Carson City, A Consolidated Municipality
Application for

Community Support Services Funding

Fiscal Year 2010-2011

Name of Organization: Rural Center For Independent Living and Do Drop In

Amount Requested: $2,400

Contact Person:Dee Dee Foremaster

Mailing Address: 1895 E. Long Street

City: Carson City State: Carson City, NV Zip Code:89706

Phone Number: (775)841-2580 E-mail: Fearlessforemaster@earthlink.net

501(c)3 Taxpayer I.D. Number: 88-0389130

Date Submitted: February 25, 2010

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services

APPLICATION FOR GRANT FUNDS

Fiscal Year 2010-2011

Organization Information

1. What is the overall purpose or goal of your organization? To provide services to enhance the ability of people of all ages and all disabilities to live independently in our community.

2. How long has your organization been in existence? 12 Years 3 Months
How long has your organization been in Carson City? 12 Years 3 Months

3. Describe in general the activities or services of your organization: Provide individuals with disabilities benefit assistance, budget and bill paying assistance, Peer support, referrals, Independent living assistance, assistance to find and keep stable housing, Drop in center for homeless individuals with disabilities to provide shelter, referrals, housing assistance, medical and benefit assistance.

4. How many people do you intend to serve during this Fiscal Year 2010-2011?
# of Youth 100 # of Adults 500 # of Seniors 200

5. How many people served this Fiscal Year 2010-2011 will be Carson City residents?
# of Youth ___80__ # of Adults__400___ # of Seniors ___160__

6.How many paid employees/volunteers does your organization employ?

# of full-time employees 1 # of part-time employees _____

7. Percentage of organizational funds to be utilized for administrative costs (i.e., salaries, travel, training, etc): Overall budget 20%, Community Support Funds 0%.

8. Describe how your organization is managed and governed (i.e., Board of Directors).
Our Board of Directors are individuals with disabilities or family members of individuals with disabilities. The Board is responsible for setting policy, financial oversight, and overall direction of RCIL. The Executive Director is responsible for day to day operations and serves at the pleasure of the Board. The Board receives input from the individuals the center serves and sets yearly priorities from the input received.

9. Please provide information on your Executive Board members or contact person:
Contact Person: Dee Dee Foremaster, Executive Director, (775)841-2580

Program/Proposal Information
10.Amount of funds requested? $ 2,400

11.Purpose of Program/Proposal: Provide gasoline and bus passes for individuals seeking work and during the first weeks of employment (until they get their first check) and for individuals needing transportation for medical treatment. Funds will be used to provide fees for background checks, birth certificates and identification cards, to get into houseing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.

Describe the program/proposal: Approximately $200 per month will be used to provide gasoline and bus passes for clients seeking work and during the first weeks of employment (until they get their first check). Approximately$200 per month will be used to provide fees for background checks, birth certificates and identification cards, to get into houseing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.
Target population: Individuals with disabilities who are in need of stable housing, employment or medical care.
Number to be served: 120
What the grant will specifically fund: Approximately $200 per month will be used to provide gasoline and bus passes for clients seeking work and during the first weeks of employment (until they get their first check). Approximately$200 per month will be used to provide fees for background checks, birth certificates and identification cards, to get into houseing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.
Explain your organization's qualifications to deal with the issue: RCIL and Do Drop In have been providing services to individuals with disabilities in Carson City since 1998. We opened the Do Drop In in 2005 to serve individuals with disabilities who are homeless. We have cooperative relationships with many of the local city, state and federal agencies serving the homeless and the disabled and are happy to take referrals from these agencies.
12. Goals, Objectives & Measurable Outcomes: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project.
Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

I.City Goal: (CCO42) Programs that provide short term assistance to those in need are offered.
In some cases, families need temporary help in order to stay in their homes and adequately feed their family. This temporary help should be provided as necessary and appropriate.

1. Objective: 120 individuals with disabilities, who are homeless or in danger of becoming homeless will be provided with gas or bus passes in order to obtain and maintain employment or obtain and maintain medical services and will be provided fees for background checks, birth certificates or ID cards in order to get into stable housing and obtain services to maintain stable housing.

A.Quantitative Measurement will be done by tracking the number of clients served and the services provided and will be reported quarterly to our Board of Directors and yearly to the city.

B.Qualitative Measurement will be done by providing a client survey to the individuals involved in the program and reporting the outcome of the surveys to our Board quarterly and the city yearly.

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years. Provide gasoline and bus passes for individuals with disabilities who are homeless or in danger of becoming homeless and seeking work and during the first weeks of employment (until they get their first check) and for individuals with disabilities who are homeless or in danger of becoming homeless and needing transportation for medical treatment. Funds will also be used to provide fees for background checks, birth certificates and identification cards, to get into housing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF, to maintain stable housing. As the economy improves, we are optimistic that donations will increase to fund this program in the future.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs? Although no one provides the intensive wrap-around services we provide for the homeless disabled and their families, we have cooperative relationships with many of the local city, state and federal agencies serving the homeless and the disabled and are happy to take referrals from these agencies.

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

Income:

Carson City Community Support Grant:	$2,400
RCIL Matching Funds:	$2,400
Total	$4,800

Expenditures:

Transportation:	$2,400
Document Fees and Identification	$2,400
Total	$4,800

16. Has your organization been funded by Carson City previously? Yes
If yes, please list:
Year: 2009 Amount: $2,400 Program/Event: Do Drop In Support Services

Required Attachments:

C A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.

C A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.

C **Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.**

C Signed Guidelines for Grants (please keep a copy for your files).

To Whom It May Concern:

Below is our unaudited Profit & Loss statement for January, 2009- December, 2009. Currently, our Board reviews our income and expenses on a monthly basis. Considering our small budget, our board currently finds it too expensive to pay for an audit.

Very Truly Yours,
Dee Dee Foremaster, Director
Rural Center for Independent Living
1895 E. Long Street
Carson City, NV 89706
(775) 841-2580

RURAL CENTER FOR INDEPENDENT LIVING, INC.
PROFIT AND LOSS STATEMENT, 2009

Income:	**Expenses:**
$1,000 – Private Donations	$8,400 – Rent
$500 – Fund Raisers	$2,595 – Shelter Supplies
$5,500 – Rural Regional Training Funds	$1,272 – Telephone
$5,000 – ADA Grant	$1,965 – Utilities
$2,000 – ASAP Program	$ 120 – Postage
$4,500– Administrative fees for	$ 628 – Office Supplies
Representative Payee Program	$3,480 – Personnel
$1,200 City grant	$1,000 – Liability Insurance
Total: $19,700	Total: $19,460

Reserve: $240

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 16 2003

RURAL CENTER FOR INDEPENDENT LIVING INC
575 AIRVIEW DR 224
CARSON CITY, NV 89701-9468

Employer Identification Number:
88-0342130
DLN:
17053212738033
Contact Person:
[redacted] ID# 31323
Contact Telephone Number:
(702) 829-3800
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated MAY 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to inform you that our letter dated JUNE 26, 2003 in which you were presumed to be a private foundation is hereby superseded. You are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

Carson City, A Consolidated Municipality

FEB 25 2010

Annual Report

For Community Support Services Funding

Fiscal Year 2009-2010

Name of Organization: Rural Center for Independent Living

Program/Project: Do Drop In Support Services Project

Amount of Funds Received $ 2,400

Contact Person: Dee Dee Foremaster

Mailing Address: 1895 E. Long Street

City: Carson City State: NV Zip Code: 89706

Phone Number: (775)841-2580 E-mail: Fearlessforemaster@earthlink.net

Date Submitted: February 25, 2010

1. Please attach a final financial income and expense statement that specifically explains how grant funds were used, including a comparison between your budgeted and your actual incomes and expenses.

2. Evaluate your achievement of your program/proposal objectives listed in your application:

I. Quantitative Measurement will be done by tracking the number of clients served and the services provided.

Number of bus passes purchased – 75,

Number of Birth Certificates provided – 15.

Number of Background checks provided – 24,

Number of Nevada identifications cards purchased – 20.

Total Number of Clients served: 134

2. Qualitative Measurement will be done by providing a client survey to the individuals involved in the program and reporting the outcome of the surveys.

Very Satisfied – 72% Satisfied – 20% Neutral – 7% Dissatisfied - 1%

3. Approximately how many people benefited from your project? **134** How many of those people were Carson City residents? **100** What were some of the individual benefits? **Transportation was provided for individuals seeking employment or for individuals who obtained employment, but did not have a way to get to and from their jobs. Transportation was provided for individuals seeking medical treatment. Some individuals needed Birth Certificates in order to apply for Social Security benefits or to obtain Nevada identification. Background checks were provided for individuals obtaining permanent housing or for employment.**

4. What specific community benefit did your project provide Carson City? **Our services, in conjunction with other community providers, provide the support services necessary to ensure success in obtaining housing, benefits, jobs, mental health and medical treatment. The services keep the homeless disabled off the streets and in stable housing. The individuals continued success is supported through work or benefit assistance, such as social security.**

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future? **RCIL would like to continue this project. Although funding for non-profits is currently down, RCIL is optimistic that in the next couple of years our funding levels will increase and RCIL will be able to fund this program with donations.**

6. Describe any challenges that impacted your program. **As with most non-profits, these are challenging financial times. We have been careful to make sure our funds go to those who need it. This has meant saying no to individuals who do not meet our criteria.**

Income and Expense statement for RCIL
Do Drop In Support Services
As of January 31, 2010

Income:

	Actual:	Budgeted:
Carson City Community - Support Services	$2,400	$2,400
RCIL Matching Funds	$2,400	$2,400
TOTAL:	$4,800	$4,800

Expenses:

Actual:	Budgeted:
	$4,800
$937.50 - Bus Passes and gasoline	
$450.00 – Birth certificates	
$840.00 – Background checks	
$160.00 – Nevada ID Cards	
$2,387	$2,413