

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 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 further a public purpose as determined by the City Commission. If the requestor is an individual, the individual must be a City of Margate resident. 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 reports of service delivery/expenditures of any funds and/or receipts may be required. 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 of Broward County, Inc.			Today's Date: 11,16,15			
Organization Leader: Mary Riedel		Title: President and CEO				
Mailing Address: PO Box 50187	City: Ligh	thouse Point	State: FL	Zip:33074		
Phone Number: 954-760-9800		Email Address: ktekni	nail Address: kteknipp@womenindistress.org			
Website: www.womenindistress.org		Tax ID: 59-1592524				
Total number served by organization in last calendar year: 3,261 . Of which, 250 were Margate residents.						
Total number of Margate residents projected to be served in next calendar year: 250						
Organization Description: Women In Distress's emergency shelter provides the initial crisis intervention services that are needed to keep individuals in high lethality domestic violence situations safe. Women In Distress is requesting \$3,000 from the City of Margate to provide residents of Margate who are domestic violence survivors with nights of safe emergency shelter, basic needs such as food and clothing, as well as supportive services such as counseling, support groups, therapy, children's services and transitional assistance. Women In Distress has been the only nationally accredited, state-certified, full service domestic violence center in Broward County since 1974. Women In Distress works to accomplish our mission through an emergency shelter, 24-hour crisis hotline, advocacy and support groups.		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 F	UNDING REQUEST
Funding Request: \$1,000	Total Budget/Cost for Special Event: \$5,502,277
% of funding request for provision of services: 80	% of funding request for administration: 20

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 requests \$1,000 to provide domestic violence services to residents of the City of Margate from December 1, 2015 - November 30, 2016. Support of \$1,000 will provide residents with 10 nights of safe emergency shelter or 20 residents with outreach services such as individual counseling, support groups, infant and children's services and transitional assistance, or 100 crisis hotline calls.



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

The Margate Police Department reports in the 2014 Florida Law Enforcement Annual Report, in the City of Margate there were 159 reported cases of domestic violence abuse including:

2 cases of forcible fondling

33 cases of aggravated assault

123 cases of simple assault

1 case of threat/intimidation

With these alarming statistics, it is important to remember that domestic violence abuse is one of the leading most underreported crimes.

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

Residents of the City of Margate who are domestic violence survivors will be provided with critical services such as safe emergency shelter, outreach services such as individual counseling, support groups, infant and children's services and transitional assistance. Both shelter and outreach services provided to residents helps them to transition into self-sufficient lives, free of domestic violence. Children's services provided to the City of Margate's youngest residents reduces stress levels and effects of trauma that infants and young children experience due to domestic violence abuse. Intervening in the trauma that domestic violence causes young children at an early age, helps to reduce the effects that the abuse has on children and families and works to end the cycle of violence. Additionally, many times, safe emergency shelter is the last option for survivors before homelessness, so with each night of shelter that Women In Distress provides to residents, equates to another day that a resident of the City of Margate does not suffer from homelessness.

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

Support of \$1,000 from the City of Margate will provide residents with 10 nights of safe emergency shelter, 20 residents with outreach services such as individual counseling, support groups, infant and children's services and transitional assistance or 100 crisis hotline calls. Providing these services to survivors will not only meet their basic needs such as food, shelter and clothing, but also will provide them with the tools, skills and support necessary to transition into self-sufficient, violence-free lives.

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

Women In Distress utilizes a participant management system that tracks and maintains participant records. All services that are provided are entered into the database and reviewed for accuracy on a monthly basis by the Program Compliance Specialist and Programs Director.

Women In Distress continually evaluates services being provided to ensure that we are effectively meeting the needs of survivors and their children. Measuring the effectiveness of department operations, identifying areas for improvement and client needs and outcomes is an integral part of Women In Distress' strategic plan. To assess Performance and Quality Improvement, Women In Distress utilizes an integrative approach that encompasses all levels of staff within the agency, enabling the organization to gain a holistic perspective on the needs of the community and how best to effectively achieve our mission; including:



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Please list other sources and amounts being request	ed from other agencies:	
Other funding sources for Women In Distress' domest	tic violence services include:	
Florida Coalition Against Domestic Violence: \$1,783,6 Other government grants (federal, state and local lever Private grants (foundations, corporate giving program Women In Distress General Funds: \$2,215,130 Women In Distress Thrift Store Revenue: \$480,000 Pending for Private grants (foundations, corporate giv	el): \$766,333 is): \$322,750	
Has your organization received funding from the City If yes, please indicate the amount and the year:	y of Margate in the past? 🔳 Yes	□ No
The City of Margate has been a valued partner in the with gifts including:	fight to stop domestic violence fo	r residents over the past 23 years,
11/14/2014: \$1,000 10/11/2013: \$500 10/26/2012: \$1,000 2/11/2011: \$500		
(Agency) Women In Distress of Broward County, Inc.		agrees to assure compliance with all
applicable federal, state, and local laws and regulation Civil Rights Act of 1964 Section 501 of the Rehabilitation Act Title IX of the Education Amendment: Age Discrimination Act of 1975 Section 654 of OBRA of 1981 ADA of 1990 HIPPA of 1996	of 1973	
This application must be signed by the applicant's of representative certifies that the organization for which to utilize the funds sought for their stated purpose, funds may be required.	h funding is sought has full knowl	edge of the grant request and is able
I certify that the above information is true and accura		
Authorized Representative (Printed): Mary Riedel	,	Date: 11/16/2015 Date: 11/16/2015
Authorized Representative (Printed): Mary Riedel Authorized Representative (Signature): Mary Risa	del	Date: 11/16/2015
	FICIAL USE ONLY	
Date Received: Amount Approved by City Commission:	Application Reviewed B	y: Account #