

***COMMUNITY NEEDS ASSESSMENT AND FEASIBILITY STUDY  
FOR DOMESTIC VIOLENCE SERVICE PROVIDERS***

**Contact Person**

**Date**

**Name of Person Completing this Form**

**Address** \_\_\_\_\_

**Telephone**

**Study Completed By (list)**

**Focus of Survey**  Program  Shelter

**1. What indicators (documentation) are you using to support the need for a shelter or program in your community or area (be specific)?**

**2. Why do you think that a domestic violence shelter or program is necessary?**

***NEED AND MAGNITUDE OF SERVICE***

To determine the need and magnitude of service it is necessary to secure information about arrests (incidence); current services; and service gaps and deficits. It is also necessary to obtain data about the number of persons who did not receive services and the outcome of the lack of service of those persons.

**1. What are the geographical boundaries of the proposed service area? What is the total population?**

**2. What was the total number of domestic violence calls received by the law enforcement authorities in your area? (If you propose serving more than one town, city, or county please list separate data for each.)**

Total # of Calls to: County(ies) \_\_\_\_\_ City \_\_\_\_\_  
Town \_\_\_\_\_ Municipality \_\_\_\_\_

**3. Presently, where is the nearest domestic violence service provider located? In miles, how close is that to your proposed service community?**

**4. Are there other providers of services to battered women in your area? Who are they and are the services primarily targeting battered women? Please list each below with a description of service and target population.**

***FINANCIAL RESOURCES***

Support for domestic violence services and programs are limited and scarce. Therefore, it is important to determine if the community is willing and able to support the program or shelter. Please interview potential funders in completing this section of the study.

***United Way/United Fund***

**1. Is there a United Way/United Fund in your area?  yes  no**

**If no, what is the nearest location of a United Way/United Fund?**

**2. What is the local United Way's operating budget?**

**3. When was the last time local UW/UF admitted new agencies?**

**4. What are the criteria for UW/UF membership status?**

**5. What is the potential for receiving funds from this source?**

**6. Are there any restrictions on the fundraising effort of UW/UF member agencies?**

**If so, what are they?**

**7. Approximately how much (monetary) support can you expect from this source?**

**8. Source of information** (Name of person interviewed)

**County**

**1. Does the county or counties in your proposed service area provide support to private non-profit social service agencies through grants, contracts, or purchase of services? \_\_\_\_\_**

**2. How does one access these funds?**

**3. Are these funds renewable?  yes  no If yes, how?**

**4. Presently, what is the county's (counties') potential to provide funds to a domestic violence program or shelter?**

**5. How much can you expect (approximation/estimation) from each county?**

**6. Source of information (Name of person interviewed)**

**Municipal**

**1. Does the municipality provide funding support for private non-profit social services agencies? How is this support provided (grants, purchase of service, etc.)?**

**2. How does one access these funds?**

**3. Are these funds renewable? If so, how? \_\_\_\_\_**

**4. What is the municipality's potential to provide funds to your proposed program or shelter?**

**5. Approximately how much funding support can it provide?**

**6. Source of information (Name of person interviewed)**

**Private Fundraising**

**1. What are the major corporations located in the proposed service community?**

**2. What is the potential for corporate gifts?**

**3. How much and over what period of time?**

**4. What is the potential for gifts from banks, department stores, businesses, etc.?  
How much and over what period of time and how often?**

**5. Sources of information (Name of person interviewed)**

**Unions, Foundations**

**1. What are the Unions and Foundations in your area?**

**2. Do they provide funding support to private, non-profit social services agencies?**

**If so, how much and over what period of time and how often?**

**3. Sources of information (Names of persons interviewed)**

**Groups and Individuals**

**1. List and describe service or civic clubs and churches in your proposed service area.**

**2. What is the history of these groups with respect to giving to private, non-profit agencies?**

**3. What would be their interest in contributing to your proposed program or shelter?**

**4. What is the potential amount that these service clubs could contribute to your program or shelter?**

**5. Sources of information (Name of persons interviewed)**

**Other Sources of Funds**

**1. Please describe any other potential funding contacts and the nature of those contacts and the amount of financial support that can possibly be generated.**

## **2. Sources of information (Names of person interviewed)**

### ***BUDGET (proposed for the first year)***

On a separate sheet of paper, please submit a proposed line item budget for the first year of operations. Include both receipts (projected) and expenditures. This budget should include personnel costs, occupancy costs, food, utilities, communications, postage/shipping, printing, office and program/shelter supplies, membership fees, training expenses, staff travel, conference registrations, insurance, furniture, equipment (purchase, rental, repairs, etc.), automobile expenses, etc.

### ***OUTREACH AND VOLUNTEERS***

Please submit a brief description of proposed outreach activities and a description of volunteer recruitment, training, placement, and retention (separate pages).

### ***BOARD MEMBERS***

#### **1. How will your Board of Directors be selected?**

**2. Do you presently have people who are interested in serving on your agency's Board? Who are they and what is their connection with the proposed service community?**

***PROGRAM/SHELTER DEVELOPMENT***

**1. How will you finance the purchase, renovation, or acquisition of a shelter?**

**2. What is the estimated financial outlay?**

**3. What kind of staffing, equipment, furnishings, etc. will you need in order to provide a domestic violence program or shelter?**

**4. If applicable, why was a program chosen as a response to domestic violence service needs rather than a shelter?**

**5. On a separate sheet of paper, list and describe 10 steps you will take in the development of a domestic violence program or shelter.**

**Is your group currently receiving technical assistance in the development of a domestic violence program or shelter? If so, please list from whom. Enclose a letter from any agencies or individuals providing assistance documenting the degree and type of assistance rendered. If you are in need of technical assistance, please contact Cheryl Christian, DHR Family Violence Program Director at (404) 463-3960.**

**Please enclose copies of letters of support from:**

\_\_\_\_ Local Law Enforcement

\_\_\_\_ County Government Officials

\_\_\_\_ Potential Funders

\_\_\_\_ Community Social Services Agencies

\_\_\_\_ Potential Board Members

\_\_\_\_ Civic Associations

\_\_\_\_ City Government Officials      \_\_\_\_ Businesses/Corporations

**Please mail completed study to:**

**Cheryl Christian  
DHR/DFCS Family Violence Program  
Community Services Section  
2 Peachtree St., 21<sup>st</sup> Floor  
Atlanta, GA 30303**