

December 8, 2005

Dear Director,

Section 3113.39 of the Ohio Revised Code requires that a shelter for victims of domestic violence which has received funds from the county commissioners pursuant to Section 3113.35 or from the Attorney General pursuant to Section 3113.37 of the Revised Code, "shall file an annual report with the Board of County Commissioners . . . and with the Attorney General on or before the thirty-first day of March of the year following the year in which funds were received."

If your shelter program received funds from either of these sources in 2005, you must complete the enclosed "Annual Report Form" and return it to the Attorney General's Office on or before **March 31, 2006**.

The Ohio Revised Code also stipulates that domestic violence shelters may submit an application to the Attorney General for marriage license, divorce, dissolution and annulment fees collected but not allocated to shelters by Ohio's County Commissioners. Enclosed please find the 2005 "Application for Undistributed Fees" which must be submitted to the Attorney General on or before **February 2, 2006** if your shelter is interested in receiving any funds that may be available from the 2005 undistributed marriage license, divorce, dissolution and annulment filing fees.

Please forward your annual report and/or application to:

Crime Victims Services Section
150 E. Gay St., 25th Floor
Columbus, OH 43215
Attn: Tricia Costas, Grant Specialist

If you have any questions, please do not hesitate to contact me at (614) 466-5610 or e-mail me at tcostas@ag.state.oh.us.

Sincerely,

Tricia Costas
Grant Specialist
Crime Victims Assistance Division

Enclosure.
EH/tc

**2005 APPLICATION FOR UNDISTRIBUTED
MARRIAGE LICENSE, DIVORCE, DISSOLUTION, AND ANNULMENT FEES**

To be eligible for consideration to receive undistributed marriage license, divorce, dissolution and annulment filing fees from the Attorney General, the shelter for victims of domestic violence must comply with all of the following:

1. Fully answer each question on this application
2. Complete and notarize the attached affidavit
3. File both the application and the affidavit with the Attorney General on or before **February 2, 2006**, at the following address:

Crime Victims Services Section
150 E. Gay St., 25th Floor
Columbus, OH 43215
Attn: Tricia Costas, Grant Specialist

ANY SHELTER FOR VICTIMS OF DOMESTIC VIOLENCE WHICH DOES NOT COMPLY WITH ALL OF THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR FUNDING.

1. Program Name: _____
Address: _____

Contact Person: _____
Title: _____ Phone Number: _____

2. Is the shelter incorporated in this state as a nonprofit corporation? YES_____ NO_____. If yes, state date of incorporation. _____

If you do not receive a Victims of Crime Act (VOCA) and/or State Victims Assistance Act (SVAA) grant from the Attorney General's office, please attach a copy of the shelter's articles of incorporation to this application. If you are a recipient of either VOCA and/or SVAA funding, only submit those amendments to your articles of incorporation which have been filed with the Secretary of State within the last year.

3. List the name and address of all trustees of the corporation. Use additional pages, if necessary.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Do these trustees represent the racial, ethnic, and socio-economic diversity of the community to be served? YES_____ NO _____

5. Is at least one of these trustees a current or surviving victim of domestic violence? YES_____ NO _____

6. Does the shelter have a separate board of trustees? YES_____ NO_____. If yes, is each and every trustee of the corporation also a trustee of the shelter? YES_____ NO_____. If the answer to this last question is "no", list the name and address of all of the shelter's trustees, repeating those who may also be a trustee of the corporation. Use additional pages if necessary.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

7. Please attach a copy of the proposed **2006** budget for the shelter. If this budget has been approved by the shelter's trustees, please indicate on the budget the date it was approved by the trustees. Please indicate on this budget, or a separate sheet, all of your funding sources including contributions of goods and services.
8. Do you require all persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify individuals served by the shelter?
YES _____ NO _____
9. Do you provide residential service or facilities for children when accompanied by a parent, guardian, or custodian who is a victim of domestic violence and who is receiving temporary residential service at the shelter? YES _____ NO _____
10. Do you provide services to individuals regardless of their race, religion, color, age, martial status, national origin or ancestry? YES _____ NO _____
11. Please estimate the number of people who will receive services from your shelter in 2006 _____
12. Section 3113.38 of the Ohio Revised Code requires the Attorney General to allocate undistributed marriage license, divorce, dissolution, and annulment fees to those shelters offering or proposing to offer the broadest range of services and referrals to the community served. Check each of the following categories in which you provided services or referrals in 2005 and/or propose to offer in 2006.

	<u>Provided in 2005</u>	<u>Proposed to offer in 2006</u>
a. Medical	_____	_____
b. Psychological	_____	_____
c. Financial	_____	_____
d. Educational	_____	_____
e. Vocational	_____	_____
f. Child Care	_____	_____
g. Legal	_____	_____

Please indicate any additional services or referrals made or proposed to be made by your shelter. Use additional pages if necessary.

State of Ohio :
 : SS:
County of _____:

AFFIDAVIT

I, _____, hold the position of _____ with
_____ which is located in _____ County. I swear
that:

1. Our Board of Trustees represents the racial, ethnic and socio-economic diversity of the community served by our domestic violence program.
2. Our Board of Trustees includes one member who is or has been a victim of domestic violence.
3. Our shelter receives at least twenty-five percent (25%) of its funds from sources other than marriage license fees distributed by a board of county commissioners pursuant to Section 3113.35 of the Ohio Revised Code.
4. Our program provides residential services to children when accompanied by a parent, guardian or custodian who is a victim of domestic violence receiving temporary shelter from our program.
5. All employees and volunteers at our shelter program are required to maintain confidentiality in order to protect the identity of any individual served by the shelter.
6. Our domestic violence program does not discriminate on the basis of race, religion, color, age, marital status, national origin or ancestry in admissions or services provided.

Further, affiant sayeth naught.

Signature

Notary Pubic

2005 ANNUAL REPORT FOR SHELTERS FOR VICTIMS OF DOMESTIC VIOLENCE

This report must be completed in full by any shelter for victims of domestic violence that received marriage license, divorce, dissolution, and annulment fees from either a board of county commissioners or the Attorney General in 2005.

Pursuant to Section 3113.39 of the Ohio Revised Code, this report must be filed with the Attorney General, and with the board of county commissioners of each county from which your shelter received funds in 2005, on or before **March 31, 2006**, at the following address:

Crime Victims Services Section
150 E. Gay St., 25th Floor
Columbus, OH 43215
Attn: Tricia Costas, Grant Specialist

1. Program Name: _____ County: _____
Address: _____

Contact Person: _____
Title: _____ Phone Number: _____
2. In calendar year 2005, the shelter provided *services (i.e. support group, crisis calls, referrals)* to (Fill in number):
Adults _____ Children _____
3. In calendar year 2005, *shelter was provided* to (fill in number):
Adults _____ Children _____
4. In calendar year 2005, the number of persons served by the shelter bore the following relationships to the abuser (fill in number within each category):

_____ Spouse of the abuser

_____ Divorced/separated from the abuser

_____ Living as a spouse or significant other with the abuser

_____ Parent of the abuser

_____ Child of the abuser

_____ Otherwise related by blood to the abuser.
Please specify relationship: _____

_____ Other type of relationship. Please specify:_____

_____ Relationship unknown

5. In calendar year 2005, the following number of referrals were made by the shelter. (These figures should be duplicated if multiple referrals were made for the same person):

- _____ Medical
- _____ Psychological
- _____ Financial
- _____ Educational
- _____ Vocational
- _____ Child Care Services
- _____ Legal Services

6. A COMPILATION REPORT OF AN INDEPENDENT ACCOUNTANT must be included with this report for your shelter covering calendar year 2005.

I _____, swear that all of the information contained in this report is true and accurate, to the best of my knowledge.

Signature

Title

State of Ohio :
: SS:
County of _____ :

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

[SEAL]

*Please note that question 6 asks for “a Compilation Report of an Independent Accountant for the **calendar** year 2005”. This requirement is per Ohio Revised Code 3113.39. The definition of a compilation report is in ORC 4701.01. Please do not send an audit, balance sheet, or any other documentation in place of the compilation report.