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
  (1 to 6 months)
- Long-Term
  (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)

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
<th>Amount</th>
<th>Source</th>
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<tbody>
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</table>

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):

<table>
<thead>
<tr>
<th>Amount</th>
<th>Source</th>
<th>Amount</th>
<th>Source</th>
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</table>

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).

<table>
<thead>
<tr>
<th>Fund</th>
<th>Audited Unrestricted</th>
<th>Audited Temporarily Restricted</th>
<th>Audited Permanently Restricted</th>
<th>Total</th>
<th>Current Year Total</th>
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<tbody>
<tr>
<td><strong>Assets:</strong></td>
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<tr>
<td>Total Current Assets</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Property, Plan &amp; Equipment (net)</td>
<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td>Endowment</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other Non-Current Assets</td>
<td>$</td>
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<tr>
<td><strong>(1) Total Assets</strong></td>
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<td>$</td>
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<tr>
<td><strong>Liabilities:</strong></td>
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<tr>
<td>Total Current Liabilities</td>
<td>$</td>
<td>$</td>
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<td>$</td>
<td>$</td>
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<tr>
<td>Property, Plant &amp; Equip, Long Term Debt</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other Liabilities</td>
<td>$</td>
<td>$</td>
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<tr>
<td><strong>(2) Total Liabilities</strong></td>
<td>$</td>
<td>$</td>
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<tr>
<td><strong>(3) Net Assets: (1) - (2)</strong></td>
<td>$</td>
<td>$</td>
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<td>$</td>
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<tr>
<td><strong>Total Liability and Net Assets: (2) + (3)</strong></td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

Income & Expense Statement

<table>
<thead>
<tr>
<th>Operating and Other Income</th>
<th>Audited Unrestricted</th>
<th>Audited Temporarily &amp; Permanently Restricted</th>
<th>Audited Totals</th>
<th>Current Year Operating Budget/Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service fees, tuition &amp; program income</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Government sources (contracts, grants etc.)</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Endowment and interest</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Misc., specify if significant</td>
<td>$</td>
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<tr>
<td><strong>Subtotal, Operating Income</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Contributions from:</td>
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<tr>
<td>Individuals</td>
<td>$</td>
<td>$</td>
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<tr>
<td>United Way, other federated sources</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Corporations and business entities</td>
<td>$</td>
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<tr>
<td>Foundations</td>
<td>$</td>
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<tr>
<td>Net from Special Events</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Other, specify if significant</td>
<td>$</td>
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<tr>
<td><strong>Subtotal, Contributions</strong></td>
<td>$</td>
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<tr>
<td><strong>Total Income</strong></td>
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</table>

Expenses (see instructions on page 4)

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<thead>
<tr>
<th></th>
<th>Audited Unrestricted</th>
<th>Audited Temporarily &amp; Permanently Restricted</th>
<th>Audited Totals</th>
<th>Current Year Operating Budget/Forecast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct program services</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Total salaries, benefits &amp; related costs</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Total building and equipment maintenance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Taxes, insurance, interest</td>
<td>$</td>
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<tr>
<td>Fund raising &amp; financial development costs</td>
<td>$</td>
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<tr>
<td>Administrative and general costs</td>
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<tr>
<td>Other, specify if significant</td>
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<tr>
<td><strong>Total Expenses</strong></td>
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</tbody>
</table>

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