



## **City of Sikeston, Missouri**

# **APPLICATION FOR FUNDING DOMESTIC VIOLENCE SHELTER SURCHARGE FUND YEAR ENDING DECEMBER 31, 2018**

### **1. PROGRAM DESCRIPTION AND GUIDELINES**

#### **1.1 INTRODUCTION**

The Sikeston City imposed surcharges on violations of municipal ordinances. These monies are used to provide financial assistance to qualified local domestic violence shelters. Funding levels are based on the monies collected, and awarded by the Sikeston City Council. Consideration for funding award will be based on the number and type of services provided, and the number of persons served.

This program operates on a calendar year with allocations being made monthly. Shelters receiving funding must submit an annual report detailing statistics on the number of individuals served, type of services provided, with a copy of the shelter's independent audit for the year ended December 31, 2018 to the Sikeston City Council by March 31, 2019.

#### **1.2 ELIGIBLE APPLICANTS AND EXPENDITURES**

To be eligible for consideration the shelter must currently be in operation, and be incorporated in the State of Missouri as a nonprofit corporation. Funding, via the Surcharge Fund, is restricted to operational expenses of the domestic violence shelter. Capital expenses or outlays are not allowable expenditures of this program.

Eligible shelters must obtain at least twenty-five percent (25%) of their total operational funding from sources other than the City's Domestic Violence Shelter Surcharge Fund.

Shelters that discriminate in its admissions or provision of services on the basis of race, religion, color, age, martial status, national origin or ancestry are not eligible to receive funding.

## **2018 APPLICATION AND FUNDING TIMETABLE**

### **APPLICATION DEADLINE: SEPTEMBER 29, 2017**

- Applications **MUST** be received or postmarked by the deadline date
- Faxed applications will not be accepted
- Submit the signed original application plus one (1) photocopy. Do not staple, permanently secure or place the original in any type of binding or folder; secure it with a binder clip or paper clip. Copies may be stapled only.

### **SUBMIT APPLICATIONS TO:**

Sikeston City Council  
c/o Rhonda Council  
105 East Center Street  
Sikeston, MO 63801

### **NOTICE OF FUNDING AWARD: NOVEMBER 16, 2017**

#### **FIRST AWARD PAYMENT:**

February 10, 2018 for the period ending January 31, 2018

#### **LAST AWARD PAYMENT:**

January 10, 2019 for the period ending December 31, 2018

### **SHELTER OPERATIONAL REPORT AND INDEPENDENT AUDIT TO BE SUBMITTED TO COUNCIL: MARCH 31, 2019**

### **FOR ADDITIONAL INFORMATION CONTACT:**

Rhonda Council, Deputy City Clerk/Public Information Specialist  
Department of Governmental Services  
City of Sikeston  
105 E. Center Street  
Sikeston, MO 63801

(573) 471-2512  
[cityhall@sikeston.org](mailto:cityhall@sikeston.org)

**City of Sikeston, Missouri**

**SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE  
FUNDING PROGRAM FOR YEAR ENDING  
DECEMBER 31, 2018**

**APPLICATION**

Sikeston City Hall  
105 East Center Street, Sikeston, MO 63801  
(573) 471-2512

**I. Identification:**

Applicant Shelter:

Shelter Director:

Shelter's Mailing Address:

Telephone:

Fax:

Email:

Federal Employer Identification Number (FEIN):

Date of Incorporation:

Date Operations Began:

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**II. Primary Contact:**

Name:

Title:

Mailing Address:

Telephone:

Fax:

Email:

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**III. Application Prepared by:**

Name/Title:

Date:

Telephone:

Fax:

Email:

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**IV. Verification of Eligibility:**

- A. Attach copy of shelter’s Certificate of Incorporation from the Missouri Secretary of State.
  - B. Attach list of the directors of the corporation with addresses and telephone numbers.
  - C. Attach list of shelter trustees, their addresses and telephone numbers; indicate their representation of Sikeston’s racial, ethnic and socioeconomic diversity; and indicate their personal experience in confronting or mitigating the problems of domestic violence.
  - D. Attach list of the applicant shelter’s proposed funding sources indicating the type of support supplied (cash, goods or services), and what percentage of the shelter’s total operational income each source provides.
  - E. Submit documentation stating the nature and type of residential services or facilities provided for children when accompanied by a parent, guardian or custodian who is a victim of domestic violence and receiving temporary residential service at the shelter?
  - F. Does the applicant shelter require its employees and volunteers to maintain the confidentiality of any information that would identify the individuals served by the shelter?                      If so, attach copy of statement.
  - G. Does the applicant shelter require its employees and volunteers to maintain the confidentiality of information or records that are directly related to the advocacy services provided to shelter residents? If so, attach copy of statement.
  - H. Does the applicant shelter advise individuals being served by the shelter of the nature and scope of its confidentiality requirements? If so, attach copy of statement.
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**V. Historical Data:**

- A. Attach summary of the applicant shelter’s prior year’s activities. Indicate what specific services and programs were provided.



**CITY OF SIKESTON:**

Approved and funding appropriated this                      day of                      2017.

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Steven Burch, Mayor                      Date

ATTEST:

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Carroll Couch, City Clerk                      Date