City of Las Vegas
2012 - CDBG Public Service
11/21/2011 deadline

Catholic Charities of Southern Nevada

St. Vincent HELP Apartments

Catholic Charities of Southern Nevada
1501 Las Vegas Blvd. North
Las Vegas, NV 89101

Tel: (702) 385-2662
Fax: (702) 384-0677
Web: www.catholiccharities.com
EIN: 88-0059425

Project Contact
Phillip Hollon
phollon@catholiccharities.com
Tel: (702)387-2255

CEO
Msgr. Patrick Leary
pleary@catholiccharities.com

$96,592 Requested

Submitted: 11/21/2011 5:26:37 PM (Pacific)

Pre-Application Questions

1 Brief Program Description and Specific Purpose for Requested Funds: ex: Funds will be used for 2 counselors to case manage 100 clients. No more than 4 sentences for this question.
Provide direct client services for 190 unduplicated residents (current and post-residency) of St. Vincent HELP Apartments transitional housing. Funds will be used towards salaries and fringe for case manager(s), utilities, bus passes, as well as other operating costs to provide the direct client services.

2 Program must serve one of the following client types, check one box per application.

- [x] Homeless Prevention & Outreach
- [ ] Persons with Special Needs
- [ ] Seniors
- [ ] Youth Programs Focusing on Academics or Early Childhood

3 Date of Incorporation and Date of Program Implementation: use a slash with a space / to separate answers. example: 12-1-1990 / 6-20-99
11-7-1945 / 4-1-1999

4 Program Budget Amount and Request Amount: use a slash / to separate answers. example: $150,000 / $20,000
$618,568 / $96,592

5 Is Agency and/or Program Budget $60,000 or more, which may include up to 25% In-kind to reach this minimum threshold. This is mandatory.

- [x] Yes
- [ ] No

6 If multiple applications are submitted, please state priority of this application numerically with #1 being the most important. If you only intend on submitting one, please mark #1

- [ ] #1
- [x] #2
- [ ] #3
- [ ] #4

7 Applicant understands they must have at least 25% of the difference betwen total budget and amount requested leveraged with cash or committed funds for FY 12/13. This is mandatory.

- [x] Yes
- [ ] No

8 Is agency an IRS 501 C3 or C4? This is mandatory.

- [x] Yes
- [ ] No

9 DUNS Number - This is mandatory.
01-099-8631

10 Is agency current with the Nevada Secretary of State's Office, and does agency have a CLV Business License for the address where the services will be provided. This is mandatory (will be verified by PRNS Staff).

☑ Yes

☐ No

Proposal Questions

1 PART I - PROGRAM NARRATIVE (7 questions) All questions including this one, must have an answer, or a box checked in order to submit. Please use a zero or n/a per instructions.

☑ Section Complete (all questions answered)

2 Is this a new or continuing program?

☐ New

☑ Continuing

3 Describe the problem or need and the population the proposed activity(ies) intend(s) to address.

The primary concern for at-risk, senior, under-employed and disabled low-income residents is safe, reliable and affordable housing during transition from homelessness to stable housing, full employment and independence. Maintaining current case management staffing levels, managing utility costs related to the operation of the facility, and assisting this population with bus passes for public transportation to and from medical appointments, employment opportunities and interviews for housing is the major focus of the proposed activity.

The St. Vincent HELP Apartment project will serve as the next step for both chronically homeless and situational homeless adults currently living in emergency shelters, transitional housing and temporary housing situations throughout the City of Las Vegas and surrounding Clark County.

4 Describe the work to be performed, activities to be undertaken or the services to be provided.

The St. Vincent HELP Apartment project serves as the next step for both chronically homeless and situational homeless adults currently living in emergency shelters, transitional housing and temporary housing situations throughout the City of Las Vegas and surrounding Clark County. The project provides supportive services to the residents of the transitional housing program such as educational/learning programs, life skills training, case management, nutrition/health education, work readiness training and individual testing/assessment. Clients can complete an application for services Monday - Friday, 7:30 A.M. – 4:00 P.M. Case management is available daily, 365 days/year. Security personnel are on duty 7 days/week, 24 hours per day.

The St. Vincent HELP Apartments project ensures the availability of basic needs services. Clients have access to the St. Vincent Lied Dining Facility located on the campus of Catholic Charities Donald W. Reynolds St. Vincent Plaza. This facility provides healthy, well-balanced, and nutritious meals in a clean and safe environment 7 days a week, 365 days each year. The St. Vincent Lied Dining Facility provides access to the most basic needs, food and drink, meeting physiological needs such as hunger and thirst, associated with the lowest level of human need on Maslow's Hierarchy of Needs.

The St. Vincent HELP Apartments program establishes a foundation necessary to promote financial, emotional, educational, employment and basic needs to support a smooth transition into stable and affordable housing and overall self-sufficiency. The ultimate goal and final outcome of the St. Vincent HELP project is to restore dignity, self-esteem, and to promote, enhance, and develop life skills to help clients become self-sufficient, positive, productive members of the community.

In-house services are supplemented with referrals to a variety of community organizations. Workshops on housing rights, mental health, job skills training, health issues, community resources, nutrition, and money-management, financial assistance to help with work cards, overcoming substance abuse and housing options are offered by community providers throughout the area. The clients living at the St. Vincent HELP Apartments project are linked with a network of mainstream services available to low-income adults in The City of Las Vegas and surrounding areas.

Besides the employment, social, senior, and refugee and immigration services readily available to our clients, we proudly report a significant on campus presence of other social services providers. The Fertitta Community Assistance Center offers services from Clark County Social Services, State of Nevada Division of Welfare and Supportive Services as well as the Social Security Administration. The centralized services are very helpful since most clients lack the resources to frequent these agencies at other sites.

The St. Vincent HELP Apartments project strongly supports and utilizes the Homeless Management Information System (HMIS) for client documentation and collection of statistical data.

5 List and describe any studies and/or census data and/or market data used to determine that the problem requires action now. Programs that effectively show supporting data will receive more points.

Over 150 diverse stakeholders participated in focus groups over a ten month period to provide input on service gaps in services to the homeless and those at-risk of homelessness. Stake holders included the homeless, homeless service providers as well as representatives from the business community and neighborhood organizations. This "gaps analysis" identified over 105 gaps in service which were grouped under 10 priority areas. The Southern Nevada Regional Planning Coalition and its Committee on Homelessness approved a 10 Point Plan which now anchors the Help Hope Home initiative. Furthermore, The City of Las Vegas crafted their Ten Year Plan to End Homelessness specifically carving out their own goals as they relate to the 10 Point Plan.

The St. Vincent HELP Apartment project supports the City of Las Vegas 10-year plan to end homelessness by providing transitional housing and addressing the following initiatives:

1. Promote inter-agency coordination of human service delivery programs.
2. Enhance coordination between non-profit organizations and government.

3. Provide seamless client services through effective partnerships.
4. Foster self sufficiency through access to education, training, and employment opportunities.
5. Ensure availability of basic needs services.

Unemployment rates in the City of Las Vegas continue to average approximately 12-14%, creating one of the highest unemployment rates in the nation. Due to poor economic conditions many clients have lost their jobs and housing in addition to access to basic needs services.

Nevada Job Connect reports the number of unskilled clients increasing. Many skilled in job fields such as construction can no longer find employment in that trade and need to learn new skills to provide basic needs for themselves.

2011 Homeless Census reflects more than 9,000 homeless men, women and children in the valley.

Project Homeless Connect served over 3,000 homeless clients during its recent intervention at Cashman Field on Nov. 9, 2011.

Programs to assist with transitioning clients to self sufficiency are greater than years past. St. Vincent HELP Apartments will assist in establishing a foundation necessary to promote financial, emotional, educational, employment and basic needs to support a smooth transition into stable and affordable housing and overall self-sufficiency.

The St. Vincent HELP Apartment project meets & supports both the Southern Nevada Regional Planning Commission (SNRPC) and Committee on Homelessness (CoH) approved 10 Point Plan, which anchors the Help Hope Home initiative, to end homelessness. The project provides access to the most basic needs; food, shelter and clothing, associated with the lowest level of human need.

6 What indicators, verifiable information or data will you use to measure an outcome to see if it was actually attained? What follow-up/tracking will be provided to ensure outcomes are met? How will the programs's impact on participants be evaluated?
The St. Vincent HELP Apartments project strongly supports and utilizes the Homeless Management Information System (HMIS) for client documentation and collection of statistical data. We are proud to report consistent data quality scores of 100%.

Each client is closely monitored by case management staff to ensure full participation in the program. Each client enters the program with a need to build a solid foundation necessary to promote financial, emotional, educational, employment and basic needs to support a smooth transition into stable and affordable housing and overall self-sufficiency. The ultimate goal and final outcome of the St. Vincent HELP project is to restore dignity, self-esteem, and to promote, enhance, and develop life skills to help clients become self-sufficient, positive, productive members of the community. On-going follow-up by staff is necessary to assure a more stable transition into stable and affordable housing and overall self-sufficiency. Case notes and plans are maintained in the agency BRIDGES database to monitor on-going progress. The BRIDGES program is used by case management staff to input client case notes and develop personalized service plans. Program management-level staff will review HMIS and BRIDGES reports each month to evaluate program services, HMIS data quality, and effective use of these measurement tools.

Program staff also receives on-going feedback from employers, community volunteers and staff mentoring clients in job skills to assist in developing case plans to transition clients into stable and affordable housing and overall self-sufficiency.

7 On average, how many low income CLV residents does your organization serve annually? How many are unduplicated? If you provide housing, count households - not all family members.

455250	Number CLV Residents
113813	Number of Unduplicated CLV clients
424900	Number of Households

8 Describe what efforts have been made to collaborate with other organizations in order to avoid duplication of services and to maximize available resources. Attach letters of intent for funds or In-Kind only.
The St. Vincent HELP Apartment project collaborates with other programs/agencies both internally and externally. Catholic Charities has more than 20 community programs available to clients providing services such as senior, refugee and immigration, and social services readily available to our clients.

We also proudly report a significant on campus presence of other collaborating social services providers. The Fertitta Community Assistance Center offers services from Clark County Social Services, State of Nevada Division of Welfare and Supportive Services, as well as the Social Security Administration. The centralized services are very helpful since most clients lack the resources to frequent these agencies at other sites.

We also work closely and collaborate with employment service providers such as Nevada Partners, Culinary Training Academy (CTA), Department of Employment Training and Rehabilitation (DETR), and Nevada Job Connect. These partnerships enable us to obtain the necessary resources to assure the clients successful transition to permanent housing.

We also work closely and collaborate with community providers such as The Shade Tree, The Salvation Army, Las Vegas Rescue Mission, HELP of Southern Nevada, WestCare Mental Health, UMC Hospital, Las Vegas Metropolitan Police Department (LVMPD), Nevada Homeless Alliance, Southern Nevada Regional Planning Coalition and Committee on Homelessness. We attend monthly Mainstream Basic Training Programs, Committee on Homelessness meetings, community provider meetings and participate in regional as well as national activities to collaborate ideas, strengthen partnerships and share resources to avoid duplication of services.

9 How successful has your organization been in conducting similar programs to the proposed project? Describe recent similar programs and discuss the organization's capacity to develop, implement, and administer the proposed program.
Catholic Charities of Southern Nevada has been providing similar programs, all providing help and hope, to the community for more than 70 years.

Catholic Charities is currently partnering with State of Nevada - Aging and Disability Services Division to provide training opportunities to seniors through Senior Community Service Employment Program (SCSEP). This program assisted an average of 70 persons a quarter with part time employment and job training, resulting in 16 senior adults (age 55+) gaining full-time employment and another 14 homeless seniors to obtain housing with wages earned from their increased employment.

We also partner with the State of Nevada in administering an employment program for clients through our Immigration, Migration and Refugee Services Division. Immigration Services assisted and counseled 163 clients on average each month, secured naturalization US Citizenship for 29 persons, lawful permanent residence for 41 Cuban and 36 immigrants from other countries. The Migration and Refugee Services program welcomed 623 refugees over the year, including reunification of 31 families separated by migration, 3 Human Trafficking cases, 268 Cuban refugee cases, and 98 refugee cases from other regions. Even in this tough economy, MRS employment personnel secured 514 jobs (362 full-time/152 part-time) for our refugee population, while our English as a Second Language program provided classes for 527 new registrants, and over 94,454 contact hours in our classrooms and learning laboratory. In May 2011, our program was recognized as one of the best in the nation by the Mutual of America Foundation.

Social Services provided over 13,520 USDA and 33,040 other-source bags of food, more than 3,080 Baby Food packages and over 21,000 diapers; $51,863 rent/utility and shopping card assistance for the year, and 1,566 bus passes serving more than 26,758 client families (a 25% increase over last year!). We provided an additional 25,750 client referrals to other community providers (a 50% increase).

The Residential Services Division sheltered 87,689 men overnight during the year, served another 25,914 persons in our daytime summer shelter, and averaged 275 men monthly in our Resident Empowerment Work Program. Marian Residence provided transitional housing, daily meals and individualized support to senior women 60 and older currently in crisis. Crossroads Transitional Living for Senior Men, serving men 55 and over, aided over 80 men monthly with housing meals and support, helping them on their path to independent permanent housing.

St. Vincent Plaza Lied Dining Facility served more than 1,000 meals each day to men, women and children, including 319,820 meals at no cost to the client, partnered with area parishes to provide more than 10,000 sack lunches to men in our resident program, provided a low-cost meal service to the community, and ran more than six Holiday celebration feasts during the year, serving more than 9,000 clients. In addition, Dining Services partnered with our Resident Empowerment Program to establish a Food Services (Prep, Sanitation, Serving, etc.) training internship program.

10 How many employees will administer the program, of those, how many are current, how many are proposed?

8	Number of Employees
8	Current
0	Proposed

11 List by employee name, each of the organization's existing staff positions, including qualifications and years of experience with agency as it relates to the program.

There are 6 agency employees that play a major role in administering the program for which funds are being requested. They are identified below.

•Phillip Hollon – VP Plaza Services; BA – Speech Communication; 24 years management experience; VP - 62+ Affordable Housing Board; 8 years with Catholic Charities of So. NV.

•Maurice Page – Director - Residential Services; BS - Business Management; Wharton School of Business – Entrepreneurship Certification Course; 3 years with Catholic Charities of So. NV.

•Patricia Vaughns – Licensed Social Worker (LSW); BS – Addiction Studies; Masters in Social Work (MSW); 15 years case management in mental health field; 5 years with Catholic Charities of So. NV.

•Michael Pegues – St. Vincent HELP Apartments Administrator / HMIS Coordinator; BS – Education; Housing Quality Specialist (HQS); 5 years with Catholic Charities of So. NV.

•Jackie Ramos - Housing Specialist; 2 years with Catholic Charities of Southwern Nevada advancing from program coordinator, job coach, job developer, employment consultant and case manager for Residential Work Program.

•Miguel Seeman - Case Manager; 3 years experience with not-for-profit agencies; 2 years with Catholic Charities of Southern Nevada. Prior experience working as case manager for City of New York Department of Homeless Services.

•Debbie Tarantino – Controller; 25 years of Business Administration experience with not-for profit agencies; 3 years with Catholic Charities of So. NV.

•Joshua Poirier – Financial Coordinator; BS Accounting; 3 years experience with not-for profit agencies; 1 year with Catholic Charities of So. NV.

12 Financial Narrative - CDBG funds are intended for direct client services, administrative costs should be kept to a minimum.

☑ Section Complete (all questions answered)

13 Identify and describe any audit findings, investigations, or probation by any funding organizations in the past three years. Include the name of auditing agency and/or CPA.

The agency has an annual audit each year by an independent company. This audit, which was performed by Kafoury, Armstrong & Co., is in accordance with generally accepted auditing standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. During the past 10 years, the auditor's opinion has supported that the financial position of the agency complies and has complied with generally accepted accounting procedures. In addition, the agency is periodically audited by others; for example funding providers, U.S. Department of Human Services, the City of Las Vegas, the State of Nevada-workers compensation etc.

For Fiscal Years 2008, 2009, and 2010, the overall audit result was unqualified, and the agency was identified as low risk.

For details, please see our most recent audit that is attached as Exhibit C.

14 Describe the organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements. Include contact information for your accountant or bookkeeping service.

Financial statements are prepared and distributed monthly by the Controller and reviewed with the Board of Trustees. The statements reflect actual revenues and expenditures to budgeted amounts and the variances by month and year to date. Anomalies are analyzed and corrective actions are

instituted when necessary. The Board makes recommendations and approves the financial statements at each meeting. The budget is prepared by cost centers and their administrators and directors. The Board of Trustees approves the annual agency budget at its June meeting.

The Finance Division operates with a staff of eleven. Policies and procedures for accountability in the areas of cash receipts, fixed assets, purchasing and cash disbursements are in writing and given to each department head.

15 Please list the sources of cash match. Use the dollar amount. Enter amount, 0 or n/a in boxes.

108505	Agency Cash (fundraising)
0	Foundation Endowment
0	Other
0	Commited Funds (attach letters)

16 Has your proposed budget changed (increased or decreased) by more than 25% compared to last year? Provide an explanation. If not, state N/A.
N/A

17 Describe your In-Kind contributions. Agencies with more than 25% to reach the minimum $60,000 budget will not be accepted.
Our In-Kind contributions for the St. Vincent program include the use of the apartment building. The In-Kind amount is $66,684; calculated at a cost of $5,557 per month.

18 What is the average cost per client for all clients and CLV CDBG clients?

3255.62	All Clients (total budget/by # of clients)
4069.53	CLV CDBG Clients (total budget/by CLV Clients)

19 If fees are charged, describe the fee structure and certification that fees do not exceed the cost of delivery of service. If fees are charged upload fee schedule (Exhibit 6)
There are no fees for services charged. However, clients are required to pay 30% of their monthly gross income from the prior month as rent. Clients must provide a copy of their income statement to validate gross income and determine their monthly rental fee.

Clients are expected to pay their rent by the 5th day of each month.

20 Discuss the organization's leveraged funds. Leveraging may include cash match, other federal dollars, donated, or in-kind physical match, (such as free space, equipment, etc) or in-kind match provided by volunteers. Per IRS $19 per volunteer.
Catholic Charities of Southern Nevada provides meals to the project and its clients in an amount equal to funding agencies' requirements. Additional leveraging has been provided in the form of household items from the Agency's thrift stores, professional and operational assistance from HELP USA.

Catholic Charities plans to request funding from Clark County Emergency Shelter Grant in the amount of $89,085, plans to request funds from Federal Continuum of Care monies for $257,702.

21 Describe fundraising activities for this program; include how many fundraising activities will be held during the year?
Catholic Charities holds two fundraising events per year. In September, the Spiedini event is held on our behalf. Our Heart of Hope Award Luncheon will always be held the Thursday before Valentine's Day.

Catholic Charities also solicits donations throughout the year using direct mail appeals. They include a Thanksgiving appeal, which is done by sending out our annual calendar in late November, our annual Thanksgiving in April, and the Keeping in Touch newsletter. The fundraising efforts are used to fund all programs that suffer from deficient funding.

22 How many clients/households will be provided services if the agency receives 100%, 75%, 50% or 25% of the current request?

190	100% funded
143	75% funded
95	50% funded
48	25% funded

23 Please list your top five (5) Priorities using the categories below. Indicate dollar amount for each. Note: A scholarship can only be offered if other participants pay a fee to attend the program. Use 0 or n/a.

53792	Direct Staff Salaries/Fringe Benefits
0	Administrative Salaries/Fringe Benefits
600	Direct Program Delivery Costs
0	Scholarships
2000	Program Supplies/Equipment
40200	Operating

24 Please number each category in the boxes below as to their importance to the agency.

1	Direct Staff Salaries/Fringe Benefits
0	Administrative Salaries/Fringe Benefits
3	Direct Program Delivery Costs

0 Scholarships

4 Program Supplies/Equipment

2 Operating

25 Does agency plan on applying for any FY 12/13 CDBG/Clark County OAG/ESG or state funds for this program from the following entities? Please list the amount below or enter 0 if n/a in each box.

89085 Clark County

0 City of Henderson

0 City of North Las Vegas

0 State of Nevada

26 Applicant understands the importance of bringing the CEO/Executive Director, CFO/Controller, Program Manager, and/or clients to the Application Presentation Meeting.

☑ Yes

☐ No

27 Attachments (Documents Tab) Must be submitted in the format presented - Excel or Word, unless noted otherwise.

☑ #1 Certification Form (PDF)

☑ #2 Program Budget Form

☑ #3 In-Kind Explanation Form

☑ #4 Three Year Funding History

☑ #5 Performance Measures Form

28 EXHIBITS (Documents Tab) All agencies must submit their 990 if they did not have an A-133 Audit. Even if you do not have a Fee Schedule, please check the box. (this is just a reminder)

☑ #A Proof of 501 C(c)(3) or (4) Status - letter must be 10 years old or less

☑ #B Copy of Current Operating Budget

☑ #C Copy of audit as explained in instructions

☑ #D Copy of IRS 990 (check even if n/a)

☑ #E Board of Directors

☑ #F Articles of Incorporation

☑ #G Fee Schedule (check even if n/a)

Budget

Funding Sources/Revenues	Program Budget	Committed Funds	Uncommitted Funds
Federal Funds	$257,702		$257,702
Local Funds/Foundations	$185,677		$185,677
Fundraising			
Agency Cash	$108,505	$108,505	
Donations			
In-Kind	$66,684	$66,684	
Total	**$618,568**	**$175,189**	**$443,379**

Funding Uses/Expenses	Program Budget	Committed Funds	Uncommitted Funds
Personnel Salaries (Direct Client)	$209,591		$209,591
Personnel Salaries (Admin)	$12,270		$12,270
Direct Client Services/Scholarships	$11,250		$11,250
Supplies	$6,475	$1,575	$4,900
Operating/Administration	$208,070	$118,915	$89,155
Equipment			
Security Salaries	$170,912	$54,699	$116,213
Total	**$618,568**	**$175,189**	**$443,379**

Budget Narrative

The uncommitted funds are comprised of the CLV CDBG request of $96,592, a County ESG request of $89,085, and a COC HUD request of $257,702. The in-kind contribution is generated from the use of the apartment building ($5,557 per month).

Personnel Salaries (Direct Client) include the salaries of the SRO manager, SRO administrator, two case managers, a housing specialist, three client safety personnel, one maintenance personnel, and one housekeeping personnel; $53,792 is requested from CLV CDBG, $35,369 is requested from County ESG, and $120,430 is requested from COC funds. Personnel Salaries (Admin) is requested from COC funds as 5% of our grant request.

Direct Client Services consists of 1,200 bus passes (1,200 x 2.50 = $3,000); $600 requested from CLV CDBG, $2,400 requested from COC. Bus pass usage is based on estimate using data from previous years. Direct Client Services also consists of $8,250 used for transitional housing assistance, which is requested from COC funds.

The supplies costs are comprised of office supplies, postage, and maintenance/housekeeping supplies; $2,000 is requested from CLV CDBG, $2,000 is requested from County ESG, and $900 is requested from COC.
Operating/Administration costs consist of the $66,684 in-kind use of the apartment building, telephone expenses, and building insurance; all covered by agency funds. Utility expenses are estimated from current year's usage rates; $19,200 requested from CLV CDBG, $30,000 requested from County ESG. Liability Insurance is estimated from previous invoices; $18,000 requested from CLV CDBG, $10,000 requested from County ESG. Uniforms/Accessories are another portion of operating costs; $5,400 requested from COC. We have also requested $3,000 from CLV CDBG and $3,555 for entomology/pest control services for the apartments.
We have requested $106,800 from COC funds for security salaries, and $8,161 from County ESG funds; the remaining $55,951 covered by agency funds.

Documents

Instructions for Documents Requested

These documents must be downloaded from this site - illegible documents are not acceptable. You may link large document files, as the system will not accept any files that are larger than 10 megabytes.

Please check to be sure of their content. Please submit Exhibits and Attachments as directed (PDF, Excel or Word) Do Not Change formats – Keep 1 page forms to 1 page. For Attachments, click on download template and follow directions.

To upload your documents, click upload template, write the name and then click browse, find the document on your computer and click open, then upload. You will have to close the window each time. This process is similar to attaching a document to an email.

ATTACHMENTS
Certifications: Compliance Document & Certification Of Application (Attachment 1): Download, complete, and sign the Certification Document (2 pages), then scan it and upload it with the other documents.

Budget Form Spreadsheet (Attachment 2) - You must use the provided Excel form.

Three Year Funding History (Attachment 3) - You must use the provided Excel form.

In-Kind Explanation Form (Attachment 4) - You must use the provided Excel form.

Performance Measures Form (Attachment 5) - You must use the provided Word form. Create one form with multiple measures on one Word Document, and upload.

EXHIBITS
Documentation Of Non-Profit Status (Exhibit A)
Copy of IRS letter showing current 501 C (3) or (4) status. PENDING STATUS WILL NOT BE ACCEPTED. Letter must be less than 10 years old.

Copy Of Current Operating Budget (Exhibit B)
Must have Revenue and Expenditures.

Audit/Financial Statement (Exhibit C)
All applicants must submit an A-133 Audit, audited financials or annual certified financial statements. ***See Instructions in the Application Manual as to applicable Audit information. Audits may not be older than FY 2009.

IRS 990 (Exhibit D) Must not be older than 2009.

Board Of Directors (Exhibit E)
Include a list of all persons serving on the Board of Directors, and any company affiliation. ex, Board President Jane Smith, Vice President Bank of USA.

Articles Of Incorporation (Exhibit F) Submit a copy of the Articles of Incorporation to document the mission objectives.

Fee Schedule (Exhibit G)
Reasonable fees may be charged for program services. If fees are charged, applicants must provide a copy of their current fee schedule.

Documents Requested *	Required?	**Attached Documents** *
Attachment #1 Application Certification Form (upload as PDF) - signatures required download template	☐	Attachment #1 Application Certification Form
Attachment #2 Budget Form (Excel Document Only) download template	☐	Attachment #2 Budget Form
Attachment #3 Three Year Funding History (Excel Document only) download template	☐	Attachment #3 Three Year Funding History
Attachment #4 In-Kind Explanation Form (Excel Document only) download template	☐	Attachment #4 In-Kind Explanation Form

Attachment #5 Performance Measures Form (Word Only) If more than one, copy and submit multiple measures on one Word Document. download template	☐	Attachment #5 Performance Measures
Exhibit A - Documentation of Non Profit Status (PDF)	☐	Exhibit A Documentation of Non Profit Status
Exhibit B - Copy of Current Operating Budget (Excel, PDF or Word)	☐	Exhibit B Copy of Current Operating Budget
Exhibit C - Copy of Audit - See Application Manual for the type you are required to submit	☐	Exhibit C Copy of Audit
Exhibit D - Copy of IRS 990 See Application Manual for direction	☐	Exhibit D Copy of IRS 990
Exhibit E - Board of Directors PDF on Letterhead	☐	Exhibit E Board of Directors
Exhibit F - Articles of Incorporation (PDF)	☐	Exhibit F Articles of Incorporation
Exhibit G - Fee Schedule (PDF)	☐	Exhibit G Fee Schedule
Exhibit H - Letters of Monetary Support 0r Committed Funds	☐	Exhibit H Letters of Monitory Support

** ZoomGrants™ is not responsible for the content of uploaded documents.*

ATTACHMENT #1 – CERTIFICATIONS

Incomplete applications will not be accepted.
Complete, sign and download this two page form by PDF for each application submitted

As a condition of applying for Community Development Block Grant Public Service (CDBG PS) and/or Housing Opportunities For Persons With AIDS (HOPWA) funds, agencies acknowledge the following:

Catholic Charities of Southern Nevada

(name of organization requesting federal funds)

CERTIFICATION AND COMPLIANCE WITH CIVIL RIGHTS ACT OF 1964 AND AMERICANS WITH DISABILITIES ACT OF 1990

Certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are posted at organization, on file and available for review. It is further certified that this organization has reviewed its programs, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 & 574 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction programs, the prime contractor certifies same for self and all subcontractors on any federally funded program.

CERTIFICATION OF CITY OF LAS VEGAS AFFILIATION

List the names and positions of members of the Board of Directors, officers, workers or members of the organization who are on the City Council, appointed by a member of the City Council or a City employee. **If none, check the box below that states NONE.**

[X] **NONE IN ORGANIZATION**

NAME	POSITION IN ORGANIZATION	AFFILIATION WITH CITY

THRESHOLD CERTIFICATION

Agency understands it must comply with the minimum thresholds set forth by PRNS for each funding source, as stated in the Application Manual. In addition, all attachments must be submitted in either PDF, or the original format of the documents as provided on the City of Las Vegas Website, and the Zoom Grants website. Failure to submit the required documents would deem the application unacceptable.

CERTIFICATION OF APPLICATION

The Board of Directors of Catholic Charities of Southern Nevada

does hereby resolve that on November 21, 2011,

the Board reviewed the Application for City of Las Vegas Federal Grant Funds (CDBG and/or HOPWA) to be submitted to the City of Las Vegas Office of Parks, Recreation & Neighborhood Services for funding consideration for the fiscal year 2012/2013 and in a proper motion and vote approved this application for submission. The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Nevada.

The Board proposes to provide the services or program identified in the Program Narrative in accordance with this application for Community Development Block Grant Funds and/or Housing Opportunities for Persons With AIDS. If this application is approved and this organization receives federal funding from the City of Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I acknowledge and accept the terms and conditions of the Threshold Certification, and understand that omission of any required documents shall render the application as non-acceptable.

I also authorize the following person(s) to have signatory authority regarding this grant:

Msgr. Patrick R. Leary	Chief Executive Officer
Name	Title

Name	Title	
Patricia Trent Morrissey	Patricia Trent Morrissey	11/21/2011
President/Board of Directors (Or other authorized person)		Date

Failure to respond to any of the information requested in the application package may be reason to deny the application. Additional financial information may be requested upon review of the application.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to $10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

ATTACHMENT 2 – PROGRAM BUDGET

This section *outlines your organization's plan on how resources, especially time or money will be allocated or spent during the 2012/2013 fiscal year.* Please round to the nearest hundred. ***Incomplete applications will not be accepted. Do not enter zeros in every column, just list figures in the columns that apply.***

NOTE: USE ONE COLUMN (D, E, F and G) FOR EACH NON-CITY OF LAS VEGAS FUNDING SOURCE TO INDICATE THE RESOURCE TO EXPENSE CATEGORY.

To minimize backup documentation, please limit your line item requests to five (5)

Total Program Budget Column automatically totals from B-G

This is a one page form

Expense Category	Total Program Budget	CLV CDBG Portion	Resources other than CLV			
(A)	(B)	(C)	(D)	(E)	(F)	(G)
FUNDING SOURCE	Automatic Total	CDBG	Agency funds & In-Kind***	Other Federal Funds	State & Local Funds	Foundations & Other Funds
Direct Client Services	Automatic totals					
Salaries & Fringes	$209,591	$53,792		$120,430	$35,369	$0
Administration						
Salaries & Fringes	$12,270			$12,270		
DIRECT PROGRAM DELIVERY COSTS						
Program Supplies	$0					
Bus Passes	$3,000	$600		$2,400		
Transitional Housing Assistance	$8,250			$8,250		
SUPPLIES						
Office Supplies	$2,250		$1,350	$900		
Postage	$225		$225			
Other:*	$4,000	$2,000			$2,000	
OPERATING						
Rent (Building/Offices)	$0					
Rent (Facility Use)	$66,684		$66,684			
Utilities	$70,165	$19,200	$20,965		$30,000	
Telephone	$2,128		$2,128			
Bookkeeping	$0					
Consultants	$0					
Audit/CPA	$0					
Payroll Services	$0					
Printing	$0					
Building Insurance	$29,138		$29,138			
Liability Insurance**	$28,000	$18,000			$10,000	
Legal	$0					
Travel	$0					
Conferences & Seminars	$0					
Staff Training	$0					
Uniforms/Accessories	$5,400			$5,400		
Security Salary & Fringe	$170,912		$55,951	$106,800	$8,161	
Entomology/Pest Control	$6,555	$3,000			$3,555	
EQUIPMENT PURCHASE						
Computers/Software	$0					
Office Equipment	$0					
Other (Specify)*	$0					
TOTALS	**$618,568**	$96,592	$176,441	$256,450	$89,085	$0

Column B must equal columns C-G

** ***Liability insurance is required of all subrecipients and may be partially paid from grant funds.***

*** Agency Cash	$109,757	Please separate the total of Column D in these 2 boxes - if no
*** In-Kind Value	$66,684	In-Kind is counted place 0 in that box

ATTACHMENT 3 – PROGRAM FUNDING HISTORY

Use this section to provide an account of the revenue and expenses of your organization for the past three years and a current year projected budget. Incomplete applications will not be accepted. Do not include In-Kind in this document, use the explanation at the bottom.

The columns will total automatically

This is a one page form

Funding Cycle	09/10	10/11	11/12	Projected 12/13
REVENUE				
CITY	$ 15,000	$ 31,861	$ 29,250	$ 96,592
COUNTY				$ 89,085
STATE	$ 81,698	$ 131		
FEDERAL	$ 229,654	$ 202,599	$ 257,702	$ 257,702
FEES CHARGED	$ 18,432	$ 18,978	$ 7,442	
FUNDRAISING				
AGENCY FUNDING	$ 123,867	$ 188,088	$ 184,107	$ 108,505
HENDERSON CDBG	$ 1,000	$ 2,500		
UNITED WAY	$ 19,743	$ 19,744		
PRIOR YEAR CARRYOVER				
TOTAL REVENUE	**$489,394**	**$463,901**	**$478,501**	**$551,884**
EXPENSES				
SALARIES	$ 302,792	$ 281,682	$ 298,397	$ 365,279
BENEFITS	$ 21,657	$ 38,344	$ 32,691	$ 27,494
INSURANCE	$ 25,448	$ 19,586	$ 21,561	$ 57,138
AUDIT/BOOKKEEPING				
RENT	$ 2,600	$ 2,000		
UTILITIES	$ 99,225	$ 87,666	$ 88,955	$ 70,165
CONSULTANTS				
TRAVEL				
SUPPLIES	$ 11,456	$ 13,558	$ 11,638	$ 6,475
EQUIPMENT				
PRINTING	$ 78	$ 42	$ 88	
DIRECT CLIENT SERVICES	$ 13,189	$ 7,704	$ 11,000	$ 11,250
TELEPHONE	$ 2,234	$ 1,530	$ 2,343	$ 2,128
UNIFORMS/ACCESSORIES				$ 5,400
ENTOMOLOGY/PEST CONTROL	$ 10,715	$ 11,789	$ 11,828	$ 6,555
OTHER *(explain)*				
TOTAL EXPENSES	**$489,394**	**$463,901**	**$478,501**	**$551,884**
REVENUE LESS EXPENSES	**$0**	**$0**	**$0**	**$0**

NOTES: In all years, Rent expense is an in-kind use of the building at a cost of $66,684 ($5,557 per month).

ATTACHMENT 4 - IN-KIND EXPLANATION FORM
This is a one page form

Please document the agency in-kind leveraging for the program on the table below. In-kind donations are included in the Agency Funds column in the Proposed Program Budget. In-Kind Example: Space rent donated is counted as an in-kind. Please keep form on one page.

In-Kind Program Contributions – Cannot be more than 25% of Overall Budget in order to achieve the $60,000 minimum to apply.

ENTITY/PROPOSED SOURCE	TYPE	Annual Project Value in $
HELP USA	Building Rent ($5,557 per mo)	$66,684
TOTAL DOLLAR VALUE		66,684

Volunteer Hours Calculation: Per IRS rules, Volunteer hours may be calculated at $19.00 per hour, and annual hours must be based on previous year's documented hours or on documented commitments for the fiscal year the application is submitted. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed affidavit from the volunteer stating his/her normal rate and the # of hours to be volunteered to this project for the application's fiscal year.

1) General Volunteers (Type & #)		Number of Annual Hours	x	$19.00 Per hour	=	Total $ Value
			x	$19.00	=	
			x	$19.00	=	
			x	$19.00	=	
			x	$19.00	=	

2). Professional Volunteers (specify)		Number of Annual Hours				Total $ Value
			x		=	
			x		=	
			x		=	
			x		=	

Explanation of above entries as needed:

ATTACHMENT #5 – CDBG PERFORMANCE MEASURES

Anticipated Program Outcomes: Complete the chart below to describe in detail the most significant outcome(s) this program is expected to accomplish involving its CLV CDBG participants. Provide the number of households (housing programs) and/or individuals that will benefit from each outcome. Also, explain how each outcome will be measured. Copy multiple Outcomes Tables on the same document.

Performance Measures are to document the benefit of the clients, not the agency. Their purpose is to describe the steps the client needs to take and the benchmarks to determine their progress in the funded program.

For multiple Performance Measures, copy the Outcome tables and paste them underneath with spaces in between. You do not have to copy the instructions.

Outcomes: Outcomes are not the products for the agency, but the benefits for the participants. What will be the benefits for the client? Why is this program being done? Examples of outcomes include: increase the percentage of individuals and their families that are living in stable housing, increase housing affordability for clients and their families, increase accessibility to affordable housing for clients and their families, etc. Include only the major program outcomes supported by the requested City funds.

Major Tasks: Outline the major tasks/activities to be conducted by this program (e.g. client outreach/assessment; housing referrals, information/referral, counseling/care coordinator, etc.

Outputs: Quantifiable products of tasks, e.g. number of clients and their families receiving rental housing assistance, number of clients and their families assisted to prevent from becoming homeless, number of clients and their families that received a housing referral or information, number of clients and their families receiving supportive services, etc.

Outcome Measurements: How will outcomes be measured? What follow-up/tracking will be provided to ensure outcomes are met? How will the program's impact on participants be evaluated?

State the Outcome and the number of CLV CDBG clients that will benefit for each major program component. Please be specific. The boxes will expand as you type.

Outcome #1:	
190 unduplicated residents (current and post-residency) will receive assistance from case management by demonstrating self-sufficiency, ability to obtain employment, basic life skills including, budgeting of income, purchase and preparation of food, and how to access community agencies within 24-months of entry into the program.	
Major Tasks Necessary to Realize Outcomes	**Outputs Resulting from Tasks**
Case manager will provide initial assessment of client needs. Case manager will develop individualized service plans requiring monthly progress interviews with clients.	Client will transition into affordable, permanent, and safe housing. Service plans are established and/or reviewed monthly. Clients will meet with case managers to report progress and/or barriers regarding their transition to self-sufficiency.
Case manager will provide guidance and exit services during and after program participation. Case manager will provide assistance to unemployed clients who are able to work and help them gain employment and income.	Employed clients exited the program with a monthly wage increase. Clients that become employed will open a savings account to save funds towards transitioning into safe, affordable, and permanent housing.
Case manager will provide guidance to clients that are not able to become employed and help them locate safe, affordable, and permanent housing before their 24-month program period expires.	Clients will transition into safe, affordable, and permanent housing that best suits their individual needs and income.

Outcome Measurements: Describe evaluation tools, methods and benchmarks used to measure this outcome.

Evaluation Tools:

- Client service plan
- Case manager contact log
- Pay stubs for employed individuals
- Employer evaluations
- Benefits provider verification for fixed income
- Medical and psychological assessments provided by outside agencies
- Monthly, quarterly and annual performance reports
- Client self-assessments

Methods:

- Face-to-face interviews
- Inspection of residents' living quarters
- Weekly staff meetings to discuss individual client performance and implementation strategies
- Physical observations

Benchmarks:

- U.S. Census Bureau demographics
- State, county and city performance criteria
- Internal year-to-date and prior-year statistical levels

Follow-up/Tracking:

- Post-residency requests for services and documentation initiated by former residents, employers and other community agencies

Project impact on participants (evaluation):

- Exit surveys
- Unsolicited feedback from community agencies
- Staff conferences for in-depth assessment of program policies and procedures

Client data and progress case notes will be kept in HMIS and BRIDGES network. Program management-level staff will review HMIS reports each month to evaluate program services, HMIS data quality, and effective use of HMIS as a client and inventory management tool.

CATHOLIC CHARITIES OF SOUTHERN NEVADA
2012 AGENCY BUDGET
For the months of July and 12 Months Ended 06/30/2012

0% Inc for All
2012 Approved Budget

Department	Cost Ctr	Revenue	Expense	Net
Plaza Services				
Residential Services	Cost Ctr			
Residential Services	05-110	13,000.00	98,083.65	(85,083.65)
Sub-Total Residential Services		**13,000.00**	**98,083.65**	(85,083.65)
Shelters	Cost Ctr			
CLV Emergency Shelter Winter	05-400	0.00	0.00	0.00
CLV Emergency Shelter Summer	05-410	526,980.60	526,136.11	844.49
Year Round Shelter	05-430	920,193.75	902,118.44	18,075.31
Sub-Total Shelters		**1,447,174.35**	**1,428,254.55**	**18,919.80**
Work Program	Cost Ctr			
Case Management	05-120	105,489.38	105,489.38	0.00
Phase 2/3	05-130	103,572.32	103,572.32	0.00
Crossroads	05-140	32,669.99	32,669.99	0.00
Sub-Total Work Program		**241,731.69**	**241,731.69**	**0.00**
Employment Service Center	Cost Ctr			
SCSEP Title V	11-910	127,438.00	127,438.00	0.00
SCSEP State Title V	11-911	10,000.00	10,000.00	0.00
SCSEP-CDBG Title V	11-912			0.00
Community Serv Employ Title V	11-915	50,511.90	50,511.90	0.00
SCSEP Title V	11-914	509,517.00	509,517.00	0.00
ORR-Employment	11-557			0.00
Employment Center	11-200			0.00
Resident Work Program	11-210			0.00
Residential Work Pgrm County Funds	11-220			0.00
SNWIB Grant	11-234			0.00
SNWIB Grant	11-235			0.00
Sub-Total Employment Service Center		**697,466.90**	**697,466.90**	**0.00**
St. Vincent	Cost Ctr			
StVincent/Help-HUD	05-500	256,449.48	256,449.48	0.00
St. Vincent/Help-HUD match	05-510	29,829.99	29,829.99	0.00
StVincent/HELP Property Managemen	05-520	17,010.33	17,010.33	0.00
St Vincent /HELP - COC 06	05-540			0.00
StVincent CDBG 07	05-550	29,260.00	29,260.00	0.00
St Vincent COC 07	05-560			0.00
Marian Residence	05-590			0.00
Marian Match	05-591			0.00
Sub-Total St. Vincent		**332,549.80**	**332,549.80**	**0.00**
Total Plaza Services		**2,731,922.74**	**2,798,086.59**	(66,163.85)
Migration & Immigration				
Migration & Refugee Services (MRS	Cost Ctr			
R&P	08-551	398,414.39	398,414.39	0.00
Targeted Assist. Prog.	08-552	436,399.91	436,399.91	0.00
USCCB-Cuban Haitian	08-553	170,061.48	170,061.48	0.00
Wilson Fish	08-555	4,138,228.43	4,138,228.43	0.00
ORR-Social Services	08-557	653,827.31	653,827.31	0.00
ESL	08-558	396,513.52	396,513.52	0.00
RAP Discretionary	08-559	166,334.24	166,334.24	0.00
CHFR Emergency Assistance	08-560	17,541.64	17,541.64	0.00
USCCB- Match Grant fy 2005	08-568			0.00
ABE-Incentive	08-588			0.00
Imigrants Unaccompanied Minors	08-591			0.00
MRS-Non Billable MGM Grant	08-593			0.00
In-kind Vouchers	08-595			0.00
United Way Basic Needs	08-596	1,297.95	1,297.95	0.00

CATHOLIC CHARITIES OF SOUTHERN NEVADA
2012 AGENCY BUDGET
For the months of July and 12 Months Ended 06/30/2012

0% Inc for All
2012 Approved Budget

Department	Cost Ctr	Revenue	Expense	Net
United Way Employment	08-597	1,633.26	1,633.26	0.00
Clark County School Dist	08-598	30,170.78	30,170.78	0.00
RAP NON BILL	08-599	400.00	400.00	0.00
Sub-Total Migration & Refugee Services		**6,410,822.91**	**6,410,822.91**	**0.00**
Immigration	Cost Ctr			
Immigration	08-527	164,000.00	164,000.00	0.00
Sub-Total Immigration		**164,000.00**	**164,000.00**	**0.00**
Total Migration & Immigration		**6,574,822.91**	**6,574,822.91**	**0.00**
Food Services				
United Way Immediate Needs	03-267	30,000.00	29,531.45	468.55
Sub-Total Social Services Food		**30,000.00**	**29,531.45**	**468.55**
Lied Dining	Cost Ctr			
Lied Dining Room	05-300	1,391,175.00	1,688,018.80	(296,843.80)
Off Site Meals	05-305	0.00	0.00	0.00
Electronic Benefits Program	05-310	312,000.00	311,437.88	562.12
Dining Room Meal Sales	05-311	0.00	0.00	0.00
Dining Room OAG Grant	05-330	0.00	0.00	0.00
United Way Immediate Needs	05-367	42,500.00	42,021.62	478.38
Sub-Total Lied Dining		**1,745,675.00**	**2,041,478.30**	(296,281.68)
Meals On Wheels (MOW)	Cost Ctr			
Laughlin/Sandy Valley	04-651	21,372.00	21,372.00	0.00
EFSP Grant	04-653	0.00	0.00	0.00
Medicaid	04-654	0.00	0.00	0.00
Kosher Meals	04-655	3,000.00	3,000.00	0.00
Humana Meals	04-656	0.00		0.00
ARRA MOW	04-657			0.00
ARRA Indian Springs	04-658			0.00
MOW Management	04-660	5,000.00	0.00	5,000.00
MOW Waiting List	04-661	21,000.00	21,000.00	0.00
MOW-Kitchen	04-662	1,138,201.00	895,550.89	242,650.11
DAS -Indian Springs	04-663	14,516.00	14,516.00	0.00
SNP - Nutrition Therapy	04-664	133,882.00	133,822.21	59.79
SNP - 111B	04-665	261,887.00	264,769.01	(2,882.01)
MOW Special needs	04-666			0.00
Quality Assurance	04-667	121,000.00	121,092.80	(92.80)
Elgibility	04-668		53,721.91	(53,721.91)
Delivery	04-669		188,951.85	(188,951.85)
Sub-Total Meals On Wheels (MOW)		**1,719,858.00**	**1,717,796.67**	**2,061.33**
Meal Delivery Programs	Cost Ctr			
Sunrise Children's Fund	04-673	86,000.00	85,516.36	483.64
Sub-Total Meal Delivery Programs		**86,000.00**	**85,516.36**	**483.64**
Total Food Services		**3,581,533.00**	**3,874,322.78**	(293,736.71)
Family Services				
Social Services	Cost Ctr			
Homeless to Home	03-270	241,100.00	241,100.00	0.00
Social Services Commodities	03-280			0.00
Social Services Las Vegas	03-290	171,610.05	171,610.05	0.00
Imm. Needs Bus Passes	03-291			0.00
Housing Corp	03-300			0.00
EFSP (formerly FEMA)	03-310			0.00
Shelf Stable Meals	03-313			0.00
Sub-Total Social Services		**412,710.05**	**412,710.05**	**0.00**
Women, Infants & Children (WIC)	Cost Ctr			

CATHOLIC CHARITIES OF SOUTHERN NEVADA
2012 AGENCY BUDGET
For the months of July and 12 Months Ended 06/30/2012

0% Inc for All
2012 Approved Budget

Department	Cost Ctr	Revenue	Expense	Net
WIC-Henderson	09-240	301,755.92	301,755.92	0.00
WIC-Owens	09-250	278,673.32	278,673.32	0.00
WIC-Nellis	09-260	97,355.68	97,355.68	0.00
WIC	09-270			0.00
WIC	09-999			0.00
Sub-Total Women, Infants & Children (WIC)		**677,784.92**	**677,784.92**	**0.00**
Adoptions	Cost Ctr			
Adoption	06-600	439,150.00	389,753.44	49,396.56
Case Management	06-601			0.00
Sub-Total Adoptions		**439,150.00**	**389,753.44**	**49,396.56**
Senior Programs	Cost Ctr			
Respite				
Respite	04-433	13,500.00	13,500.00	0.00
Independent Living Grant	04-435	125,621.60	125,621.60	0.00
Respite Care-Program Fees	04-436			0.00
Clark County	04-437			0.00
Respite Care-UWAY	04-438			0.00
Sub-Total Resprite		**139,121.60**	**139,121.60**	**0.00**
Foster Grandparent				
FGP CNCS ends 3-31-07	04-551	395,477.00	395,477.00	0.00
FGP DAS 38 (no award letter as of 7-3	04-552		0.00	0.00
FGP MATCH	04-553	21,200.00	21,146.94	53.06
FGP CCSD	04-554	21,320.00	21,320.00	0.00
Sub-Total Foster Grandparent		**437,997.00**	**437,943.94**	**53.06**
Senior Companion				
CNCS	04-771	335,850.00	335,850.00	0.00
SCP-Community Support CLV	04-773	21,509.00	20,694.00	815.00
SCP United Way	04-774	220.00	100.93	119.07
LCB grant	04-775	142,760.00	142,760.00	0.00
Chip fees	04-776	25,000.00	24,262.93	737.07
Clark County OAG	04-778			0.00
MGM Mirage	04-779	10,000.00	10,000.00	0.00
3B	04-780			0.00
Sub-Total Senior Companion		**535,339.00**	**533,667.86**	**1,671.14**
Senior RSVP				
Telephone Reassurance-CLVHA	04-880			0.00
CNCS	04-881	58,310.00	58,310.00	0.00
Community Support Non Federal	04-882			0.00
Excess non Federal	04-883	700.00	700.00	0.00
LCB Grant	04-885	48,320.00	48,320.00	0.00
Sub-Total RSVP		**107,330.00**	**107,330.00**	**0.00**
Sub-Total Senior Programs		**1,219,787.60**	**1,218,063.40**	**1,724.20**
Total Family Services		**2,749,432.57**	**2,698,311.81**	**51,120.76**
Human Resources				
Human Resources	Cost Ctr			
Human Resources	01-300	0.00	134,181.27	(134,181.27)
Sub-Total Human Resources		**0.00**	**134,181.27**	(134,181.27)
Total Human Resources		**0.00**	**134,181.27**	(134,181.27)
Endowment Fundraising				
Endowment Fundraising	Cost Ctr			
Endowment Fundraising	12-100	6,200.00	0.00	6,200.00
Sub-Total Endowment Fundraising		**6,200.00**	**0.00**	**6,200.00**

CATHOLIC CHARITIES OF SOUTHERN NEVADA
2012 AGENCY BUDGET
For the months of July and 12 Months Ended 06/30/2012

Department	Cost Ctr	Revenue	Expense	Net
		0% Inc for All	2012 Approved Budget	
Total Endowment Fundraising		**6,200.00**	**0.00**	**6,200.00**
Administration				
Management and General	Cost Ctr			
General Management	01-100	160,466.94	524,250.96	(363,784.02)
Accounting -Finance	01-200	146,535.20	558,199.32	(411,664.12)
Information Technology	01-400	0.00	458,270.55	(458,270.55)
Facilities Management	01-600	0.00	0.00	0.00
Indirect Allocated to Programs		0.00	(733,590.61)	733,590.61
Sub-Total Management and General		**307,002.14**	**807,130.22**	(500,128.08)
Community Relations	Cost Ctr			
Development & CR	02-700	916,000.00	259,734.47	656,265.53
Parish Appeal (Social Ministry)	02-710			0.00
Direct Appeal	02-730			0.00
Publications	02-740	20,000.00	5,000.00	15,000.00
Heart of Hope	02-750	150,000.00	25,000.00	125,000.00
Board Development	02-790			0.00
Sub-Total Community Relations		**1,086,000.00**	**289,734.47**	**796,265.53**
Facilities	Cost Ctr			
Property Management	05-600	338,316.00	425,089.43	(86,773.43)
Bridgewater-4plex	05-610	25,920.00	11,500.00	14,420.00
Blanchard Arms Apt	05-620	60,846.00	53,250.00	7,596.00
Public Restrooms	05-630	12,540.00	12,540.00	0.00
Sub-Total Facilities		**437,622.00**	**502,379.43**	(64,757.43)
Retail Operations	Cost Ctr			
Production	10-140	172,000.00	536,271.80	(364,271.80)
Temp Store	10-150	297,500.00	190,057.34	107,442.66
Rancho Store	10-170	515,000.00	385,012.01	129,987.99
Tropicana	10-180	1,003,750.00	857,372.62	146,377.38
E-Bay	10-190	12,000.00	100.00	11,900.00
Car Sales	10-200	121,000.00	37,386.06	83,613.94
Sub-Total Retail Operations		**2,121,250.00**	**2,006,199.83**	**115,050.17**
Security	Cost Ctr			
Security	05-160	0.00	303,278.72	(303,278.72)
Sub-Total Security		**0.00**	**303,278.72**	(303,278.72)
Fertitta	Cost Ctr			
Fertitta Emergency Shelter	05-420	182,004.00	90,691.92	91,312.08
Sub-Total Fertitta		**182,004.00**	**90,691.92**	**91,312.08**
Total Administration		**4,133,878.14**	**3,999,414.59**	**134,463.55**
Total Agency Operating		**19,777,789.36**	**20,079,139.95**	(302,297.52)
Investments				
Reynolds Investments	000	0.00		0.00
Land, Bldg & Equipment	999	0.00		0.00
Total Agency		**19,777,789.36**	**20,079,139.95**	(302,297.52)

Chapter 8 - Determining Unit Rents

This chapter reviews the rent restrictions for the LIHTC program. All LIHTC units are subject to a maximum gross rent limitation in which the maximum gross rent may not exceed 30 percent of the applicable qualifying income limit.

A. Calculation of Maximum Gross Rent

Gross rent equals the tenant portion of rent plus the cost of tenant-paid utilities, except telephone and cable. Whenever utility costs are paid directly by the tenant, gross rent must include an allowance for utilities. If qualified tenants are charged more than the allowable rent, the unit is in noncompliance, and recapture of credits may result. The maximum gross monthly rent is calculated by the formula below.

Maximum Monthly Gross Rent (Including Utilities) = **Applicable Annual Income Limit** (Adjusted for Family Size) / Divided by 12 × Multiplied by 30 percent

1) Rent Calculations for 1987-89 LIHTC Projects

For projects with 1987, 1988, or 1989 Tax Credit allocations, the unit rent is calculated using the income limit for the *actual number of people in the household.* Therefore, the maximum rent can increase or decrease based on respective changes in the household composition. *

2) Rent Calculations for 1990 and beyond LIHTC Projects

For 1990 and later allocations, rent is based on unit size, not the number of people in the household. *The rent formula uses an imputed family size of 1.5 persons per bedroom* to determine the applicable income limit upon which to base rent calculations. For efficiency or studio units, which do not have separate bedrooms, the 1-person income limit is used.

Maximum Gross Rent Calculations
(Based on 2004 Income Limits)

Location	Unit Size	Household Size	Applicable Annual Income Limit	Monthly Limit (Divide by 12)	Maximum Gross Rent (Multiply by 30 percent)
Household Size Formula Used For 1987-1989 LIHTC Projects *					
Washoe County	2 Bedroom	4	$31,600	$2,633.33	$790
Bedroom Size Formula Used For 1990 – LIHTC Projects					
Washoe County	2 Bedroom	4 (Imputed=3)	$28, 450	$2,370.83	$711.25 (Round Down $711)

*** Option to Convert to Bedroom Size Formula for Pre-1990 LIHTC Projects:** Project Owners of pre-1990 projects were given an option to convert to the bedroom size rent formula. If election to the bedroom size formula was made, it could only apply to new move-ins following the date of election.

Rent Calculations

Fixed Income:

S. S. I, S. S. D. I & Social Security Income

The monthly income is multiplied times 12 months which equals the annual gross, $400.00 is subtracted from the annual gross equaling the gross less deductible, the gross less deductible is divided by 12 months, equaling the new monthly income, the new monthly income in multiplied by thirty percent, equaling the rent owed for the month.

- EXAMPLE FULL MONTH RENT

$1077.30 (monthly gross) **x 12** (number of months per year) = **$12927.60** (annual gross) – **$400.00** (deductible) = **$12527.60** (gross less deductible) / **12** (number of months per year) = **$1043.97** (adjusted gross income per month) **x 30% = $313.19.**

- EXAMPLE PRORATED RENT

$1077.30 (monthly gross) **x 12** (number of months per year) = **$12927.60** (annual gross) – **$400.00** (deductible) = **$12527.60** (gross less deductible) / **12** (number of months per year) = **$1043.97** (adjusted gross income per month) **x 30% = $313.19.** (30% of monthly gross) / **28** (number of days in February) = **$11.18535714** (daily rate) **x 21** (number of days you will reside at SVHA for the month of February) = **$234.89**(21-day prorated rent for February)

Alimony Income

The gross monthly income multiplied by thirty percent.

- EXAMPLE

$1000.00 (monthly gross) **x 30% = $300.00** (30% of monthly gross).

Unemployment Income

The weekly income is multiplied by fifty-two weeks in a year equaling the annual income. The gross annual is divided by 12 months, equaling a monthly amount. The monthly amount is multiplied by thirty percent equaling the rent owed for the month.

- EXAMPLE

$200 (weekly gross) **x 52** (weeks annually) = **$10,192.00** (annual income) / **12** (months) = **$849.33** (monthly income) **x 30% = $254.80** (monthly rent).

Employment Income

Employment income has to be calculated three different ways, the annual amount that is the highest without exceeding $22, 900 (Low Income Housing Tax Credit/Bond Maximum Income) will be used to determine the clients rent. Monthly rent cannot exceed $343.00 (Low Income Housing Tax Credit/Bond Maximum Rent).

1. Add the date first employed through the date of current pay period. Divide gross year-to-date earnings by those days, which equal a daily amount. Multiply the daily amount by three hundred sixty-five, which equal an annual amount.

- EXAMPLE

8/23/10 (date first employed) thru **9/24/10** (date of current pay period) = **33 days.** **$1268.51** (gross year-to-date earnings) / **33** = **$38.44** (daily amount) **x 365 (days in a year) = $14, 030.49** (annual amount).

2. Current wages per hour multiplied regularly scheduled hours per week equals a weekly amount. Multiply the weekly amount by fifty two weeks in a year.

- EXAMPLE

$7.55 (wages per hour) **x 40** (hours per week) = **$302** (weekly amount) **x 52** (weeks in a year) = **$15, 704.00.**

3. Calculate the previous month check stubs by adding the gross earnings of each check together to get a monthly amount. Once the monthly amount is calculated then multiply by 12 months and you will get the annual amount.

- EXAMPLE

1st check **$604.07** (gross earnings) + 2nd check **$664.44**(gross earnings) = **$1268.51** (monthly amount) **x 12** (months) = **$15, 222.12** (annual amount).

$15,222.12 (annual amount) is the highest of the three calculations without exceeding **$22,900.00 (L. I.H. T. C. /Bond Maximum Income). $15,222.12** (annual amount) is divided by twelve months, which equals a monthly amount; the monthly amount is multiplied by thirty percent which equals the rent owed for the month.

- EXAMPLE

$15,222.12 (annual amount) / **12** (months) = **$1268.51** (monthly amount) **x 30%** = **$380.55.** We cannot charge this client **$380.55** because of the **(L.I.H.T.C. / Bond Max. Rent)** this client will be charged $343.00. Each month the client must provide check stubs to have the rent calculated to prevent overcharging or undercharging.