



# COUNTY OF BOONE

## Funding for Shelters for Victims of Domestic Violence

### *Proposal Form*

**Contact**

For questions, further information and/or accommodation related to disability, please contact:

Boone County Community Services Department

605 E. Walnut, Ste. A

Columbia, Missouri 65201

Phone (573) 886-4298

E-mail: [CommunityServices@boonecountymo.org](mailto:CommunityServices@boonecountymo.org)

Web: <http://www.showmeboone.com/communityservices/DomesticViolenceFunding.asp>

## Organization Information

Organization Name:			
DBA (if applicable):			
Physical (Street) Address:			
City:			
State:			
Zip:			
Mailing Address:			
City:			
State:			
Zip:			
Phone:			
Fax:			
E-mail Address:			
Web Site:			
<b>Head of Organization (e.g. Executive Director, President)</b>			
Name:			
Title:			
Phone:			
E-mail Address:			
<b>Contact for Proposal</b>			
Name:			
Title:			
Phone:			
E-mail Address:			
Is your organization affiliated with or part of a larger organization?		YES	If "Yes," Name of organization:
		NO	

## Narrative

Each narrative response should be brief and clearly written, and as if the reviewer has no knowledge of your organization.

Provide a summary of the shelter services for victims of domestic violence proposed to be offered in the following calendar year.

Provide an estimate of the number of persons to be served during the following calendar year.

Provide a detailed description of any services the shelter is providing in cooperation with any County office, including but not limited to, the Circuit Clerk of Boone County, Boone County Sheriff, Boone County Juvenile Office and/or the Boone County Prosecuting Attorney.

ADA Compliance: Are your organization's administrative and program services, facilities, and employment practices in compliance with Title II of the Americans with Disabilities Act?

Yes

No

If "No", you must provide a written plan of accommodation and a transition plan along with the "Required Organization Documents and Information." Please note that proposals will be considered unresponsive if these documents are not provided.

## Proposal Agreement and Certification

The applicant organization has reviewed and agrees to comply with policies and procedures outlined in the *County of Boone Funding for Shelters for Victims of Domestic Violence Guidelines*.

Yes

No

I certify that the information included in this proposal is true, accurate and submitted with the approval of the applicant organization's governing board.

Yes

No

Certified By (Name):	
Title:	
Date:	

## Proposal Submission

Completed *Proposal forms*, along with the required documents, must be submitted as attachments via e-mail to:  
[communityservices@boonecountymo.org](mailto:communityservices@boonecountymo.org)