



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1638

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

This project supports a mobile advocacy program. This program is similar to crisis intervention for substance abuse and mental health services. Domestic Violence advocates would dispatch out to scenes where domestic violence has occurred and work directly with victims. Derma Scanners allow for the advocates to assist law enforcement and advocates to get pictures of bruises before they show.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2026-2027

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

7. Total Project Cost for Fiscal Year 2026-2027 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	100,000	12%
Matching Funds		
Federal	678,000	77%
State (excluding the amount of this request)	0	0%
Local	100,000	11%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	878,000	100%

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.

Complete questions 10 and 11 for Fixed Capital Outlay Projects



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1638

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
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	Purchase of Derma Scanners	100,000
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		100,000

13. Program Performance

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

The funds are to increase survivor safety, increase response to domestic violence services for survivors. In addition, this will increase collaboration between child welfare, police response, and prosecution rates.

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

Advocates will dispatch out and provide immediate services to survivors of domestic violence. The derma scanners will be able to be used in the field to identify bruises up to 3 days earlier.

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



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1638

Yes, domestic violence services will be provided to survivors in Broward County.

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

All domestic violence victims in Broward County.

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

The project is designed to increase support to Domestic Violence victims. Measurements would be the number of survivors helped by the project, as well as those that successfully agree to prosecute.

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?

Suggested penalties could include removal of funds.

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
- ☐ Yes, Received
- ☐ No
- ☐ No, but intends to apply



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1638

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

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