

Carson City, A Consolidated Municipality
Application for
Community Support Services Funding
Fiscal Year 2011-2012

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 23, 2011

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 2011-2012
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? 13 Years 3 Months
How long has your organization been in Carson City? 13 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 2011-2012?
of Youth 100 # of Adults 300 # of Seniors 200

5. How many people served this Fiscal Year 2011-2012 will be Carson City residents?
of Youth 80 # of Adults 240 # of Seniors 160

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

of full-time employees 1 # of part-time employees _____ Volunteers: 5

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 and individuals with disabilities who have been homeless. 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: For individuals who are homeless or in danger of becoming homeless and seeking work or benefits, provides fees for background checks, birth certificates and identification cards, bus passes and gasoline for transportation and for homeless disabled individuals needing transportation for medical treatment. These documents are necessary in order to get employment 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 housing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.

Target population: Individuals with disabilities residing in Carson City, who are homeless or in danger of becoming homeless and 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 housing 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: A Safe and Secure Community, A Healthy Community

- 1.
2. Objective: 120 individuals with disabilities residing in Carson City, 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, residing in Carson City, who are homeless or in danger of becoming homeless and seeking work or 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? No one provides the intensive wrap-around services we provide for individuals residing in Carson City who are disabled homeless or those individuals who are disabled and in danger of becoming homeless 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
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Expenditures:

Transportation: \$2,400

Document Fees and Identification \$2,400

Total		\$4,800
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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

Year: 2010 Amount: \$1,000 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 2010-2011 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.

Carson City, A Consolidated Municipality
Annual Report
For Community Support Services Funding
Fiscal Year 2010-2011

RECEIVED

Name of Organization: Rural Center for Independent Living

Program/Project: Do Drop In Support Services Project

Amount of Funds Received \$ 1,000

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 23, 2011

FEB 23 2011

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**CARSON CITY
EXECUTIVE OFFICES**

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: **Because our funding was cut in half last year, we had to reduce the number of clients served.**

I. Quantitative Measurement will be done by tracking the number of clients served and the services provided. (As of January 31, 2011)

Number of clients utilizing bus and gas purchases: 42

Number of Birth Certificates provided – 27

Number of Background checks provided – 16

Number of Nevada identifications cards purchased – 20

Total Number of Clients served: 62 (The actual total of services provided reflects access to multiple services by some clients)

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 – 85% Satisfied – 10% Neutral – 4% Dissatisfied - 1%

3. Approximately how many people benefited from your project? 62 How many of those people were Carson City residents? 62 What were some of the individual benefits? **The first obstacle to obtaining employment, housing or benefits are having identification documents. Some individuals needed Birth Certificates in order to apply for Social Security cards to get employment or benefits or to obtain Nevada identification. Background checks were provided for individuals obtaining permanent housing or for employment. 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.**

4. What specific community benefit did your project provide Carson City? **RCIL follows a housing first model. This model has been shown to be a best practice when serving the homeless disabled. This means accessing benefits to obtain stable housing for the homeless disabled of our community, first. The stable housing allows them to access jobs, benefits, mental health and treatment services in a more consistent manner. Our services, in conjunction with other community providers, provide the support services necessary to ensure success in maintaining 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 the intensive wrap-around services we provide.**

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 and donations for non-profits are 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.**

From: epostcard@urban.org (epostcard@urban.org)
To: ruralcil@yahoo.com;
Date: Tue, February 22, 2011 3:05:16 PM
Cc:
Subject: Form 990-N E-filing Receipt - IRS Status: Accepted

Organization: RURAL CENTER FOR INDEPENDENT LIVING INC
EIN: 88-0389130
Submission Type: Form 990-N
Year: 2010
Submission ID: 7800582011053ea90836
e-File Postmark: 2/22/2011 5:59:16 PM
Accepted Date: 2/22/2011

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

e-Postcard technical support
Phone: 866-255-0654 (toll free)
email: ePostcard@urban.org

**RURAL CENTER FOR INDEPENDENT LIVING
INC**
% Diana Foremaster
1895 E Long Street
Carson City, NV 89706

RURAL CENTER FOR INDEPENDENT LIVING, INC.

Business Entity Information

Status:	Active	File Date:	8/19/1998
Type:	Domestic Non-Profit Corporation	Entity Number:	C19739-1998
Qualifying State:	NV	List of Officers Due:	8/31/2011
Managed By:		Expiration Date:	
NV Business ID:	NV19981311134	Business License Exp:	

Registered Agent Information

Name:	DIANA FOREMASTER	Address 1:	411 HOTSPRINGS RD # 4
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89706
Phone:		Fax:	
Mailing Address 1:	PO BOX 3177	Mailing Address 2:	
Mailing City:	CARSON CITY	Mailing State:	NV
Mailing Zip Code:	89702		
Agent Type:	Noncommercial Registered Agent		

Financial Information

No Par Share Count:	0	Capital Amount:	\$ 0
No stock records found for this company			

Officers

☐ Include Inactive Officers

Director - RACHEL CLARK			
Address 1:	P.O. BOX 2904	Address 2:	
City:	GARDNERVILLE	State:	NV
Zip Code:	89410	Country:	USA
Status:	Active	Email:	
Treasurer - DAWN CLEVELAND			
Address 1:	PO BOX 3177	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	
President - MICHELLE KASSORLA			
Address 1:	PO BOX 3177	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	
Director - JENNIFER LANDMAN			
Address 1:	PO BOX 3177	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89702	Country:	
Status:	Active	Email:	
Secretary - JULY WRIGHT			
Address 1:	PO BOX 20344	Address 2:	
City:	CARSON CITY	State:	NV

Income and Expense statement for RCIL
Do Drop In Support Services
As of January 31, 2011

Income:

	Actual:	Budgeted:
Carson City Community -	\$1,000	\$1,000
Support Services		
RCIL Matching Funds	\$1,055	\$1,000

TOTAL:	\$2,055	\$2,000
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Expenses:

Actual:	Budgeted:
\$2,000	\$2,000
\$1,120.00 -	Bus Passes and gasoline
\$ 215.00 -	Birth certificates
\$ 480.00 -	Background checks
\$ 240.00 -	Nevada ID Cards

\$2,055	\$2,000
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Income and Expenses
Rural Center for Independent Living, Inc.

	<u>Last Year</u>	<u>Present Year</u> Budgeted	<u>Next Year</u> Budgeted
Income:	\$ 19,500	\$ 23,000	\$24,000
ADA Grant	5,000	\$5,000	\$5,000
Job Training	8,640	\$8,600	\$8,600
Rep. Payee Program	4,860	\$5,000	\$5,000
Community Support	1,000	\$2,400	\$2,400
Donations	1,000	\$2,000	\$3,000
Expenses:	\$ 19,000	\$ 21,000	\$ 22,000
Rent:	\$9,000	\$9,000	\$10,000
Utilities:	\$2,600	\$3,600	\$3,600
Drop In Shelter:	\$3,800	\$3,800	\$3,800
Supplies:	\$1,200	\$1,200	\$1,200
Salaries:	\$2,400	\$3,400	\$3,400
Reserves:	\$ 500	\$ 1000	\$ 2,000

Guidelines for Grants

Fiscal Year 2011-2012

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community

A Healthy Community

An Active and Engaged Community

A Clean and Healthy Environment

A Vibrant, Diverse and Sustainable Economy

A Community Rich in History, Culture and the Arts

A Community Dedicated to Excellence in Education

A Physically and Socially Connected Community

A Community Where Information is Available to All

1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
7. These guidelines shall not control any grants of money provided by any other public or private entity.

8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
9. Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
10. The **original and nine (9) copies** of the application packet must be submitted to the City Manager's Office no later than **5:00 p.m. on February 23, 2011**. An electronic pdf version may also be e-mailed to cceo@carson.org.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

Do Drop In Support Services Project
Name of Program

Dee Dee Foremaster
Project Director Signature

2/23/11
Date

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@carson.org
www.carson.org

RCIL Client Satisfaction Survey

1. Overall, how satisfied are you with the services RCIL provided you?

Very Satisfied 0 Satisfied 0 Neutral 0 Dissatisfied 0

2. Overall, how satisfied are you with your client/advisor relationship?

Very Satisfied 0 Satisfied 0 Neutral 0 Dissatisfied 0

4. If you are NOT satisfied with the services RCIL provided, please tell us how we can better serve you?