



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2026-2027

LFIR # 1681

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

In 2017 DAS lost their 25 bed emergency shelter during hurricane Irma. We have purchased a property to be renovated as our new shelter. The requested funds will be used for that renovation. The property will house the emergency shelter, outreach offices and administrative offices. These services will provide domestic violence survivors and their families, including pets, safety from abuse and the ability to move forward successfully with safety and independence.

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	0
Fixed Capital Outlay	500,000
<b>Total State Funds Requested</b>	<b>500,000</b>

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)	500,000	67%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	250,000	33%
<b>Total Project Costs for Fiscal Year 2026-2027</b>	<b>750,000</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**



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#### 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)?

No

##### c. What is the estimated start date of construction?

07/01/2026

##### d. What is the estimated completion date of construction?

12/31/2026

##### e. What funding stream will be used for ongoing operations and 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. DCF is a funder of DAS.

#### 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		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Funds will be used entirely for renovations.	500,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>500,000</b>

#### 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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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 outcome 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. 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?**

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 infrastructure)

**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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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.*