



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: 11/27/2018	
Organization Leader: Mary Riedel		Title: President and CEO	
Mailing Address: Post Office Box 50187	City: Lighthouse Point	State: FL	Zip: 33067
Phone Number: 954-760-9800		Email Address: grants@womenindistress.org	
Website: www.womenindistress.org		Tax ID: 59-1592524	
Total number served by organization in last calendar year: <u>3,051</u> . Of which, <u>109</u> were Margate residents.			
Total number of Margate residents projected to be served in next calendar year: <u>109</u>			

Organization Description:

For over 44 years, Women In Distress has worked to stop domestic violence abuse for everyone through intervention, education and advocacy. 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: 1000	Total Budget/Cost for Special Event: 7,119,590
% of funding request used to provide services: 100	% of funding request for administration: 0

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 10 nights of safe emergency shelter for the residents of the City of Margate. Last fiscal year Women In Distress provided 2 residents with 113 nights of emergency shelter totaling \$10,622.00. Additionally we provided 68 residents with outreach services to include the following 164 hours of counseling and therapy, and 34 crisis hot line calls totaling \$8,382.46.



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

Based on the Florida Department of Law Enforcement Annual Report, in 2017 there were a total of 5,567 domestic violence offenses in Broward County, including 14 cases resulting in murder, a 43% increase from the previous year, 56 cases of forcible rape, 21 cases of fondling, and 1,079 cases of aggravated assault. By comparison to all of the other Counties in Florida, Broward County ranks sixth in the State for the total number of reported domestic violence cases. Regrettably, these offenses only paint a partial picture, as domestic violence is one of the most chronically under reported crimes in our country. The City of Margate reported 147 cases of domestic violence that resulted in the following: 119 cases of simple assault, 25 cases of aggravated assault, 1 case of fondling, and 1 case resulting in rape.

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, transportation, advocacy, therapy, counseling, food vouchers and housing relocation assistance within a secure shelter environment. Last fiscal year, WID provided 33,330 nights of safe shelter and supportive services to 731 survivors of which more than half of the survivors served in the emergency shelter were the smallest survivors of domestic violence – children. Emergency shelter, being at the heart of the organization, is designed to allow for our survivors fleeing abusive relationships to receive services on site while maintaining their security and anonymity. Due to the severity of abuse that our shelter residents experienced, our shelter team includes both Advocates and Therapists being readily available to provide emotional and psychological support as they arise.

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. Your \$1,000 will be applied to providing 10 nights of safe emergency shelter 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:

FCADV GR 589,030.45
FCADV DVTF 515,897.40
FCADV FVPSA 237,099.92
FCADV TANF 421,649.75
FCADV DVTFII 87,108.27
FCADV FVPSAII 87,108.27
FCADV DVS - OTHER EXP
FCADV PPE 20,000.00

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

If yes, please indicate the amount and the year:

2017- \$1,000
2016- \$1,000
2015- \$1,000
2014- \$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 ROEDER Date: 11/27/2018

Authorized Representative (Signature): MARY ROEDER Date: 11/27/2018

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: <u>11/28/18</u>	Application Reviewed By: <u>ACA</u>	
Amount Approved by City Commission:	Date Approved:	Account #