



CITY OF CREVE COEUR

**APPLICATION FOR
DOMESTIC VIOLENCE SHELTER FUNDING**

**YEAR FOR WHICH FUNDS
ARE REQUESTED:** _____ **DATE:** _____

NAME OF ORGANIZATION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

CONTACT PERSON: _____

EMAIL FOR CONTACT: _____

TELEPHONE NUMBER: _____

1) Evidence that the shelter is incorporated in the State of Missouri as a non-profit corporation. (Attach to application)

2) A list of the directors of the corporation and a list of the trustees of the shelter, if different.

Board of Directors (attach additional sheets, if necessary):

Name	Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Trustees, if different than Board members (attach additional sheets, if necessary):

Name

Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3) Please indicate how the directors and/or trustees represent the racial, ethnic and socioeconomic diversity of the community to be served.

4) Please indicate how at least one of the directors or trustees possesses personal experience in confronting or mitigating the problems of domestic violence.

5) The proposed budget of the shelter for the following calendar year (attach copy of budget which includes revenue sources and expenditure categories.)

_____ **proposed revenues**

_____ **proposed expenditures**

6) Provide the expense breakdown for the previous year's audit:

_____ **% Program**

_____ **% General Administration**

_____ **% Fundraising**

7) Provide a summary of the services proposed to be offered in the calendar year for which funding is sought (attach additional sheets, if necessary):

8) Provide the number of persons served during the past calendar year for which funding was awarded. What is the number of Creve Coeur residents served in the previous year?

9) Please explain how residential service or facilities are provided for children when accompanied by a parent, guardian, or custodian who is a victim of domestic violence and who is receiving temporary residential service at the shelter.

10) Please explain how your shelter requires persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify individuals served by the shelter and any information or records that are directly related to the advocacy services provided to such individuals. Additionally, please indicate how you inform individuals served by your shelter of the nature and scope of their confidentiality prior to providing them services.

11) Please state how your shelter does not discriminate in its admissions or provision of services on the basis of race, religion, color, age, marital status, national origin, or ancestry

LIST ATTACHMENTS:

_____ EVIDENCE OF MISSOURI NON PROFIT STATUS OF CORPORATION.

_____ BUDGET FOR CALENDAR YEAR FOR WHICH FUNDING IS SOUGHT.

IF THIS ORGANIZATION RECEIVED FUNDING IN A PRIOR YEAR, A COPY OF THE ORGANIZATION'S ANNUAL AUDIT FOR THE FISCAL YEAR IN WHICH THE FUNDING WAS RECEIVED IS ALSO REQUIRED TO BE SUBMITTED IN ACCORDANCE WITH STATE STATUTE.

Signature of Authorized Representative of the Shelter

Date