



SPECIAL EVENTS FUNDING/DONATION REQUEST PROGRAM INFORMATION GUIDE

Organizations or individuals seeking funding from the City of Margate must complete the Special Events Funding/Donation Request Application for Organizations or the Special Events Funding/Donation Request Application for Individuals. The amount requested cannot exceed \$1,000 per organization or \$500 per individual. Organizations or individuals must submit said application and necessary documentation to:

City of Margate
City Clerk's Office
5790 Margate Boulevard
Margate, FL 33063

For requests by both organizations and individuals, the funding request must provide a public benefit (educational, economic, health, etc.) to the City of Margate and its citizens. If the requestor is an individual, the individual must be a City of Margate resident. For individual requests, registration fees associated with a school, program, or event shall be paid directly to the sponsoring entity, if possible. If the requestor is an organization, the organization must:

- Be a non-profit organization, either with Articles of Incorporation filed with the Florida Department of State, or for those non-profits organized within another state, be registered with the State of Florida as a foreign corporation.
- Be in existence and operating within the State of Florida for at least twelve (12) months prior to the date of application to the City for a donation.
- Submit in addition to their application: (1) a copy of their 501(c)3, 501(c)4, or 501(c)6 notification letter; (2) a copy of their current Form 990 (if your organization is required to file this document); (3) a copy of their last completed audit; and (4) annual budget.

After receipt of the application, all applications shall be presented to the City Commission at the next regularly-scheduled City Commission meeting. The City Commission, at its sole discretion, shall determine which organizations or individuals are awarded funding. All decisions of the City Commission are final and binding. Once funding has been approved, the approved amount will be provided to the organization or individual. Please note that an affidavit will be prepared by the City and must be completed by the organization or individual recipient within two weeks of the event/expenditure. In addition, reports of service delivery/expenditures of any funds and/or receipts may be required. Furthermore, all individual recipients are requested to provide/present photographs/details following the event/expenditure at a public meeting. If an organization or individual is awarded a donation for a particular purpose/event, and the event is canceled, a full reimbursement to the City is required. Organizations and individuals may apply for one donation per fiscal year. Organizations or individuals that have failed to meet a reimbursement obligation in previous years or additional conditions of approval will not be eligible for future consideration until all prior obligations have been fulfilled.



SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR ORGANIZATIONS

Please attach pertinent background information to this application. You may attach additional pages, if needed.

ORGANIZATION PROFILE			
Organization Name: Women In Distress		Today's Date: 10/15/2019	
Organization Leader: Mary Riedel		Title: President & CEO	
Mailing Address: PO Box 50187	City: Lighthouse Point	State: FL	Zip: 33064
Phone Number: 954-760-9800 Ext. 1033		Email Address: grants@womenindistress.org	
Website: womenindistress.org		Tax ID: 59-1592524	
Total number served by organization in last calendar year: <u>3578</u> . Of which, <u>156</u> were Margate residents.			
Total number of Margate residents projected to be served in next calendar year: <u>80</u>			
Organization Description: Women In Distress has been the forerunner for helping domestic violence victims in the Broward County, including the city of Margate, for over 45 years. As the only nationally accredited, state-certified, full service domestic violence center in Broward County, Women In Distress provides 24-hour crisis intervention, emergency shelter, counseling and support services free of charge to families affected by domestic violence no matter their age, gender identity, race, sexual orientation, religion, mental or physical disability, veteran or military status, immigration status, language spoken or socioeconomic standing.		Organization Information (Please indicate which of the following criteria your organization meets): ☒ Tax Exempt status under Internal Revenue Code 501(c)3, 501(c)4, or 501(c)6. Please include copy of your notification letter and most current Form 990 if your organization is required to file this document. ☐ Not a private Foundation as defined under Internal Revenue Code 509.4. ☐ Volunteer Board of Directors is the governing body. ☐ Independent audit is performed each year. If so, please include last completed audit. ☐ Annual budget is approved by the Board of Directors. Please include. ☐ Registered with Charity Navigator.	

ABOUT THE FUNDING REQUEST	
Funding Request: \$1,000	Total Budget/Cost for Special Event:
% of funding request used to provide services: <u>90%</u>	% of funding request for administration: <u>10%</u>
Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable): Women In Distress respectfully requests \$1,000 to provide nights of emergency shelter and wrap around services for Margate residents fleeing domestic abuse situations in the 2019-2020 fiscal year.	



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Please provide a needs statement (Why do you need the requested funds?):

Florida Department of Law Enforcement Annual Report for 2018 (last published year) there were 99 cases of domestic violence within the city of Margate. These included 68 cases of simple assault, 23 case of aggravated assault, and 2 cases of rape. As the only full-service, state certified, domestic violence shelter in Broward, these victims are part of our mission to help.

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received:

Domestic violence survivors are provided shelter for up to 90 days including: food, clothing, lodging, transportation, advocacy, therapy, counseling, and housing relocation assistance within a safe environment for them and their children. Last fiscal year, WID provided nearly 30,000 nights of shelter and supportive services to 548 survivors (more than half of which are children). Our shelter allows them to escape the abuse they have been suffering and begin their lives anew. Due to the severity of the abuse, many of our survivors also need counseling and therapy, which is provided for them and a dedicated advocate (case management) to help them navigate the human services support network. In fiscal year 2019 Women In Distress provided 612 nights of shelter for Margate residents, 355 therapy hours, 182 advocacy (case management), and 97 hotline/crisis calls. The costs total more than \$107,883 worth of services for Margate residents and we are seeking your help in covering part of these costs.

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City:

Women In Distress utilizes an empowerment-based model to meet the needs of individuals and families affected by domestic violence. Services provided at WID are designed to empower survivors to make their own decisions and reclaim their independence and rebuild their lives without the fear of violence. All services provided at WID are free of charge to survivors fleeing domestic violence. The \$1,000 provided by the City of Margate will go towards supplementing the cost of services provided to the residents of Margate.

Demonstrate how you will evaluate your results. These measures need to be directly related to the need and expected outcome:

Satisfaction Surveys: Survivors are able to provide ongoing, anonymous feedback via surveys that touch on the services provided, whether survivors felt respected when receiving services, the cleanliness of the facilities, the timeliness of service, and whether staff is knowledgeable and reliable.

Ongoing House Meetings: While residing in the shelter, survivors attend ongoing house meetings to discuss any concerns and questions with staff, as well as provide feedback on services provided.

Exit Surveys: Survivors are asked to complete exit surveys to give feedback on the services being provided, their overall experience, their suggestions for improvement, and what their plans will be to continue working toward their goals.

Follow-up: With the survivor's consent, WID staff conducts follow-ups 30, 60 and 90 days after departure to see if they have been able to continue working toward their self-established goals, and/or if they have any needs.



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Please list other sources and amounts being requested from other agencies:
VOCA- IFP \$557,906.00; VOCA- EJ \$64,000.00; City of Fort Lauderdale CDBG \$37,000.00;
City of Pompano Beach CDBG \$15,000.00; City of Miramar LETF \$10,000.00;
VOCA- OAG \$846,000.00; VOCA- CPI \$58,585.00; FCADV- TANF \$421,649.00

Has your organization received funding from the City of Margate in the past? ☐ Yes ☐ No

If yes, please indicate the amount and the year:

2018 \$1,000
2017 \$1,000
2016 \$1,000
2015 \$1,000

(Agency) Women In Distress of Broward County, Inc. agrees to assure compliance with all applicable federal, state, and local laws and regulations, including but not limited to:

Civil Rights Act of 1964
Section 501 of the Rehabilitation Act of 1973
Title IX of the Education Amendments of 1975
Age Discrimination Act of 1975
Section 654 of OBRA of 1981
ADA of 1990
HIPPA of 1996

This application must be signed by the applicant's authorized representative. By signing this application, the authorized representative certifies that the organization for which funding is sought has full knowledge of the grant request and is able to utilize the funds sought for their stated purpose. Please note that reports of service delivery and expenditures of any funds may be required.

I certify that the above information is true and accurate

Authorized Representative (Printed): MARY REDEK Date: 10/16/2019
Authorized Representative (Signature): [Signature] Date: 10/16/2019

This application and its content are considered a public record in accordance with Florida Statutes Chapter 119. If you believe any information on this application is exempt from public records in accordance with Florida Statutes Chapter 119, please provide an explanation and attach to this application.

OFFICIAL USE ONLY

Date Received:

Application Reviewed By:

Amount Approved by City Commission:

Date Approved:

Account #