



THE CITY OF  
**BAYONNE**  
NEW JERSEY

## City of Bayonne Domestic Violence Grant

### PURSUANT TO THE FEDERAL AMERICAN RESCUE PLAN

#### **I. PURPOSE OF GRANT**

The City of Bayonne has received funding under the American Rescue Plan Act that can be utilized to support educational and social programs hosted by non-profit organizations. The goal of the City of Bayonne's Domestic Violence Grant is to help combat domestic violence within our city by conducting outreach, providing educational programs, and interventions. Domestic violence affects individuals and families in every community regardless of age, economic status, sexual orientation, gender, race, religion, or nationality. Domestic violence can result in physical injury, psychological trauma, and in severe cases, even death. The devastating physical, emotional, and psychological consequences of domestic violence can cross generations and last a lifetime; and tens of thousands of domestic incidents occur each year in New Jersey.

#### **II. AWARD AMOUNT**

As a part of this effort, the City of Bayonne is awarding a total of \$25,000 in grants to assist with the needs of combating domestic violence. Award amounts will vary based on the number of applicants on a per capita basis. The grant will be issued following review of this application and the required attachments. Failure to include all information specified in this application, including the required attachments, will result in disqualification. Upon completion of the review of the application, the City of Bayonne will issue an automatic grant payment in accordance with information contained in the application. All decisions of the City of Bayonne are final.

#### **III. CERTIFICATION IN SUPPORT OF A GRANT APPLICATION**

The grant applicant must specifically certify to the following:

- a) The applicant is currently registered as a non-profit with the New Jersey Department of Treasury.
- b) The applicant's work is dedicated to assisting people and their families to achieve self-sufficiency and live safe and productive lives.
- c) The applicant will conduct outreach, educational programs, and interventions including but not limited to women, people of color, and members of LGBTQAI+ community within the City to confront the issue of domestic violence.

#### **IV. DOCUMENTS NEEDED TO SUPPORT A GRANT APPLICATION**

Any grant application submitted must contain the following documents:

- i. Completed and Signed Form W-9 - Request for Taxpayer Identification Number and Certification
- ii. 2021 Form 990 tax return or extension
- iii. A list of the current board members
- iv. A copy of board-approved budget.
- v. Recent financial statements, including statement of financial position (balance sheet) and statement of activities (profit and loss statement).

#### **V. FAILURE TO USE FUNDS PROPERLY**

As this program is federally funded, any business who files a fraudulent grant application or misuses grant funds will be obligated to return any funds improperly received plus interest at the rate of 1% per annum.



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**DOMESTIC VIOLENCE GRANT APPLICATION FORM**

Is your organization exempt under section 501(c)(3) of the Internal Revenue Code (indicate with an "X")?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, you may proceed with the application. IF NO, PLEASE DO NOT APPLY.

**GENERAL INFORMATION**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Website: \_\_\_\_\_

Organization EIN (Federal Tax ID Number): \_\_\_\_\_

Name of top staff member (Executive Director or equivalent): \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**APPLICANT INFORMATION**

Year founded: \_\_\_\_\_

Total current budget: \$ \_\_\_\_\_

Number of staff: F/T \_\_\_\_\_ P/T \_\_\_\_\_

Number of volunteers annually: \_\_\_\_\_

What role do volunteers play in your program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of areas served (indicate with an "X"): Rural \_\_\_\_\_ Urban \_\_\_\_\_ Suburban \_\_\_\_\_

List geographic areas served (include cities/counties):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of contact person for application: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**SERVICES OFFERED BY YOUR ORGANIZATION (INDICATE WITH AN "X")**

SERVICE	YES	NO
Advocacy & Counseling		
Public Education		
Children's Services		
Teen Education & Services		
Crisis Hotline		
Support Groups		
Employment Referrals		
Intervention Services		
Transportation Services		
Meals / Food Pantry		
Job Skill / Computer Training		
Transitional Housing		
Legal Assistance		
Sexual Assault Services		
On-Site Child Care		
Emergency Shelters		

**STATISTICS FOR FISCAL YEAR ENDING IN 2021**

Number of emergency shelters operated	
Emergency shelter(s) capacity	
Average length of shelter stay	
Maximum length of stay	
# Of women served annually in shelters	
# Of children served annually in shelters	
# Of men served annually in shelters	
Total # of women served annually for all services	
Total # of children served annually for all services	
Total # of men served annually for all services	

**SURVIVOR DEMOGRAPHICS**

*Provide the following demographic information on your client base (in percentages):*

<i>Ethnicity</i>	<i>Percentage %</i>
Caucasian	
African American	
Hispanic	
Native American	
Asian	
Other (specify below)	
<i>Ages</i>	<i>Percentage %</i>
0-18 years	
19-50 years	
Over 50 years	

**PROGRAM QUESTIONS**

1. State the mission of your organization.

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2. Briefly describe your organization, the clients it serves, and its major objectives.

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3. Briefly list any services provided by your organization that are not included in the "Services Offered" box above.

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4. Provide a brief description of how the grant will be used.

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5. Does your emergency shelter house individuals other than domestic violence survivors (Indicate with an "X")? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain.

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6. Describe how the emergency shelter, hotline, and other services are publicized?

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8. Do you provide wheelchair access (indicate with an "X")? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe which parts of your facilities are accessible.

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9. How do you provide bilingual services (staff, interpreter, etc.)?

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10. Do you have an age limit for male children (indicate with an "X")? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what age? \_\_\_\_\_ If yes, how do you ensure that adolescent boys receive advocacy and services?

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11. When you have to turn people away from your emergency shelter, how do you provide appropriate services and advocacy?

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12. Is your organization a member of a state domestic violence coalition or organization (indicate with an "X")? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe.

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13. What is your greatest current challenge as an organization?

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14. What was your greatest accomplishment as an organization over the past year?

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### **FINANCIAL QUESTIONS**

1. Does your organization have audited financial statements (indicate with an "X")?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the ending period of the most recent audit and the name of the audit firm.

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And if you have audited financial statements, did you receive a qualified opinion from the auditor, and did you receive a management letter with any constructive or critical comments (Indicate with an "X")? Yes \_\_\_\_ No \_\_\_\_ If yes, explain.

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2. Is your organization's Form 990 past due for your last fiscal year (indicate with an "X")? Yes \_\_\_\_ No \_\_\_\_ If yes, explain.

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3. Does your organization have any past-due payroll taxes or other taxes, and does your organization have any pending or active litigation regarding a financial matter (indicate with an "X")? Yes \_\_\_\_ No \_\_\_\_ If yes, explain.

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**GRANT AGREEMENT**

Should we receive this grant, we agree to the following conditions:

1. The grant will be used for the operating budget of the organization to combat domestic violence.
2. We agree to file a one-page report with The City of Bayonne within one year about how the grant was used.
3. We would be willing to participate with The City of Bayonne in any media possibilities this grant may provide.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_