

City of Rapid City
Community Development Block Grant (CDBG) Program
Application for Funding

A. General Information:

Agency Name: Working Against Violence, Inc.
Address: P. O. Box 3042 Rapid City, SD 57709
Address of Project: 404 Columbus St. (shelter) 822 Main St. (Admin. /Sexual Assault Program)

Agency Director: Christine Smith Phone: (605) 341-3292
Board President: Margaret Seljeskog
(Attach list of board members)

B. Purpose of the organization: WAVI's mission is to create a community free of domestic violence and sexual assault through advocacy, education, and support services, including emergency shelter, support groups, transportation, and community education.

C History of the organization: WAVI was established in 1978 as a grass roots organization. A shelter was purchased in 1980 and has been operating since. In 1996 WAVI added a Children's Program to address the needs of youth in shelter. Services to victims of sexual assault have been expanded and now include a separate 24-hour crisis line. In February of 1999 WAVI opened Commonground, West River's first visitation and exchange center. The center provides safe, child centered, supervised visitation services. In 2002 we began a concentrated effort to reach the rural areas of Pennington County.

D. Agency/Organization Goals: The over all goal of WAVI is to eliminate domestic violence and sexual assault. During this coming year WAVI will move into a new program facility that will increase our capacity to serve Rapid City and Pennington County. We will be looking for additional funding sources to meet the anticipated growth in services.

E. Program/Project Benefit:

1. Number of clients served during the last twelve (12) months: Direct service clients – 1397
Crisisline contacts - 2800

2. Number of clients served in Rapid City: 1117 Outside Rapid City: 280

3. Maximum number of clients your agency can serve at any one point in time: 30 in shelter
56-60 in total

* These numbers will increase in the new facility.

4. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons: Yes No: X

5. Does your agency serve any of the following specific groups of clientele? (if "no" go to #6)

<u> X </u> Abused and/or neglected children	<u> X </u> Homeless persons
<u> X </u> Elderly persons	<u> X </u> Disabled persons
<u> X </u> Battered spouse	<u> X </u> Illiterate persons

6. Does your agency require information on the following? (if "no" go to #7)

 Family size and income
 Very low income (income below 30% of area median income)
 Low income (income between 31% - 50% of area median income)

_____ Above 80% of median income

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7. If the benefits or services that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

The only qualifier used to receive service is that clients are survivors of either domestic violence or sexual assault or a family in need of visitation services.

8. If the project or activity for which CDBG funds are requested will create new or be used to improve permanent residential structures that will be occupied by low and moderate income households upon completion, please state how many will be:

Completed _____ New _____ Improved _____

Will the rental amounts remain affordable as per HUD guidelines? Yes _____ No: _____

Will the program beneficiaries or participants be limited to low and moderate income households?
Yes: _____ No: _____

F. Fee schedule for services, if applicable: N/A

G. Purpose and description of program/project for which funds are requested:

Salary for full-time case manager position to provide direct services to victims of violence. Services include intake, orientation, one on one advocacy, court advocacy, crisis counseling, transportation, assistance in housing and job search, and referral to other helping agencies.

H. Describe how funds will be used:

Funds will be used as partial funding for a case manager salary at the rate of \$10.00 per hour or \$20,800.00 per year.

I. Please state program/project start and completion dates:

April 1, 2004 through March 31, 2004

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J. If funds requested are for building expansion, renovation or a new facility, please complete the following information:

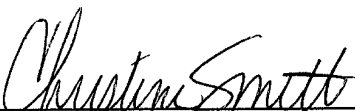
Existing Liabilities Against the Property:	\$ _____
Appraised Value:	\$ _____
Property Insurance Agent: _____	
Amount of Insurance Coverage:	\$ _____
Project Cost Breakdown:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Cost Estimate Prepared By: _____	
Architect (if applicable): _____	

K. Funding sources for the program/project:

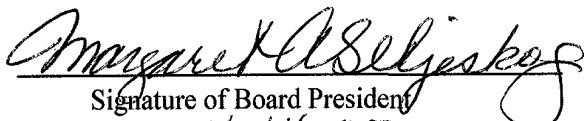
Community Development Block Grant Requested	\$ <u>7,500.00</u>
Other Funding Sources:	
DASA _____	\$ <u>6,500.00</u>
VOCA _____	\$ <u>6,800.00</u>

L. Financial Information:

Please attach financial statement.



 Signature of Agency Director
 Date: 11/14/03



 Signature of Board President
 Date: 11-14-03

Deadline for Applications
Friday, November 14, 2003
4:00 p.m.

Attachments: List of Board Members
 Financial Statements
 By Laws and Articles of Incorporation