

**2015 DOMESTIC VIOLENCE SHELTER GRANTS (DVSG)  
APPLICATION FOR FY 2015 DVSG ALLOCATION FUNDING**

<b>GENERAL INFORMATION</b>		
Name of Applicant		DUNS Number
<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Unit of Local Government	
Street Address		PO Box
City	State	ZIP Code
County	Contact Person	
Title	Telephone Number	
Fax Number	Email Address	
Total amount requested from FY 2015 Allocation (See Attached Guidelines)		\$

<b>ELIGIBLE ACTIVITIES</b>		
<input type="checkbox"/> Building New Construction	<input type="checkbox"/> Building Renovation	<input type="checkbox"/> Purchase Facility/Building

Total Anticipated Cost of Project	\$
Amount Requested	\$
Total Amount of Match (See Attached Guidelines)	\$
Sources of Match	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**REQUIRED ORGANIZATIONAL DOCUMENTS**

Submit one copy of the following documents to the DCS by the due date of the application.

Business Plan:

- Timeline for Projects
- Staffing Plan
- Budget and Finance Statements
- Engineering/Architecture Report
- Start-up (if applicable) and Operational Budgets
- Letters of Commitment from Other Funding Sources

## **Program Description**

Please describe the proposed program. (Attach additional pages if needed). Be sure to include details on the following:

- Outreach methods;
- Details of the types of assistance and services that will be provided to the individuals/households in the program;
- Explain specific triage and screening processes that will be used;
- Details on the length of the program;
- Explain how the program will shorten the length of time that households are homeless (on streets, in emergency shelter, and/or transitional housing);
- How service will be coordinated with other programs within the agency and within the larger community (including mainstream services);
- Program outcomes (current and/or projected); and

**CERTIFICATION**

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining funds under the Domestic Violence Grant Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant shall not, in the provisions of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap. Verification of any of the information contained in this application may be obtained from any source named herein.

I certify that I am authorized to execute this application on behalf of the Applicant.

Signature

Date

**APPLICATION DEADLINE**

One copy of your **FY 2015 Application** is due to the North Dakota Department of Commerce, Division of Community Services. **The application deadline is firm as to the date stated in the attached Guidelines.**

DCS will not consider any incomplete applications or applications received after the deadline. Applicants should take this into account and submit applications as early as possible to avoid risk brought about by unanticipated delays or delivery-related problems. In particular, applicants must provide sufficient time to permit delivery on or before the deadline date and hour. Acceptance by post office or private mailer does not constitute delivery. Facsimile (FAX), COD, and postage due applications will not be accepted.

All applications must be typed. **No hand-written applications will be accepted.**

Mail Completed Application to:

Adele Sigl  
Department of Commerce (DCS)  
1600 East Century Avenue, Suite 2  
PO Box 2057  
Bismarck, ND 58502-2057