



DATE:

SHELTER ASSISTANCE APPLICATION

I. ORGANIZATION INFORMATION

Name of Care Provider/Agency:

Address:

Phone:

Fax:

Agency Website:

Agency Email:

Chief paid executive and title

Phone

Email address

Chief lay officer and title

Phone

Email address

Name and title of person submitting request

Phone

Email address

II. SHELTER INFORMATION

Name of Shelter/Project:

Project Address:

Phone:

Fax:

Shelter Website:

Shelter Email:

Contact Person for Project

Phone

Email address

Type of Shelter (Please circle all that apply of the following):

Emergency
(1 to 5 nights)

Short-Term
Transitional
(1 to 6 months)

Long-Term
Transitional
(7 to 24 months)

III. SCREENING CRITERIA

Does the proposed project add beds to an existing facility or preserve existing shelter beds?

Is this project located in the HomeAid Chapter's Territory?

Does your agency's mission include providing services to the temporarily homeless?

Does your agency have operational funding in place to support the client programs that will be served by the project?

Does your agency have capital funds available or the capability to raise the necessary funding to ensure the completion of the project?

IV. AGENCY DESCRIPTION

Are you a 501(c)(3) organization? Federal ID No.:
 (Please attach verification)

How long has the agency been in operation?

Does your organization have an existing strategic plan or business plan?
 (If so, please attach)

Please provide, as an attachment, a narrative that describes your agency, mission, history, objectives, programs and services. Please be as brief as possible while providing the requested information. Please differentiate between those programs and services provided by the organization and those provided by the proposed shelter project, if different.

Board of Directors Information:

Number of persons serving on the Board of Directors: _____
Number of meetings held during the past fiscal year: _____
Average number of directors present at meetings: _____
Number of directors making financial contributions to the organization in past fiscal year: _____
Total amount of directors' financial contributions to organization in past fiscal year: _____
Number of directors engaged in fund raising for organization: _____
Do all board members serve without remuneration? _____

If no, explain exceptions _____

Please attach a current Board of Director roster.

Organizational Capacity:

Number of paid staff: _____ Full-time professionals _____ Full-time support staff
 _____ Part-time professionals _____ Part-time support staff
Number of volunteers: _____ Fund raising/part time
Estimate of total volunteer hours received during the past year: _____

Is the community involved or has the community been encouraged to become involved with any of your shelter programs? Please explain:

Has your organization collaborated with other agencies to provide services or complete specific projects? Please explain:

Does your organization receive community support from elected officials and/or other community leaders?

(If so, please list and attach letters of support):

How many clients are served each year through your agency? _____

Describe the demographic make up of the clientele served by your organization during the last year:

What percentage of your clients gain long-term independent housing? _____

How does your agency measure the success of your programs:

Does that measurement reflect a solid track record of graduates attaining and sustaining self-sufficiency?
_____ Yes _____ No

Please explain:

V. PROJECT INFORMATION

Is the proposed project a renovation or new construction project (or a combination of both):

Square footage of proposed project:

How many shelter beds will be added or preserved as a result of this proposed project?

Type of clientele served by the proposed project (single adults, families, domestic violence victims, mentally disabled, others). Please be specific.

Number of families the shelter can accommodate at one time (if applicable):

Currently _____ Through proposed project: _____

Number of individuals the shelter can accommodate at one time (if applicable):

Currently _____ Through proposed project: _____

Number of families the shelter can serve annually (if applicable):

Currently _____ Through proposed project: _____

Number of individuals the shelter can serve annually (if applicable):

Currently _____ Through proposed project: _____

Briefly describe the nature of the proposed project. Include if the proposed project is a renovation of an existing facility or if new construction. If renovation, describe the nature of the proposed improvements. Explain the need for the project. Attach additional pages if needed.

Please assess your organization's readiness to begin the proposed project. Identify additional steps that are needed before construction can begin.

Do you own or control the site? Yes _____ No _____

If you control, but do not own the site, please explain: _____

Are entitlements in place? Yes _____ No _____

Has the project undergone Planning Department Review? Yes _____ No _____

Does the project require a variance or Use Permit? Yes _____ No _____

Does the project require review by any other peripheral organizations (i.e., an architectural review committee, a neighborhood review board, etc.)? Yes _____ No _____

Do you have renderings/photos? Yes _____ No _____
 (please attach)

Do you have site plans showing the building on the site? Yes _____ No _____
 (please attach)

Do you have an engineered site plan? Yes _____ No _____
 (please attach)

Do you have architectural plans completed? Yes _____ No _____
 (please attach)

If yes, have the plans been approved by the local government agency? Yes _____ No _____

Do you need help with architectural or engineering plans? Yes _____ No _____

Do you have building permits? Yes _____ No _____
 (please attach)

VI. PROJECT FINANCIAL INFORMATION

Estimated construction cost: \$

Estimated total project cost: \$
(including construction, permit fees, school fees and other project costs)

Amount pledged to date toward project (not agency): \$
Of this sum, \$ _____ has been received

Amount pledged to capital expenses \$ _____

Amount pledged to program services \$ _____

List all pledges and grants by amount and source (mark * for pledges not yet received)

Amount	Source	Amount	Source
		\$	
		\$	
		\$	
		\$	

List other potential funding sources for project (which you are contacting for this program or project e.g. corporations, foundations, individuals -- and indicate amount sought from each):

Amount	Source	Amount	Source
		\$	
\$		\$	
\$		\$	
\$		\$	

How will continuation of the program or project be financed after project has been completed?

Who will likely assume responsibility for the organization and the facilities if the organization ceases to exist?

VII. ORGANIZATIONAL FINANCIAL INFORMATION

Use most recent audited financial statements . Round off all figures

Reporting on fiscal year ending:

In Dollars/Thousands (circle one)

Please attach the management letter from your most recent audit (full audit copies are not required).

Fund	<u>Audited</u> Unrestricted	<u>Audited</u> Temporarily Restricted	<u>Audited</u> Permanently Restricted	Total	Current <u>Year</u> Total
<i>Assets:</i>	\$	\$	\$	\$	\$
Total Current Assets	\$	\$	\$	\$	\$
Property, Plan & Equipment (net)	\$	\$	\$	\$	\$
Endowment	\$	\$	\$	\$	\$
Other Non-Current Assets	\$	\$	\$	\$	\$
(1) Total Assets	\$	\$	\$	\$	\$
<i>Liabilities:</i>	\$	\$	\$	\$	\$
Total Current Liabilities	\$	\$	\$	\$	\$
Property, Plant & Equip, Long Term Debt	\$	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$	\$
(2) Total Liabilities	\$	\$	\$	\$	\$
(3) Net Assets: (1) - (2)	\$	\$	\$	\$	\$
Total Liability and Net Assets: (2) + (3)	\$	\$	\$	\$	\$

Income & Expense Statement

<u>Operating and Other Income</u>	<u>Audited</u> Unrestricted	<u>Audited</u> Temporarily & Permanently Restricted	<u>Audited</u> Totals	Current Year Operating Budget/Forec ast
Service fees, tuition & program income	\$	\$	\$	\$
Government sources (contracts, grants etc.)	\$	\$	\$	\$
Endowment and interest	\$	\$	\$	\$
Misc., specify if significant	\$	\$	\$	\$
Subtotal, Operating Income	\$	\$	\$	\$
<u>Contributions from:</u>				
Individuals	\$	\$	\$	\$
United Way, other federated sources	\$	\$	\$	\$
Corporations and business entities	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
Net from Special Events	\$	\$	\$	\$
Other, specify if significant	\$	\$	\$	\$
Subtotal, Contributions	\$	\$	\$	\$
Total Income	\$	\$	\$	\$
<u>Expenses</u> (see instructions on page 4)				
Direct program services	\$	\$	\$	\$
Total salaries, benefits & related costs	\$	\$	\$	\$
Total building and equipment maintenance	\$	\$	\$	\$
Taxes, insurance, interest	\$	\$	\$	\$
Fund raising & financial development costs	\$	\$	\$	\$
Administrative and general costs	\$	\$	\$	\$
Other, specify if significant	\$	\$	\$	\$
Total Expenses	\$	\$	\$	\$

If expenses exceeded income for audited the year, how has the deficit been financed? _____

General Fiduciary Questions

How much did the organization owe to banks, other lending institutions or individuals at year-end?

Of this sum, \$ _____ was secured; \$ _____ was unsecured.

Of this sum, how much was due to:

Operating debt? \$ _____ Capital debt? \$ _____ Other? \$ _____

What was the total outlay for interest expense the past fiscal year? \$ _____

What were or are the plans for handling this debt?

Please attach your current financial statement, current year budget and project budget, if available.

VIII. INSURANCE INFORMATION

Who is your insurance carrier?

What is your insurance policy number?

Please attach a copy of your current insurance policy.

IX. ADDITIONAL INFORMATION

Additional comments: _____

Please attach additional information you feel would be helpful for our evaluation -- *e.g.* annual report, organization newsletter, brochures, etc.

X. CARE PROVIDER COVENANTS

A. Care Provider acknowledges its obligation to give due credit to HomeAid _____ in any and all press releases, public announcements, award programs or other publicity about the project. Care Provider agrees to obtain HomeAid _____ approval for any and all press releases, public announcements, awards programs or other publicity about the project. Any such publicity that is not disapproved within seven (7) days shall be considered approved.

Care Provider's Initials: _____

B. Care Provider acknowledges its obligation to send notice to its donor base promptly after this application is approved advising them of the contribution HomeAid _____ has agreed to make to the project. Such notice shall be shown to and approved by HomeAid _____'s executive director prior to such mailing. Care Provider agrees to complete, execute and submit to HomeAid _____ the affidavit of mailing attached hereto as Exhibit A promptly after such mailing.

Care Provider's Initials: _____

C. Care Provider acknowledges its obligation to install and maintain a plaque or similar marker recognizing HomeAid _____'s contribution to the project and featuring the HomeAid logo. Such commemorative marker shall be displayed in a prominent location at the completed project.

Care Provider's Initials: _____

D. Care Provider acknowledges and agrees that it bears the ultimate financial responsibility for the completion of the project and that HomeAid _____'s contribution to the project is limited to in-kind donations of materials and labor. Accordingly, Care Provider has diligently and thoroughly investigated and disclosed above all available and potential funding for the project.

Care Provider's Initials: _____

E. Care Provider acknowledges and agrees to provide, when requested and where reasonable, information to HomeAid _____ and HomeAid America, on client success rates, client service numbers, and program evaluation information.

Care Provider's Initials: _____

XI. CERTIFICATION

A. Care Provider certifies that it does not engage in unlawful discrimination of any kind with respect to the persons benefited by Care Provider's activities.

Care Providers Initials: _____

B. The undersigned hereby certifies that all information given by the Care Provider in this application is true and correct as of the date hereof.

C. The undersigned hereby certifies that the Care Provider has read this Shelter Assistance Application and the Care Provider agrees that, should the project be approved, the Care Provider will abide by the covenants contained herein.

D. The undersigned is duly authorized to execute this document on behalf of the Care Provider as of the date written below.

This application must be signed by a board officer (lay person) and the staff officer to whom future questions and correspondence may be addressed. Signatories attest to the accuracy of the information. Any figures that are estimated should be marked (e).

Submitted this _____ day of _____, _____.

Lay Officer of Care Provider

By: _____

Name: _____

Title: _____

Staff Officer of Care Provider

By: _____

Name: _____

Title: _____

ATTACHMENTS

Checklist for attachments:

- Copy of IRS Letter of Determination verifying 501(c)(3) status
- Narrative that describes the agency, mission, history, objectives, programs and services. Differentiate between those programs and services provided by the organization and those provided by the proposed shelter project, if different.
- Board of Directors roster
- Copy of strategic plan or business plan
- Letters of support from local elected officials and/or community leaders
- Current financial statement, current year budget, and project budget, and management letter from most recent audit, if available.
- Copy of insurance policy
- Additional information as deemed necessary
- 1 original and 3 copies of Shelter Application and any supporting construction plans and/or documentation