



# DOMESTIC VIOLENCE CENTER

## APPLICATION FOR CERTIFICATION

Form CF 613, January 2015

Authority: s. 39.903, FS, Chap 65H-1.012, FAC

Department of Children & Families  
Office of Domestic Violence Program  
1317 Winewood Boulevard  
Building 3, Room 325  
Tallahassee, Florida 32399-0700  
850/921-2168

## **TABLE OF CONTENTS**

### **I. APPLICATION PROCESS INFORMATION**

|                               |   |
|-------------------------------|---|
| A. Background                 | 3 |
| B. Who May Apply              | 3 |
| C. How to Apply               | 3 |
| D. Technical Assistance       | 3 |
| E. Application Review Process | 4 |

### **II. WHAT AN APPLICATION MUST INCLUDE**

|   |   |
|---|---|
| A. Application for Domestic Violence Center Certification | 4 |
| Form CF 613, January 2015                                 | 6 |
| B. Business Plan  | 4 |
| 1. Executive Summary                                      | 4 |
| 2. Community Support                                      | 4 |
| 3. Financial Plan   | 4 |
| 4. Management Plan  | 5 |
| 5. Personnel Plan   | 5 |
| 6. Operations Plan  | 5 |
| 7. Service Plan   | 5 |
| C. Operating Policies and Procedures Manual               | 5 |

## **I. APPLICATION PROCESS INFORMATION**

### **A. Background**

The Department of Children and Families operates the statewide Domestic Violence Program (Department) that is responsible for developing minimum standards and approving or rejecting certification of domestic violence centers (section 39.903, Florida Statutes). In accordance with these responsibilities, each eligible organization seeking state certification is required to submit an application (Form CF 613) to the Department with details about the organization and the provision of services.

### **B. Who May Apply**

A not-for-profit domestic violence provider, having met all certification standards is eligible for certification by the Department. Minimum standards are provided in Chapter 65H-1, Florida Administrative Code, and section 39.905, Florida Statute that may be found on the Department's webpage at:

<http://www.myflfamilies.com/service-programs/domestic-violence>.

### **C. How to Apply**

Instructions for submitting an application are included in this application packet or are available from the Office of Domestic Violence Program's website at:

<http://www.myflfamilies.com/service-programs/domestic-violence>.

Please provide the Department with one hard copy and one electronic copy of the application, including all appropriate documentation outlined in these instructions. The hard copy of the application packet may be mailed or hand-delivered. Faxes will not be accepted. The hard copy of the application must include an original signature of the authorized official. The electronic version of the entire application must be sent via e-mail. The e-mail must include a statement verifying the date the hard copy of the application package was sent.

Applications must be mailed or hand-delivered and emailed to:

Office of Domestic Violence Program  
Florida Department of Children and Families  
1317 Winewood Boulevard, Building 3, Room 325  
Tallahassee, Florida 32399-0700

[domesticviolence@myflfamilies.com](mailto:domesticviolence@myflfamilies.com)

### **D. Technical Assistance**

A certification pamphlet with guidelines is posted on the Department's website at: <http://www.myflfamilies.com/service-programs/domestic-violence>. Applicants are encouraged to refer to the pamphlet to assist with the completion of their application.

In addition, applicants may contact the Domestic Violence Program Office at (850) 921-2168 regarding assistance with the completion of their application. Applicants

may also email questions to [domesticviolence@myflfamilies.com](mailto:domesticviolence@myflfamilies.com). Program staff will assist the applicant with any questions or additional information.

### **E. Application Review Process**

The Department's Domestic Violence Program staff members will conduct a review of the application and an on-site review of the applicant's facilities. Please allow a minimum of 90 days for the review process to be completed. Upon completion of the review, the applicant will be notified in writing on the status of their certification request.

## **II. WHAT AN APPLICATION PACKET MUST INCLUDE**

The application packet must be submitted in the order of the information listed below, include a table of contents and dividers for each section, and in the page format provided below:

1. Double spaced
2. 8½ x 11 inch paper
3. One inch margins
4. Type no smaller than 11 point, Arial font
5. Pages numbers

### **A. Form CF 613, Domestic Violence Center Application for Certification**

Application for initial certification shall be made on Form CF 613, Domestic Violence Center Certification Application, January 2015. The full-time administrator, board president, or the designated representative of the domestic violence provider shall complete and sign the application.

### **B. Business Plan**

The business plan shall provide a comprehensive description of all administrative and programmatic activities for current and future operations in a narrative format. The plan must include the following as provided in Chapter 65H-1, F.A.C.:

1. **Executive Summary.** Include, at a minimum, the mission, goals, objectives, and history of organization.
2. **Community Support.** Written endorsement of local law enforcement agencies and three letters of support from community partners.
3. **Financial Plan.** Description of the organization's spending and saving plan. Include the organization's financial statement, which identifies revenues by source and expenditures by category; an independent financial audit covering the previous 18 months operation as a domestic violence program, conducted by an independent certified public accountant; and a plan for sustainability with projected revenues and expenditures for the 24 months of operation following date of certification. The financial documentation must demonstrate a 25 percent local match in the form of cash, in-kind services, or a combination thereof.

4. **Management Plan.** Description of the organization's legal and organizational structure, including names, affiliations, mailing address, phone numbers, email address, and titles and positions held for the management team, board of directors, and any advisory boards. Resumes of board officers and management team must also be included. The plan must include documentation of the selection process, code of conduct, duties and responsibilities, training requirements for the board of directors, and any advisory boards. Minutes from the past six board and any advisory meetings must be included. Copies of by-laws, IRS tax exemption determination letter, Federal Employment Identification (FEID) number, city business license, county business license, and certificate of status or acknowledgement letter of registration from the Florida Department of State must also be included.
5. **Market Analysis and Plan.** Description of the local need for domestic violence services and how those needs are being met or if they are currently unmet. Demonstrate how services provided by the organization address a need identified in the most current statewide needs assessment approved by the Department. The current needs assessment may be obtained from the Domestic Violence Program Office or on the Department's website at <http://www.dcf.state.fl.us/programs/domesticviolence/publications/docs/NeedsAssessment0607.pdf>. Include descriptions of the service area and demographics, as well as strategies for public awareness and fundraising.
6. **Operating Plan.** Description of the facilities, cities where located (no confidential addresses), equipment, and assets. Include approval of the shelter facilities signed by local authorized zoning, building, and other applicable permitting agencies, based upon inspections not more than 60 days prior to the date of filing the certification application. Those buildings that have pre-established schedules with local regulatory agencies for annual re-inspection may submit written documentation of the results of such inspection held within the past calendar year.
7. **Services.** Description of each core service required by s. 39.905, F.S., and any additional services and programs. Illustrate the manner in which services are integrated with existing resources for domestic violence victims, for example, inter-agency agreements. For each of the core services, address the needs of underserved populations, including populations that are underserved because of disabilities, ethnicity, race, language, or geographic isolation. Identify the populations in the service area and address efforts to reach each of these populations. Include the number of persons served for each required service, and the gender, age, and ethnicity of the people served during the previous 18 months' operation as a domestic violence program.

### C. **Operating Policies and Procedures Manual.**

The operating policies and procedures manual must meet the requirements provided in Rule 65H-1.013, F.A.C.

# Application for Certification Domestic Violence Center

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

Name of Organization: \_\_\_\_\_  
(as registered with Secretary of State)

Fictitious Name/DBA: \_\_\_\_\_  
(if applicable and as registered with Secretary of State)

Other Names (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(administrative office only, do not provide confidential address of emergency shelter)

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from physical address):

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Administrative Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Hotline Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

Federal Employer ID #: \_\_\_\_\_ City Business License#: \_\_\_\_\_ County Business License#: \_\_\_\_\_

Form of Organization: Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
City Government \_\_\_\_\_ County Government \_\_\_\_\_

Date Incorporated or Legally Established: \_\_\_\_\_

Date Services Began: \_\_\_\_\_ Months of operation as a domestic violence center \_\_\_\_\_.

Date Shelter Opened (24 hours a day, 7 days a week): \_\_\_\_\_ . How many months? \_\_\_\_\_.  
Number of Adult Shelter Beds: \_\_\_\_\_

Types and numbers of service centers: \_\_\_\_\_  
(i.e. shelters, outreach, childcare, etc.)

Has the organization been granted tax-exempt status by the IRS? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending  
If yes, under what section of the federal code? 501(c) \_\_\_\_\_ (insert number)

Is the organization a member of the Florida Coalition Against Domestic Violence? \_\_\_ Yes \_\_\_ No \_\_\_ Pending

Service Area (list by county): \_\_\_\_\_

Mission Statement as included in the Articles of Incorporation: \_\_\_\_\_

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

### Applicant Information

The applicant is the designated representative for the organization and must attach resume. All contact from the Department will be through the designated representative.

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

Position/Title: \_\_\_\_\_

How long have you held this position/title? \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Parent Organization Information

Complete if the domestic violence provider is a subsidiary of another company or agency.

Name of Parent Organization: \_\_\_\_\_

Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

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

(if different from physical address):

City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Federal Employer ID Number: \_\_\_\_\_ City Business License: \_\_\_\_\_ County Business License: \_\_\_\_\_

Form of Organization: \_\_\_\_\_ City Government \_\_\_\_\_ County Government \_\_\_\_\_ Corporation  
\_\_\_\_\_ LLC \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Non for Profit \_\_\_\_\_ For Profit

Date Incorporated or Legally Established: \_\_\_\_\_

Company/Agency Head: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

We declare that \_\_\_\_\_ meets all standards for state certification as required by Chapter 65H-1, Florida Administrative Code, and section 39.905, Florida Statutes. By submission of this application and upon approval by the Department of Children and Families, we agree to abide by all rules and statutes that apply to the operation of a certified domestic violence center. We understand that any omissions, misstatements, or misrepresentations are grounds for rejection of certification. We understand that certification is for one year and is non-transferable. We understand that knowingly making a false statement on this application constitutes a second-degree misdemeanor as provided in section 837.06, Florida Statutes. By signing this application, we are declaring that all the information given within this application is true and correct.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Position/Title

\_\_\_\_\_  
Print President's Name, Board of Directors

\_\_\_\_\_  
Signature of President, Board of Directors

\_\_\_\_\_  
Date