



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** FCADV Generator Project

2. **Senate Sponsor:** Denise Grimsley

3. **Date of Submission:** 01/19/2018

4. **Project/Program Description:**

25 percent state match to purchase/install generators at Florida's 42 certified domestic violence centers.

5. **State Agency Contacted?** Yes

a. If yes, which state agency? Department of Legal Affairs and Attorney General

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
	1,457,309	1,457,309

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	4,371,927	75.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
<b>TOTAL</b>	<b>4,371,927</b>	<b>75.0 %</b>

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 5,829,236

9. **Previous Year Funding Details:**

a. Has funding been provided in a previous state budget for this activity? No

b. In the previous 5 fiscal years, how many years was funding provided? (Optional)

c. What is the most recent fiscal year the project was funded?

d. Were the funds provided in the most recent fiscal year subsequently vetoed?

e. Complete the following Worksheet.

<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b>
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	(If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

**10. Is future-year funding likely to be requested?**

No

**11. Program Performance:**

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

Survivors of domestic violence and their children will be able to shelter in-place in certified DV centers.

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

Funds will cover the purchase and installation of generators at all Florida certified DV centers so that centers may continue providing services as proscribed in s. 39.905, F.S.

**c. How will the funds be expended?**

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		
<input type="checkbox"/> Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		



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Fixed Capital Construction/Major Renovation		
<input checked="" type="checkbox"/> Construction/Renovation/Land/Planning Engineering	Purchase/installation of generators	5,829,233
TOTAL		5,829,233

**d. What are the direct services to be provided to citizens by the appropriations project?**

Domestic violence survivors and their children will receive services as provided in s. 39.905, F.S.

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

Survivors of domestic violence receiving shelter services in Florida's certified domestic violence centers.

**f. 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 children may continue receiving shelter services in Florida's confidentially-located certified domestic violence centers during hurricanes and will not be exposed to danger in publically designated hurricane shelters.

**g. 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?**

None

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

The facilities are Florida's 42 certified domestic violence facilities as defined and certified under ch. 39, Part XII, F.S.

**13. Requestor Contact Information:**

- a. **Name:** Tiffany Carr
- b. **Organization:** Florida Coalition Against Domestic Violence
- c. **Email:** carr\_tiffany@fcadv.org
- d. **Phone Number:** (850)510-8168

**14. Recipient Contact Information:**

- a. **Organization:** Department of Legal Affairs and Attorney General
- b. **County:** Statewide
- c. **Organization Type:**
  - For Profit
  - Non Profit 501(c) (3)
  - Non Profit 501(c) (4)
  - Local Entity
  - University or College



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Other (Please specify) State Agency

**d. Contact Name:** Emery Ganey

**e. E-mail Address:** emery.ganey@myfloridalegal.com

**f. Phone Number:** (850)245-0140

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** Tiffany Carr

**b. Firm:** Florida Coalition Against Domestic Violence

**c. Email:** carr\_tiffany@fcadv.org

**d. Phone Number:** (850)510-8168