

LFIR # 1060

1. Project Title	Hope & Safety fo	r Domestic Abuse S	Survivors		
2. Senate Sponsor	Ana Maria Rodrig	uez			
3. Date of Request	10/31/2025				
4. Project/Program De	escription				
as our new shelter. T	The requested funds administrative office	s will be used for the es. These services	at renovation. The prowill provide domestic	operty will house the violence survivors	perty to be renovated e emergency shelter, and their families, endence.
5. State Agency to rec	eive requested fur	nds Departme	ent of Children and Fa	amilies	
State Agency conta	cted? Yes				
•					
6. Amount of the Nonr	ecurring Request f	ior Fiscal Year 202	26-2027		
Type of Funding			Amo	unt	
Operating				0	
Fixed Capital Outlay				500,000	
Total State Funds F	Requested			500,000	
7. Total Project Cost fo	or Fiscal Year 2026	5-2027 (including r	natching funds avai	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from ques	stion #6)	500,000	67%	
Matching Funds					
Federal			0	0%	
State (excluding the	amount of this requ	est)	0	0%	
Local			0	0%	
Other			250,000	33%	
Total Project Costs	for Fiscal Year 202	26-2027	750,000	100%	
8. Has this project pre If yes, provide the r	most recent instan	ce:	Yes		
Fiscal Year (yyyy-yy)	Amo		Specific Appropriation #	Vetoed	
	Recurring	Nonrecurring			
2024-25	0	1,000,000	332A	No	
9. Is future-year funding a. If yes, indicate no			No		
b. Describe the sou	rce of funding that	t can be used in li	eu of state funding.		



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10. Status of Constructi	10	0. S	tatus	Ωt	Con	strua	tion
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a. What is the current phase of the project?

		c p. c,cc.				
Planning	Design	Construction	O N/A			
b. Is the project "	shovel ready" (i.	e permitted)?		No		
c. What is the est	imated start date	e of construction?		07/01/2026		
d. What is the est	imated completi	on date of construc	ction?	12/31/2026		
e. What funding s	stream will be us	ed for ongoing ope	rations a	nd maintenance of	the project?	

State, federal and local grants. Additionally other funds will be raised from private donors and RFPs will be completed for foundation resources.

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. is the owner of the facility and will receive the funds.

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

Spending Category	Description	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		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	or Renovation:	
Construction/Renovation/Land/ Planning Engineering	Domestic Violence Emergency Shelter Renovations.	500,000
Total State Funds Requested (m	nust equal total from question #6)	500,000

13. Program Performance

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

Emergency shelter and outreach services which will provide safety to survivors of domestic violence and their families and pets.

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

Emergency shelter and outreach services which will provide safety to survivors of domestic violence and their families and pets.

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



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Demostic violence currivers are citizens, but DV is a criterio for convices	
Domestic violence survivors are citizens, but DV is a criteria for services. d. Who is the target population served by this project? How many individuals are expected to be served?	
Domestic violence survivors, their families and pets.	
e. What is the expected benefit or outcome of this project? What is the methodology by which this outcom	ne will
be measured?	
A safe, accessible shelter will allow victims to rebuild their lives and services will be provided to help improve self sufficiency. Monitor use of the shelter, satisfaction surveys and case management notes.	f-
f. What are the suggested penalties that the contracting agency may consider in addition to its standard p for failing to meet deliverables or performance measures provided for in the contract?	enalties
Return the funds.	
14. Is this project related to mitigation, response, or recovery from a natural disaster? 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 infastructure)	
b. Name of the natural disaster (or Executive Order # for events not under a federal declaration):	
2017 hurricane Irma	
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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Commerce):	e program	and State ager	icy (ex. Loca	ii Governinei	it Emergenc	
Requester Contact	t Informat	ion				
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.			
Recipient Contact	Information	on				
a. Organization	Domestic	Abuse Shelter				
b. Municipality and	d County	Monroe				
c. Organization Ty	ре					
□For Profit Entity						
☑Non Profit 501(c	c)(3)					
□Non Profit 501(d	:)(4)					
□Local Entity						
□University or Co	llege					
□Other (please sp	pecify)					
d. First Name	Sheryl		Last Name	Schwab		
e. E-mail Address	slschwab	@fldas.org				
f. Phone Number	(305)240	-0073	Ext.			
Lobbyist Contact I	nformatio	n				
a. Name	Mary Ka	therine DeFoor D	DeLoach			
b. Firm Name	The Sou	thern Group				
c. E-mail Address	deloach@	thesoutherngro	up.com			
d Phone Number	(850)671	-4401				

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