



The Florida Senate

Local Funding Initiative Request

Fiscal Year 2026-2027

LFIR # 1705

1. Project Title Empowerment Pathway Project: Strengthening Domestic Violence & Sexual Assault Services in Marion Co.

2. Senate Sponsor Stan McClain

3. Date of Request 11/21/2025

4. Project/Program Description

Marion County is transitioning to a new domestic violence provider on July 1, 2026 and will simultaneously merge domestic violence and sexual assault services under one dual-certified provider. This restructuring will strengthen victim safety, eliminate service gaps, and create a unified trauma-informed response system. The Marion County Hospital District (MCHD) has historically managed appropriations to ensure financial and program accountability and currently provides free space for domestic violence outreach services and the Sexual Assault Center, significantly reducing provider costs. The transition to a dual-certified provider will create a funding shortfall due to startup expenses, staffing requirements, training, and overlapping operational needs. Without supplemental funding, the county risks reduced shelter capacity, limited forensic exam availability, and interruptions in crisis response. This appropriation will stabilize operations during the transition.

5. State Agency to receive requested funds Department of Children and Families

State Agency contacted? Yes

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

Type of Funding	Amount
Operating	1,250,000
Fixed Capital Outlay	0
Total State Funds Requested	1,250,000

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)	1,250,000	100%
Matching Funds		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
Total Project Costs for Fiscal Year 2026-2027	1,250,000	100%

8. Has this project previously received state funding? Yes

If yes, provide the most recent instance:

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2025-26	0	500,000	305A	No

9. Is future-year funding likely to be requested? Yes

a. If yes, indicate nonrecurring amount per year. 1,000,000

b. Describe the source of funding that can be used in lieu of state funding.



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The new organization intends on apply for ESG Funding for Housing, Violence Against Women Act, and potential county/city funding if available.

Complete questions 10 and 11 for Fixed Capital Outlay Projects

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	This amount to cover shared services personnel including the programs team, finance team, as well as direct service personnel.	250,000
Expense/Equipment/Travel/Supplies/Other	This amount to cover various operational costs including basic needs supplies, cleaning supplies, equipment, furniture, repairs and maintenance, mileage, utilities, and other items needs for a dual certified shelter and center.	900,000
Consultants/Contracted Services/Study	This amount to cover audit and other consultant services as contractually required.	100,000
Fixed Capital Construction/Major Renovation:		
Construction/Renovation/Land/Planning Engineering		0
Total State Funds Requested (must equal total from question #6)		1,250,000

13. Program Performance

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



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The requested funds will ensure uninterrupted domestic violence and sexual assault services during Marion County's July 1, 2026 transition to a new, dual-certified provider. Funding will cover critical transition costs, including staffing, training, and operational adjustments required to merge both programs, maintain shelter capacity, and sustain forensic exam and crisis response services. This support will stabilize the system during restructuring and protect survivor safety across the county.

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

The requested funds will support the full range of domestic violence and sexual assault services needed to ensure a smooth transition to a dual-certified provider. These funds will maintain 24/7 emergency shelter operations, hotline response, advocacy, safety planning, case management, and sexual assault forensic exams. They will also support the staffing, hiring, and specialized training required for dual certification, as well as outreach services provided in the free facilities offered by MCHD. Additionally, the funds will cover essential transition and operational costs to ensure seamless coordination with law enforcement, hospitals, and community partners. Overall, this support will guarantee uninterrupted, trauma-informed services for survivors throughout Marion County during the restructuring period.

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

The appropriation funds will directly support 24/7 emergency shelter, crisis intervention, and safe housing for survivors of domestic violence. They will fund domestic violence and sexual assault hotline services, safety planning, and in-person advocacy for individuals in crisis. Funds will also support Sexual Assault Forensic Exams (SANE services), including medical care and immediate victim accompaniment. In addition, survivors will receive case management, legal advocacy, injunction support, and connection to community resources. Outreach and on-site victim support provided in the free MCHD facilities will also be sustained through this funding.

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

The target population for this project includes survivors of domestic violence and sexual assault in Marion County, as well as their children and family members who require safety, crisis intervention, and trauma-informed support. This project will primarily serve individuals experiencing immediate danger, seeking emergency shelter, requesting sexual assault forensic exams, or needing advocacy and safety planning. Based on current service trends, the merged dual-certified provider is expected to serve approximately 2500-3000 individuals annually, including hotline callers, shelter residents, sexual assault survivors, and those receiving outreach, advocacy, and case management services.

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 expected to ensure uninterrupted, trauma-informed domestic violence and sexual assault services for individuals and families in Marion County during the transition to a dual-certified provider. The anticipated outcomes include improved survivor safety, increased access to emergency shelter and forensic exams, stronger coordination with law enforcement and healthcare partners, reduced service gaps, and a more efficient and unified system of care. These outcomes will be measured through standardized data collection and performance tracking, including the number of survivors served, shelter utilization, hotline call volume, forensic exams completed, advocacy contacts, safety plans developed, and legal advocacy outcomes. All service data will be recorded and monitored through MCHD's Mindshare platform, which provides real-time dashboards to track utilization, performance metrics, and compliance.

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?

1. Warning & Rectification Period: Formal warning with a chance to correct minor issues within 30 days of notice
2. Financial Deductions: Percentage-based deductions from future payments for continued non-compliance.
3. Withholding Funds: Delay or withhold future disbursements for significant breaches.
5. Scaling Penalties: More severe breaches incur larger penalties.

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)



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- ☐ 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

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



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- ☐ For Profit Entity
- ☐ Non Profit 501(c)(3)
- ☐ Non Profit 501(c)(4)
- ☐ Local Entity
- ☐ University or College
- ☒ Other (please specify) Special District

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.