵 Design	Construction	O N/A			
d. What is the es	timated start dat	e permitted)? e of construction? ion date of construc sed for ongoing oper		d 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
Administrative Costs:		
Executive Director/Project Head Salary and Benefits	Executive Director and Project Leader	100,000
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs		
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		0
Total State Funds Requested (m	ust equal total from question #6)	100,000

13. Program Performance

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

Funds will be used to establish and enhance a safe, child-centered, and supportive environment for supervised visitation, focusing on cases involving family conflict and domestic violence.

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

Supervised visitation, monitored exchanges, security enhancements, dedicated play areas, training, etc.

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

Same as above



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

Children and non-custodial parents in Okaloosa County, specifically those in high conflict custody cases. Estimated to serve hundreds of individuals each year.

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

Increased safety and relationships among children and parents. Could track successfully supervised exchanges, monitor reports that evaluate safety and effectiveness, etc.

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?

Contract change orders, funds reduced/reverted

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

a. If Yes, what phase best describes the project?

- D 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 infastructure)

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
- □ Yes, Received
- 🗆 No
- □ No, but intends to apply



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a. If yes, specify the program and state agency (ex. Loca	al Government Emergency Bridge Loan, Department	of
Commerce):		

17. Requester Contact	t Information		[]	
a. First Name	Shannon	Last Name	O'Conners	
b. Organization	Safe Connections Family Visitation Center			
c. E-mail Address	accounting@safe-conr	ections.org		
d. Phone Number	(850)598-2559	Ext.		
18. Recipient Contact				
a. Organization	Safe Connections Fam	ily Visitation Ce	enter	
b. Municipality and	d County Okaloosa			
c. Organization Ty	ре			
□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	Shannon	Last Name	O'Conners	
e. E-mail Address				
f. Phone Number	(570)404-0118	Ext.		
19. Lobbyist Contact I	Information			
a. Name	None			
b. Firm Name				
c. E-mail Address				
d. Phone Number				

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