Carson City
Grants Program Application
Fiscal Year 2013–2014

An electronic version of this document is available at carson.org/cdbg

APPLICATIONS ARE DUE*: **JANUARY 18, 2013, 4:00 P.M.**

PLEASE SUBMIT 9 COPIES TO: **CARSON CITY PLANNING DIVISION**
108 E. PROCTOR ST.
CARSON CITY, NV 89701

*The deadline established is **firm** Any proposal received **after** the deadline **will not** be considered for funding. **Applications must be unstapled. See attached instructions pg 15.**

GRANT APPLYING FOR: (check all that apply)

____ **Community Development Block Grant (CDBG)**

__X__ **Community Support Services Grant (CSSG)**

Total funding requested:

$3,000

1. Agency Name: Rural Center For Independent Living and Do Drop In
2. Agency Mailing Address: 1895 E. Long Street
3. Project/Program Name: Do Drop In Support Services
4. Project/Program Address/location: 1895 E. Long Street
5. Agency Director: Dee Dee Foremaster
6. Board Chairperson: Dr. Michelle Kassorla
7. Contact person: Dee Dee Foremaster
   Phone number: 775-841-2580 E-Mail: Fearlessforemaster@gmail.com
   Fax: 775-841-2580 Website (if applicable)
8. How long has your organization been in existence? 1998 In Carson City? 1998
9. What is the overall mission of your organization?To provide services to enhance the ability of people of all ages and all disabilities to live independently in our community.
10. Type of funding requested (CDBG ONLY) (Check One):

    ____ Public Service
    _____ Economic Development
    _____ Public Facility/Improvement
    _____ Housing

BRIEF PROJECT DESCRIPTION:Please provide a short description of your project/program (not your organization). For individuals with disabilities who are homeless or in danger of becoming homeless provides fees for background checks, birth certificates and identification cards. These documents are necessary in order to get employment and obtain services such as Rural Housing, Social Security, city welfare deposit program. Bus passes are for transportation for medical treatment, benefit assistance appointments, and employment.

I. PROJECT ELIGIBILITY

A. **Check all statements that describe HOW this project/program meets one of Carson 1City's goals:**

__X__ A Safe and Secure Community
__X__ 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

B. **For CDBG ONLY. This project/program meets at least ONE of the HUD national objectives listed below** (please check all that apply)

_____ 1. Benefits low/moderate income individuals/households
_____ 2. Addresses the prevention or elimination of slums or blight
_____ 3. Meets a particularly urgent community development need

C. **For CDBG ONLY. Check all statements that describe HOW this project/program meets one of the National Objectives above:**

____ ***L/M Area Benefit*:** the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

____ ***L/M Limited Clientele:*** the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

____ ***L/M Housing:*** the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

____ ***L/M Jobs:*** the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income

persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

____ ***Microenterprise Assistance:*** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

____ ***Slum or Blighted Area:*** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

____ ***Spot Blight:*** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. ***Examples:*** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project/Program Category (check one):

__X__ Public Service (i.e., a new service or an **increase** in the level of service

____ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

____ Acquisition of Real Property

____ Disposition of Real Property (sale, lease or donation)

____ Privately-Owned Utilities

____ Relocation Payments and Assistance to Displaced Persons

____ Removal of Architectural Barriers, Handicapped Accessibility

____ Housing Rehabilitation

____ Historic Preservation

____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

____ Special Economic Development or assistance to microenterprises

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix II). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects/programs that provide a clear description of the project/program with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed project/program, including how the project/program will address the National Objective indicated (CDBG ONLY) and whether the project/program is new, ongoing, or expanded from previous years.
This program is ongoing. Approximately $150 per month will be used to provide bus passes for clients needing transportation to medical, benefit assistance and employment appointments and during the first weeks of employment (until they get their first check). Approximately $100 per month will be used to provide fees for background checks, birth certificates and identification cards, to obtain employment, housing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.

2. If the proposed project/program already exists, please describe your success rates in providing services to low- to moderate-income persons: **RCIL and Do Drop In have been providing services to individuals with disabilities in Carson City since 1998. We opened the Do Drop In, a day shelter, 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. We are so successful at providing services to disabled individuals who are in danger of becoming homeless and individuals who are homeless, that the need consistently outstraps our funds. RCIL follows a housing first model. (Please see attached information on the cost effectiveness of this 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. It is necessary to have identification to access employment or benefits. 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 maintaing 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. RCIL finds housing for 90 to 100 homeless individuals per year. The majority of individuals we serve are people from this area.**

3. Describe who will benefit from the proposed project/program. **Individuals with disabilities residing in Carson City, who are homeless or in danger of becoming homeless and who are in need of stable housing, benefit assistance, employment or medical care.**

4. If your project is designed to serve a specific or limited clientele, please indicate the population you will be serving with your project/program:

_____ Abused Children	_____ Illiterate Persons	__X__ Homeless Persons
_____ Battered Spouses	__X__ Elderly	__X__ Severely Disabled Adults
_____ Migrant Farm Workers	_____ Other (Please explain)	

5. For CDBG ONLY. If your project/program will not be serving one of the above limited clientele categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

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6. How will the funds be used on this project/program? **Approximately $150 per month will be used to provide bus passes for clients needing transportation to medical, benefit assistance and employment appointments and during the first weeks of employment (until they get their first check). Approximately $100 per month will be used to provide fees for background checks, birth certificates and identification cards, in order to obtain employment, housing and obtain services such as Rural Housing, Social Security, city welfare deposit program, state food stamps and TANF.**

7. Describe how your organization plans to reduce the need for grant funding in the future: **As the economy improves, we are optimistic that donations will increase to fund this program in the future. We continue to apply for grant and foundation funding and engage in fund-raising activities year around.**

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain. **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. Reduced funding means saying no to more individuals who need these services and means increased costs for the city.**

According to the National Alliance To End Homelessness, people experiencing homelessness are more likely to access the most costly health care services.

According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than comparable non-homeless people. This extra cost, approximately $2,414 per hospitalization, is attributable to homelessness.

According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers $14,480 per year, primarily for overnight jail.

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization? **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.**

10. What is the geographic target area that will be served by this project/program?
Target Area (specify geographic area) **Carson City, Nevada**
OR
☒ Community-wide

For Public Improvement (construction) Projects only

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)

2. Can this project be done in different phases? _____ Yes _____ No
   If YES, explain.

3. Have CDBG or CSSG funds been used for an earlier phase? _____ Yes _____ No

4. Who currently holds title to the property involved?

5. With whom will title be vested upon completion?

6. Do any rights-of-way, easements or other access rights need to be acquired?
   _____ Yes _____ No _____ N/A

7. If the project requires water rights or well permits, have they been acquired?
   _____ Yes _____ No _____ N/A

For CDBG Economic Development projects only:

1. Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

For CDBG Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

III. PROJECT MEASUREMENT

Carson City has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected **outputs,** or total number of people served, from this program/project? **240 individuals with disabilities residing in Carson City, who are homeless or in danger of becoming homeless will be provided with bus passes in order to obtain and maintain employment, benefit assistance, 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. Project starting date: 7/01/13- 6/30/14.**

2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents? **240**

3. What is the projected **outcome** of this program/project? (How will the outputs benefit the total number of people in Question 1?) **140 people with disabilities who are homeless or in danger of becoming homeless will be provided fees for background checks, birth certificates or ID cards in order to obtain identification for employment or benefit services, which is the first step in obtaining the funding to obtain or maintaining stable housing.**

100 people with disabilities who are homeless or in danger of becoming homeless will be provided with bus passes in order to obtain and maintain employment, benefit assistance and medical services. Maintaining employment, benefit assistance and medical and psychiatric care is critical to obtaining and maintaining stable housing.

4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

A. Quantitative Measurement will be done by using the RCIL's Receipts and Forms to track 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.

IV. PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project/Program Title: **Project/Program Expenses FY 2013-14**	**Funds Requested**	**Leveraged Funds**	**Total Funds**
Salaries and Benefits			
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
Identification and background checks	1500	500	2000
Bus Transportation Cost	1500	500	2000
TOTALS	3,000	1000	4000

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed: **Dee Dee Foremaster**

2. The person directly responsible for on-site supervision of the project/program, such as a project manager: **Dee Dee Foremaster**

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests: **Dee Dee Foremaster**

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project. **Dee Dee Foremaster, 1895 E. Long Street, Carson City, NV 89706 775-841-2580**

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	08/19/98
Date of IRS certification	12/16/03
Tax exempt number	88-0389130

2. DUNS Number: 130588655
   For information on DUNS, go to: http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf

3. Attach the following to each copy of the Proposal for Funding:

   a. IRS Tax Exempt "501(c)(3)" letter.

   b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)

   c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.

   d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).

   e. *For all 501(c)(3) non-profit organizations*: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

4. Required Certification (see instructions):

   Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Dee Dee Foremaster Signature of Authorized Official	Date 1/16/13
Dee Dee Foremaster, Executive Director Typed Name and Title of Authorized Official	775-841-2580 Phone Number

Michelle Kassorla, PhD Signature of President of Board of Directors	Date 1/16/13
Dr. Michelle Kassorla Typed Name of President of Board of Directors	775-841-2580 Phone Number

Annual Report
For Community Support Services Funding
Fiscal Year 2012-2013

Name of Organization: Rural Center for Independent Living

Program/Project: Do Drop In Support Services Project

Amount of Funds Received $ 1000 and Bus Passes

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@gmail.com

Date Submitted: January 16, 2013

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. (As of December 31, 2012)

Number of clients utilizing bus passes: 147

Number of Birth Certificates provided – 23

Number of Background checks provided – 15

Number of Nevada identifications cards purchased – 45

Total Number of Clients served: 147 (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 – 89% Satisfied – 6% Neutral – 4% Dissatisfied – 1%

3. Approximately how many people benefited from your project? **165** How many of those people ere Carson City residents? **165** 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 or employment to obtain stable housing for the homeless disabled of our community, first. It is necessary to have identification to access employment or benefits. 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 maintaing 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. RCIL finds housing for 90 to 100 homeless individuals per year.**

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.**

RURAL CENTER FOR INDEPENDENT LIVING
INCOME AND EXPENSE STATEMENT
As of December 31, 2012

CARSON CITY COMMUNITY SUP. SVC.	Budgeted	Actual	Balance
FUNDS FOR IDENTIFICATION DOCUMENTS:	$2,000	$1,112	$ 998
BUS PASSES:	300	147	153