



# STAFF REPORT

**Report To:** Board of Supervisors

**Meeting Date:** May 5, 2016

**Staff Contact:** Janice Keillor

**Agenda Title:** For Possible Action: To allocate the Community Support Services Grant (CSSG) funding for FY2016-17. (Janice Keillor, jkeillor@carson.org)

**Staff Summary:** The CSSG competitive funding available to Carson City for fiscal year 2016-17 is \$145,500. A community-based Application Review Workgroup (ARW) conducted a public meeting on April 5, 2016 to interview the CSSG general program applicants and rank the applications for recommendation to the Board of Supervisors. The Partnership Carson City Executive Board met on March 24, 2016 and ranked the CSSG youth program applications for recommendation to the Board of Supervisors.

**Agenda Action:** Formal Action/Motion

**Time Requested:** 30 minutes

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## **Proposed Motion**

I move to allocate the Community Support Services Grant (CSSG) funding for FY2016-17 as recommended by the Application Review Workgroup and Partnership Carson City.

## **Board's Strategic Goal**

Quality of Life

## **Previous Action**

On January 7, 2016, the Board of Supervisors approved changes to the CSSG program which allowed 5 previously funded agencies that meet a critical need in Carson City to receive \$114,500 in funding through a budget line item. The remaining \$145,500 in funding is available through a competitive grant process, with \$80,500 going towards general programs and \$65,000 going towards youth programs.

## **Background/Issues & Analysis**

In total, the CSSG program will award \$260,000 from the General Fund to non-profit organizations that address a critical need in Carson City.

## **Applicable Statute, Code, Policy, Rule or Regulation**

N/A

## **Financial Information**

Is there a fiscal impact?  Yes  No

If yes, account name/number: General Fund, Community Support Department, various accounts, 101-0615-465-14-XX.

Is it currently budgeted?  Yes  No

Explanation of Fiscal Impact: General Fund - \$145,500. Currently \$150,903 is included in the FY17 Tentative Budget in account #101-0615-465-14-01 designated by the Board of Supervisors. After programs are approved for funding, funds will be moved to a line item specific to the program.

**Alternatives**

Provide other direction

**Board Action Taken:**

Motion: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

Aye/Nay

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Vote Recorded By)



**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

**MEMORANDUM**

Board of Supervisors Meeting of May 5, 2016

**To:** Mayor and Board of Supervisors  
**From:** Janice Keillor, Grants Administrator  
**Date:** April 22, 2016  
**Subject:** CSSG 2016-17 Applications for General Programs

The following is a summary list of the Community Support Services Grant (CSSG) applications for general programs and recommendations for the 2016-17 fiscal year, as ranked by the Application Review Workgroup. All projects meet CSSG program critical needs and are eligible for funding. More details regarding each individual project can be found in the applications attached to this memo.

**CSSG RECOMMENDATIONS:**

**Total Available for General Programs = \$80,500**

- 1) Project Name: United Latino Community Client Advocates**  
Agency: United Latino Community  
Funding Request: \$25,000  
Recommendation: **\$20,000**  
Objective: Serving the Spanish speaking population in Carson City.  
Description: United Latino Community addresses the needs of the Latino community through integration, advocacy, and education. Funds would be used to pay for staff and office expenses.
- 2) Project Name: Dental Care for Low to Moderate Children and Adults**  
Agency: Nevada Health Centers  
Funding Request: \$30,000  
Recommendation: **\$10,000**  
Objective: To provide dental care to low income, uninsured children and adults in Carson City.  
Description: This program will provide preventative and restorative dental care to needy children and adults who lack access to basic dental services.
- 3) Project Name: Handicapped Towards Independence**  
Agency: Ormsby Association of Carson City  
Funding Request: \$12,000  
Recommendation: **\$12,000**  
Objective: Serving individuals with developmental disabilities.  
Description: This program provides training and support to adults with developmental disabilities to help them live successfully in the community and increase their self-sufficiency.

**DEPARTMENT OF FINANCE**

201 North Carson Street, Suite #3, Carson City, NV 89701 - (775) 887-2133 (775) 887-2107 fax

**CARSON CITY, NEVADA**  
**CONSOLIDATED MUNICIPALITY AND STATE CAPITAL**

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- 4) Project Name: Emergency Housing/Lodging Assistance**  
Agency: The Salvation Army  
Funding Request: \$28,800  
Recommendation: **\$10,500**  
Objective: To prevent homelessness by providing rental assistance and emergency lodging.  
Description: This program will provide rental assistance when a client is in danger of being evicted or with emergency lodging when a family/individual has been displaced and needs short term housing.
- 5) Project Name: Senior Independent Living Programs**  
Agency: Nevada Rural Counties RSVP, Inc.  
Funding Request: \$43,020  
Recommendation: **\$25,000**  
Objective: Serving elderly persons over age 62 and disabled adults.  
Description: Funding will be used to provide transportation, companionship, respite, and other basic goods and services to isolated, homebound seniors.
- 6) Project Name: DC Hire**  
Agency: Northern Nevada Dream Center  
Funding Request: \$6,200  
Recommendation: **\$3,000**  
Objective: Provide tutoring for needy individuals to improve job skills.  
Description: Funding will be used to provide instruction to Carson City residents in Microsoft Office Suite programs and High School Equivalency (GED) testing to gain skills that qualify them for better paying jobs.
- 7) Project Name: Bicycle and Pedestrian Safety: Light it Up!**  
Agency: Carson City Health and Human Services  
Funding Request: \$8,429  
Recommendation: **\$0**  
Objective: To improve the safety of pedestrians and cyclists in Carson City.  
Description: Funding will be used for the project director salary and marketing and to purchase bicycle lights, reflectors, pedestrian lights, and batteries.
- 8) Project Name: Supportive Services**  
Agency: St. Vincent De Paul  
Funding Request: \$12,000  
Recommendation: **\$0**  
Objective: To provide the homeless and/or unemployed with basic necessities.  
Description: Funding will be used to provide temporary housing, medication, gas cards, utility payments, automotive repairs, JAC and RTC passes, and partial security deposits and eviction prevention rent payments.

**DEPARTMENT OF FINANCE**



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**2016 Grant Cycle Key Dates**

The CSSG grant cycle is on a fiscal year running from July 1<sup>st</sup> through June 30<sup>th</sup>. The following are some key dates for the 2016-17 grant period:

- March 11, 2016 – CSSG applications due to Department of Finance.
- April 5 – Application Review Workgroup, comprised of Carson City community members, reviews applications and makes recommendations to the Board of Supervisors regarding the ranking and funding of applications.
- May 5 – The Board of Supervisors takes action to allocate funding to projects
- July 1 – CSSG funds available on a reimbursement basis

**DEPARTMENT OF FINANCE**

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## 2016 CSSG Recommendations General Programs

Agency	Project	Amount Requested	ARW Rec
United Latino Community	Client Advocate	\$25,000	<b>\$20,000</b>
Nevada Health Centers	Dental Care for Low to Moderate Children and Adults	\$30,000	<b>\$10,000</b>
Ormsby Association of Carson City	Handicapped Towards Independence	\$12,000	<b>\$12,000</b>
The Salvation Army	Emergency Housing/Lodging Assistance	\$28,800	<b>\$10,500</b>
NV Rural Counties RSVP Program, Inc.	Senior Independent Living Programs	\$43,020	<b>\$25,000</b>
Northern Nevada Dream Center	DC Hire	\$6,200	<b>\$3,000</b>
Carson City Health and Human Services	Bicycle and Pedestrian Safety: Light it Up!	\$8,429	
St. Vincent De Paul	Supportive Services	\$12,000	

Total	<b>\$165,449</b>	<b>\$80,500</b>
Total Available*:	\$80,500	\$80,500
Difference:	-\$84,949	\$0

## CSSG Application Review Workgroup – 4 April 2016

### Errata Program by Program

#### United Latino Community

Had to reduce funding to nearly all groups

Not really any concerns

#### Northern Nevada Dream Center

Have smaller backlog than requested goal of 15 clients (9 in program, 3 in backlog)

Would like to help them get computers and other materials to start up/facilitate program

Could the books be found more cost effectively since they are for Microsoft products?

This program could be duplicative with other GED programs

#### RSVP

Worthwhile Program

Concerns about “real” metrics (had to question, with lengthy clarifications sent by RSVP)

Healthier Budget than other organizations, also facility receives in-kind rent from Carson City

City provided RSVP about the same amount suggested this year, as last year

Had to reduce funding for all groups

#### St. Vincent De Paul

Similar to/Duplication of Salvation Army, but Salvation Army better at supporting.

Concern about work being done in conjunction with a church

Concern about St. Vincent’s lack of structure over giving out funding currently

No financials provided with application.

#### Salvation Army

Saves City and Taxpayers Money

Should try to fund through their store.

They do give direct to the provider not the requestor,

Some concern about whether they adequately verify clients prior to need/share info with other organizations

#### Carson City Bicycle and Pedestrian

Lowest Priority compared to all CSSG requests

Concern about the salary component

Difficult/challenging to administer effectively

Department of Transportation able to do more for this?

Muscle Powered could fundraise (at Epic event, others), create/enhance bicycle safety program

#### Nevada Health Centers

Extremely Healthy Budget (probably the healthiest of all in Carson City)

Will probably run program anyway

Duplicating for adults – refer to Fish

Only two small visits to Carson City with Mobile Dental Van

Could this be more effective if partnered with local dentists and facilities?

#### Ormsby

Receive No in-kind money whatsoever, own their building, consolidated offices during economic downturn

Advocates for developmentally disabled

Director and Accountant are volunteers



1711 N. Roop St., Carson City, NV 89706  
(775) 841-4730 - phone  
(775) 841-4733 - fax

April 19, 2016

Carson City Board of Supervisors  
201 North Carson Street  
Carson City, NV 89701

Dear Mayor and City Supervisors:

Please find attached the Partnership Carson City (PCC) 2016 - 2017 Youth Community Support Services funding recommendations. The Executive Board met on Thursday, March 24, 2016 to review the seven (7) applications submitted, totaling \$97,653 in funding requests. The funding recommendation table reflects this year's funding levels, 2016-2017 funding requests, and the PCC Executive Board's funding recommendations.

The recommendations are based on the program's potential for addressing Carson City's critical needs, essential services and furthering PCC's vision. Additionally, the Executive Board took into consideration past performance of the organization related to City funding and gaps in services to Carson City.

PCC will be in attendance at the Board of Supervisor's meeting on May 5, 2016 to answer any questions related to these funding decisions.

Sincerely,

**Kathlyn Bartosz**

Kathy Bartosz  
PCC Executive Director

Visit [partnershipcarsoncity.org](http://partnershipcarsoncity.org)

## Partnership Carson City

2016 - 2017

### Carson City Youth Community Support Services Funding Recommendations

Organization	Program/Project	2015-2016 Funding	2016-2017 Request	PCC Funding Recommendations
Ron Wood Family Resource Center	Operational Funds	25,000	25,000	25,000
Boys and Girls Club of Western Nevada	Teen Center Programs	19,400	26,794	19,400 (Recommended BGC take the same 10% decrease that the city took in total available funds.)
Big Brothers Big Sisters	Carson City Mentoring Program	10,000	20,000	-0- (The current program did not improve from last year and is not functioning well in Carson City)
Carson City Symphony Association	Strings in the School and Strings in the Summer Programs	7,200	7,000	6,500 (Recommended CCSA take the same 10% decrease that the city took in total available funds.)
Advocates to End Domestic Violence	Teen Dating Violence Program	5,900	5,859	5,860
The Children's Museum Of Northern Nevada	Science Education and STEM Workshop	-0-	3,000	2,000
Capital City Circles Initiative	Youth Programming	-0-	10,000	4,240 (Recommended to fund the youth program portion only)
Partnership Carson City	Grant Management (& youth activity scholarship fund)	4,700	Maximum 7%	2,000
<b>TOTALS</b>		\$72,200	\$97,653	\$65,000

**RESOLUTION NO. 2015-R-33**

**A RESOLUTION AUTHORIZING EXPENDITURES OF FUNDS  
TO NON-PROFIT ORGANIZATIONS FOR FY 2015-16**

WHEREAS, NRS 244.1505(1) provides that the Board of Supervisors may grant money to private organizations, not for profit; and

WHEREAS, NRS 244.1505(2) provides that such grants must be made by a resolution which specifies the purpose of the grant, the maximum amount to be expended from the grant and any other conditions upon the expenditure; and

WHEREAS, the Board of Supervisors has conducted public hearings, taken testimony and received evidence of the substantial benefit to the inhabitants of Carson City of the expenditure of money for grants to the private organizations, not for profit, which are listed below.

NOW, THEREFORE THE BOARD OF SUPERVISORS RESOLVES THAT:

1. For FY 2015-16, the following groups are granted the following amounts for the following purposes:

General Fund

- 1) Project Name: Ron Wood Community Essentials Food Bank  
Agency: Ron Wood Family Resource Center  
Amount: \$10,000  
Objective: Serving low- to moderate-income (LMI) persons.  
Description: The Food Bank supplies emergency food (approximately 2-3 days' worth per family member) once a month to families suffering from food insecurity.
  
- 2) Project Name: Emergency Shelter  
Agency: Advocates to End Domestic Violence  
Amount: \$9,000  
Objective: Serving low- to moderate-income (LMI) persons.  
Description: The Emergency Shelter provides prevention, intervention, direct services, and support to aid socially and economically disadvantaged victims of domestic violence and their children.
  
- 3) Project Name: Guardian Ad Litem Advocacy for Children  
Agency: CASA of Carson City  
Amount: \$25,000  
Objective: Serving abused or neglected children.

Description: CASA provides the First Judicial District of Nevada with trained child advocates to serve primarily in child welfare cases as mandated by NRS 432b.500.

4) Project Name: United Latino Community Client Advocates  
Agency: United Latino Community  
Amount: \$20,000  
Objective: Serving the Spanish speaking population in Carson City.  
Description: United Latino Community addresses the needs of the Latino community through integration, advocacy, and education. Funds would be used to pay for staff and office expenses.

5) Project Name: Meals On Wheels  
Agency: Carson City Senior Citizens Center  
Amount: \$13,000  
Objective: Serving elderly persons over age 60 and disabled adults.  
Description: The Senior Center's mission is to enhance the quality of life and autonomy of individuals 60+ through a broad range of services and support including nutrition, activities, information and referral, education and opportunities for peer interaction, with concern for mental, emotional, and physical well-being. The Meals on Wheels program provides meals to homebound Carson City residents ages 60 and older.

6) Project Name: Reach Up!  
Agency: Ron Wood Family Resource Center  
Amount: \$30,000  
Objective: Serving low- to moderate-income (LMI) persons.  
Description: "Reach Up" is a comprehensive mental health treatment and case management program designed to identify, support, and counsel Carson City youth from 3-17 years of age in crisis.

7) Project Name: Respite Care Program  
Agency: Nevada Rural Counties RSVP, Inc.  
Amount: \$15,000  
Objective: Serving elderly persons over age 62 and disabled adults.  
Description: Funding will be used to recruit, train, and stipend 7 new volunteers and will be used for advertising and promotion activities.

8) Project Name: Summer Food Bridge for Hungry Children  
Agency: Food For Thought  
Amount: \$9,000  
Objective: Serving low- to moderate-income (LMI) persons.  
Description: This project would provide free, nutritious lunch meals during the 2015 summer break for 4500 low and moderate income children in Carson City

- 9) Project Name: The Capital City Circles Initiative  
 Agency: The Capital City Circles Initiative  
 Amount: \$9,000  
 Objective: Serving low- to moderate-income (LMI) persons.  
 Description: Capital City Circles recruits highly motivated, low-income families from Carson City and helps them improve their economic circumstances through hard work and industry. Funding will be used for the salary of the Circles Coach.
- 10) Project Name: Senior Independent Living Programs  
 Agency: Nevada Rural Counties RSVP, Inc.  
 Amount: \$25,000  
 Objective: Serving elderly persons over age 62 and disabled adults.  
 Description: RSVP's mission is to provide quality Independent Living Programs to assist frail, home bound, low-income senior citizens with basic needs and services so they can remain in their home for as long as possible. Funds will be used to recruit and train volunteers and pay for operating expenses.
- 11) Project Name: Increased Independence for Adults With Intellectual Disabilities  
 Agency: Ormsby Association of Carson City  
 Amount: \$7,000  
 Objective: Serving individuals with developmental disabilities.  
 Description: This program provides training and support to adults with developmental disabilities to help them live successfully in the community and increase their self-sufficiency.
- 12) Project Name: Dental Care Program/ID Replacement Services  
 Agency: Friends in Service Helping (FISH)  
 Amount: \$3,000  
 Objective: Serving low- to moderate-income (LMI) persons.  
 Description: This project would provide dental care for patients without dental insurance and help clients obtain a replacement photo ID and certified copy of their birth certificate.
- 13) Project Name: Misdemeanor Drug Court Start Up  
 Agency: Community Counseling Center  
 Amount: \$10,000  
 Objective: Serving low- to moderate-income (LMI) persons.  
 Description: The Community Counseling Center would like to collaborate with the Justice Court to implement a misdemeanor drug court to provide intensive monitoring, supervision, and evidence-based treatment services to 10 participants who reside in Carson City by integrating treatment services with the court adjudication process.
- 14) Project Name: Youth Services  
 Agency: Partnership Carson City  
 Amount: \$72,200



- Objective: Serving Carson City's youth community
- Description:
- 1) Advocates to End Domestic Violence-Teen Dating Violence Prevention Program- \$5,900
  - 2) Boys & Girls Club of Western Nevada-Teen Center Programs-\$19,400
  - 3) Carson City Symphony Association-Strings in the Schools & Strings in the Summer Programs- \$7,200
  - 4) Ron Wood Family Resource Center- Assistance to Low & Moderate Income Families- \$25,000
  - 5) Big Brothers Big Sisters- Carson Youth Mentoring Program-\$10,000
  - 6) Partnership Carson City-Grant Management & Youth Activity Scholarship Fund- \$4,700

**General Fund Total: \$257,200**

Q18/Quality of Life Fund

Boys & Girls Club	Operations	\$120,000
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**Grand Total \$377,200**

2. The amounts listed above in paragraph one (1) are the maximum amounts from the grant to be expended by the private organizations.

3. The grant money may only be spent for the purposes listed in the resolution which is the purpose given to the Board of Supervisors by the requesting private organizations in its written and oral presentation to the Board of Supervisors.

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Upon motion by Supervisor Lori Bagwell, seconded by Supervisor Jim Shirk, the foregoing resolution was passed and adopted this 6<sup>th</sup> day of August, 2015, by the following vote:

AYES: Supervisor Lori Bagwell  
Supervisor Jim Shirk  
Supervisor Karen Abowd  
Supervisor Brad Bonkowski  
Mayor Robert Crowell


NAYS: None

ABSENT: None

ABSTAIN: None.

  
ROBERT L. CROWELL, Mayor

ATTEST:

*for:*   
SUSAN MERRIWEATHER, Clerk-Recorder

Resolution No. 2015-R-33



Community Support Services Grant (CSSG)  
Program Application  
Fiscal Year 2016-2017

**GENERAL INFORMATION**

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

**APPLICANT INFORMATION**

Agency Name: United Latino Community	
Agency Mailing Address: 1711 N Roop St. Carson City, NV. 89706	
Project Name: Client Advocate	
Project Address/Location: 1711 N Roop St. Carson City, NV. 89706	
Contact Person: Edgar Anaya	
Phone Number: 775-885-1055	Email: omar@carsonulc.org
Fax: 775-885-7039	Website (if applicable):

**PROJECT FUNDING**

Requested amount	\$25,000.00
Other funding	
Total project cost	\$25,000.00

**PROJECT SUMMARY**

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be no more than five sentences.

The Client Advocate program is an ongoing initiative that serves as the introductory portal to the variety of services provided through United Latino Community. The Client Advocate Program serves everyone: youth to seniors. An initial interview allows the advocate to identify areas of need to create a plan for the client; although, most of the necessary services are provided through ULC, the plan may include referral and follow through with other service providers in the community. The goal of every client plan is to go beyond providing access to critical services such as housing needed to survive day to day, and raise them up to self-sufficiency and positive community engagement.

**PROJECT ELIGIBILITY**

**Which City critical need does this project address?:**

<input checked="" type="checkbox"/> Mental Health/Substance Abuse Services	<input checked="" type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input checked="" type="checkbox"/> Senior Services
<input checked="" type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

The United Latino Community (ULC) Client Advocate assesses the needs of Hispanic/Latino residents in our community. We believe that this need is critical as Latinos compose 22.8 % of our community. The Latino population brings a valuable work force, family values, and a colorful culture to our community; however this population is severely underserved. ULC is the only culturally competent non-profit organization in the State of Nevada that assists local Hispanic/Latino individuals and families with referrals, translations, job placement, advocacy, citizenship instructions, health care information and legal advice. Some of our other underserved populations include abused children; the elderly; culturally diverse residents such as non-English speaking persons; persons living in rural or isolated areas; persons with multiple disabilities such as deafness or blindness; persons who are medically fragile; or persons with AIDS. The Latino student population reached an all-time high of 45% in 2015. The Client Advocate services are critical in helping break the communication barriers that significantly hinder the ability of many of these residents to navigate the education system with and for their children. Hispanics living in our city are facing some if not all of the issues listed above. Without the client advocate position, many non-English speakers in our community would continue to be underserved; living under the shadow of their mental illness, lack of education, or disabilities and their medical needs would continue to be an issue. ULC believes that the City of Carson has a responsibility to meet the needs of all of its residents.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

The Client Advocate position is an ongoing program at United Latino Community (ULC) currently supported by City funds. The Client Advocate Program serves everyone: youth to seniors. The responsibility of the Client Advocate is to interview people as they enter the ULC office to determine the purpose of their visit. The majority of our clients are able to get satisfactory resolution for their issues through the actions and support of the Advocate. ULC has formed a successful collaboration with Advocates to End Domestic Violence in Carson City. We have assisted with the transition of many victims of domestic violence. ULC has also assisted the families in working with local law enforcement, including translating and accompanying clients to their visits. ULC also coordinates with the Labor Commission to assist people in the community who are often taken advantage of when it comes to employment, for example when employers refuse to pay for labor provided when the job is completed. Other critically necessary services offered by ULC include assistance with divorce proceedings, legal advice, tenancy issues involving communication or disputes with a landlord, and citizenship concerns. The Advocate can provide clients with a referral and translation or interpretation services. In many cases the translation of written material requires the Advocate to accompany the client to another agency or meeting, including medical appointments. Advocates are required to have an extensive knowledge of city, state and federal resources as well as private agencies. Advocates also refer

clients to a variety of programs offered either by ULC staff or at the ULC offices such as ESL, Computer Literacy, Immigration and the Mexican Consulate.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

ULC has been in our community for over twenty-six (26) years and has been successful in meeting the needs of its Latino community through collaboration with other sister agencies including:

- Capital City C.I.R.C.L.E.S.
- Carson City Juvenile Probation Services
- Carson City Senior Center
- Carson City Sheriff's Office
- Division of Welfare & Supportive Services
- Friends in Service Helping (F.I.S.H.)
- Partnership Carson City
- Ron Wood Resource Center
- United States Citizenship and Immigration Services (USCIS)
- Western Nevada College (WNC)

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

ULC offers many other services that are either self funded or grant funded. The Client Advocate is the only position that is funded solely through the city. ULC does not charge a fee to assess recipients to determine the best way to remediate their needs. ULC clients are low income individuals and families. Many times clients arrive at our office when they are in urgent need of immediate assistance with services for medical, mental health, educational, or legal issues. It would be an extreme hardship for them if they were required to pay for the services offered by ULC. If this position is not funded ULC will no longer be able to offer assistance the residents of our city. In an effort to reduce the need for grant funding from Carson City in the future, ULC intends to explore other grant options.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

ULC offers many other services that are either self funded or grant funded. These services include diabetes education, English as a Second Language (ESL), Immigration, and the Hola! Carson City youth program. If the client advocate position was partially funded this would result in a reduction of hours of operation which will mean fewer people receiving the adequate services in our community or delaying the access to adequate care or guidance.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

Currently 98% of the clients served by ULC are Carson City residents. The other 2% are from Reno, Lake Tahoe and the surrounding rural areas.

2. How do you plan to track clients served? (Max Score: 5 points)

We currently have an Excel spreadsheet that we use to track clients served by our office as well as service outcomes. In the future, we would like to develop an ACCESS database that would allow us to include tracking of client success rates and also provide a more efficient way of generating reports.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

ULC's projected outcome is to assist the client in assimilating in our community, learning English to assist them in becoming a more active member of the community, furthering their education, becoming United States Citizens and/or adjusting their immigration status. ULC estimates that they can serve a minimum of 2000 clients in the upcoming fiscal year. Clients will benefit from the services provided by ULC as they receive a personalized plan to meet their individual and family needs. For example, a person comes into the office with an urgent mental health need (son is acting strange). The Client Advocate completes an initial assessment to determine the appropriate service required to meet the urgent need. The Client Advocate contacts the resource(s) that can assist with mental health needs and aligns the services for the client. Within a week a call is made to the client for follow-up and to schedule an appointment to complete a full assessment of the client's situation and needs. At that point a plan is developed to meet any additional needs (such as job placement, health care information, legal advice, etc.) identified through the assessment process. Goals relating to the identified needs are documented in a client file. Completion of goals, or lack thereof, is also documented in an Excel spreadsheet to measure outcomes. ULC also sees a high number of clients who come in knowing exactly what they need to make their life more successful. Clients with general questions or non-urgent needs are assessed and assisted immediately. For example, a client who comes in looking for citizenship classes because he wants to become a U.S. citizen is enrolled in the next available scheduled class. The Client Advocate is responsible for tracking the number of clients served and their outcomes, including the clients with non-urgent needs who do not need a client file. ULC will provide a client satisfaction survey to 75% of the clients served in order to measure how well their needs were met. The survey will require the client to rate their satisfaction on a 1-5 scale. Data will be evaluated in order to determine where services can be improved.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Clients will receive guidance and a comprehensive assessment and case plan as determined by the Advocate.	Carson City residents from youth to seniors	500
2	Clients will receive guidance and a comprehensive assessment and case plan as determined by the Advocate.	Carson City residents from youth to seniors	500
3	Clients will receive guidance and a comprehensive assessment and case plan as determined by the Advocate.	Carson City residents from youth to seniors	500
4	Clients will receive guidance and a comprehensive assessment and case plan as determined by the Advocate.	Carson City residents from youth to seniors	500

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

ULC has garnered a great response from the community and built trust in this organization. As part of our successes this past year a Hispanic/Latino advisory board was created at the request of Ken Furlong, Carson City Sheriff. The advisory board was able to assist him with finding a solution to a cultural tradition that caused an issue in our community. ULC's advisory board was able to better the relationship between the Latino community and local law enforcement agencies. Another success is that we created a partnership with the United States Immigration Services, allowing us to hold immigration workshops hosted by Immigration officials. In 2015, 220 people attended these workshops to learn how to become citizens, how to legalize their status and how to petition for their loved ones. Bi-annual meetings are also held with the Mexican Consulate where residents are able to obtain an official Mexican passport or ID. Our office sees an average of 150 people at each meeting.

Staffing and a limited budget are ULC's major challenges. We rely on the help of volunteers during the community workshops and Mexican Consulate meetings.



### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Salaries and Benefits	\$20,072.00	\$14,000.00 Partnership Carson City grant	\$10,400.00 Estimated value of time	\$44,472.00
Rent and Utilities	\$100/month			
Equipment	\$1,500.00 Copier lease and maintenance contract	0		\$1,500.00
Equipment Maintenance & Repair	0			
Operating Supplies	\$2,228.00-	\$900.00		\$3,128.00
Liability/Other Insurance	0	\$540.00 Client fees		\$540.00
<b>TOTALS</b>	<b>25,000.00</b>	<b>15,440.00</b>		<b>49,640.00</b>

<b>AGENCY ASSETS</b>	
Unrestricted cash	2,000.00
Restricted cash*	
<b>Total cash on hand</b>	

---

**\*If restricted cash, attach description and amount of restriction**

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

ULC was awarded \$20,000 for 2015-2016 for the Client Advocate position. We also share building space with Partnership Carson City which is sponsored by the City of Carson City.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Salaries and Benefits	\$20,072.00	Client Advocate: 30hrs/week x12x52(FICA 7.65%, WORKER'S COMP 2.10%, UNEMP. INS. 3.20% )= \$20,072.00
Equipment	\$1,500.00	Copier lease and maintenance contract.
Operating Supplies	\$3,428.00	Portion of phone and internet, instructional materials, office supplies and utilities.
Liability/Other Insurance		

**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	Edgar Omar Anaya Garcia
<b>Title:</b>	Director
<b>Address</b>	1711 N Roop Street, Carson City, NV 89706
<b>Phone number:</b>	(775) 885-1055
<b>Email:</b>	omar@carsonulc.org

**PROJECT MANAGER**

<b>Name:</b>	Edgar Omar Anaya	
<b>Title:</b>	Director	
<b>Address</b>	1711 N Roop Street, Carson City, NV 89706	
<b>Phone number:</b>	(775) 885-1055	
<b>Email:</b>	omar@carsonulc.org	

**FISCAL MANAGER**

<b>Name:</b>	Lavon Solberger	
<b>Title:</b>	Bookkeeper	
<b>Address</b>	1711 N Roop Street, Carson City, NV 89706	
<b>Phone number:</b>	(775) 885-1055	
<b>Email:</b>	omar@carsonulc.org	

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Edgar Omar Anaya	
<b>Title:</b>	Director	
<b>Address</b>	1711 N Roop Street, Carson City, NV 89706	
<b>Phone number:</b>	(775) 885-1055	
<b>Email:</b>	omar@carsonulc.org	

### AGENCY INFORMATION

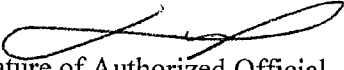
Date of incorporation	November,2013
Date of IRS certification	November,2014
Tax exempt number	45-2503904
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	078768145


Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	
3	<b>Current Organization Chart with names of staff members</b>	
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	
6	<b>Profit and Loss Statement and Balance Sheet</b>	
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	

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.

 Signature of Authorized Official	Date <i>03/11/16</i>
Edgar Omar Anaya, Executive Director. Typed Name and Title of Authorized Official	775-885-1055 Phone Number

 Signature of President of Board of Directors	Date <i>03/11/2016</i>
Catarino Escobar. Typed Name of President of Board of Directors	775-885-1055 Phone Number

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

DEPARTMENT OF THE TREASURY

Date: NOV 20 2014

UNITED LATINO COMMUNITY  
1711 NORTH ROOP STREET  
CARSON CITY, NV 89706-3113

Employer Identification Number:  
45-2503904  
DLN:  
26053717001474  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
November 15, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted on your application, we approved your request for retroactive reinstatement under Section 4 of Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar

Letter 5436

SECRETARY OF STATE



## CORPORATE CHARTER

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that UNITED LATINO COMMUNITY, did on February 22, 2011, file in this office the original Articles of Incorporation; that said Articles of Incorporation are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 24, 2011.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: GJ Jallet  
Certificate Number: C20110222-1667  
You may verify this certificate  
online at <http://www.nvsos.gov/>



# UNITED LATINO COMMUNITY

## Business Entity Information

Status:	Active	File Date:	2/22/2011
Type:	Domestic Non-Profit Corporation	Entity Number:	E0104162011-0
Qualifying State:	NV	List of Officers Due:	2/29/2016
Managed By:		Expiration Date:	
NV Business ID:	NV20111128081	Business License Exp:	

## Registered Agent Information

Name:	UNITED LATINO COMMUNITY C/O EXECUTIVE DIRECTOR	Address 1:	1711 NORTH ROOP STREET
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89706
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
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 - EDGAR O ANAYA

Address 1:	1711 N ROOP ST	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	
Status:	Active	Email:	

### Treasurer - BLANCA AYALA

Address 1:	1802 N CARSON ST	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	
Status:	Active	Email:	

### President - CATARINO ESCOBAR

Address 1:	2201 S LOMPA LN	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	

Status:	Active	Email:	
Secretary - BRENDA SILIS			
Address 1:	2621 NORTHGATE LN #10	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	
Status:	Active	Email:	

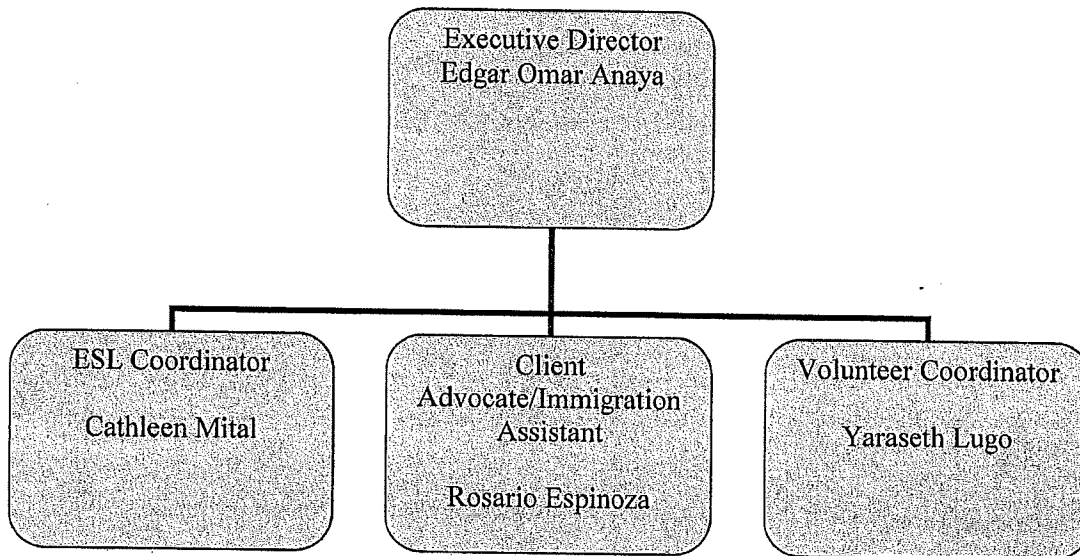
**Actions\Amendments**

Action Type:	Articles of Incorporation		
Document Number:	20110128833-29	# of Pages:	6
File Date:	2/22/2011	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20110234642-65	# of Pages:	2
File Date:	3/29/2011	Effective Date:	
11-12			
Action Type:	Annual List		
Document Number:	20120119893-76	# of Pages:	2
File Date:	2/21/2012	Effective Date:	
2012-2013			
Action Type:	Annual List		
Document Number:	20130059054-69	# of Pages:	1
File Date:	1/29/2013	Effective Date:	
(No notes for this action)			
Action Type:	Resignation of Officers		
Document Number:	20130372626-22	# of Pages:	1
File Date:	6/3/2013	Effective Date:	
(No notes for this action)			
Action Type:	Amendment		
Document Number:	20130372627-33	# of Pages:	1
File Date:	6/3/2013	Effective Date:	
(No notes for this action)			
Action Type:	Amendment		
Document Number:	20130372630-87	# of Pages:	1
File Date:	6/3/2013	Effective Date:	
(No notes for this action)			
Action Type:	Resignation of Officers		
Document Number:	20130372633-10	# of Pages:	1
File Date:	6/3/2013	Effective Date:	

## Current Board of Directors

### Board Members and Affiliations

Catarino Escobar	Chair	State of Nevada
Daniel Gonzalez	Vice Chair	Carson City Sheriff's Office
Blanca Ayala	Treasurer	Nevada Health Systems
Brenda Silis	Member	Circles Initiative



Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: United Latino Community, Inc.
Number and street (or P.O. box, if mail is not delivered to street address): 1711 N. Rook Street
City or town, state or province, country, and ZIP or foreign postal code: Carson City, NV 89706

D Employer identification number: 45-2503904
E Telephone number: 775-885-1055
F Group Exemption Number

G Accounting Method: [X] Cash [ ] Accrual [ ] Other (specify)

I Website: www.carsonulc.org

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c)( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

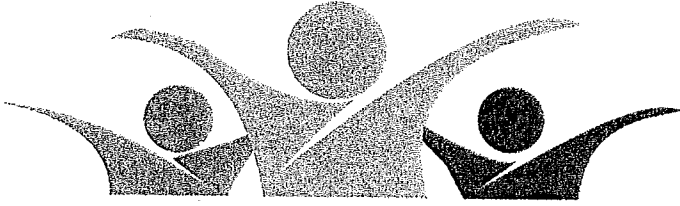
	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b> _____	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b> _____	
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
<b>41</b> List the states with which a copy of this return is filed ▶ _____		
<b>42a</b> The organization's books are in care of ▶ <b>United Latino Community, Inc.</b> Telephone no. ▶ <b>775-885-1055</b> Located at ▶ <b>1711 North Roop St. Carson City, NV</b> ZIP + 4 ▶ <b>89706</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

**United Latino Community, Inc.**  
**Profit & Loss**  
July through December 2015

	<u>Jul - Dec 15</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
47200 · Program Income	48,180.46
<b>Total Income</b>	<u>48,180.46</u>
<b>Expense</b>	
11 · Printing and Copying	345.62
12 · Books, Subscriptions, Reference	138.25
15 · Insurance - Liability, D and O	35.41
18 · Professional Fees	1,300.00
19 · Program Expense	1,060.31
23 · Telephone, Telecommunications	2,192.68
30 · Misc.	1,089.56
66000 · Payroll Expenses	40,316.73
<b>Total Expense</b>	<u>46,478.56</u>
<b>Net Ordinary Income</b>	<u>1,701.90</u>
<b>Net Income</b>	<u><u>1,701.90</u></u>

**United Latino Community, Inc.**  
**Balance Sheet**  
As of December 31, 2015

	<u>Dec 31, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
U.S. Bank	3,779.92
<b>Total Checking/Savings</b>	<u>3,779.92</u>
<b>Total Current Assets</b>	<u>3,779.92</u>
<b>TOTAL ASSETS</b>	<u><u>3,779.92</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
24000 · Payroll Liabilities	2,632.47
<b>Total Other Current Liabilities</b>	<u>2,632.47</u>
<b>Total Current Liabilities</b>	<u>2,632.47</u>
<b>Total Liabilities</b>	2,632.47
<b>Equity</b>	
32000 · Retained Earnings	13,046.07
Net Income	<u>-11,898.62</u>
<b>Total Equity</b>	1,147.45
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>3,779.92</u></u>



**PARTNERSHIP CARSON CITY**  
**1711 NORTH ROOP STREET**  
**CARSON CITY, NEVADA 89703**  
**(775) 841-4730**  
**WWW.PARTNERSHIPCARSONCITY.ORG**  
**501(c)3 non-profit organization**

*Dr. Jack Araza, President*  
*Executive Board of Directors*

*Mayor Bob Crowell, Chairman*  
*Steering Committee*

*Kathlyn Bartosz, Executive Director*

*Valerie Cain, Nevada PMP Coordinator*

March 7, 2016

To whom it may concern:

It is with great confidence I support the United Latino Community (ULC) application to fund a Client Advocate. I can personally attest to the quality of their staff, their services, and their commitment to their clients. This is easy because we are located in the same building. I observe them at work on a daily basis. Clients come in for everything from assistance with interpreting a prescription, to escaping from a domestic violence situation. On Saturday, March 5<sup>th</sup>, ULC hosted the Mexican Consulate and close to 200 people received services. Before ULC, these folks would be driving to Las Vegas or Sacramento to update their passports and green cards.

ULC regularly fills the building with parents attending ESL, English Conversation, and Computer Literacy 101 classes. Our agency awarded a small grant to ULC to initiate a youth leadership club called Hola! Carson City. These youth are learning to interview key community leaders and create videos posted on their YouTube. Hola! also engages in community service and vocational goal setting activities. ULC has already exceeded their scope of work for this initiative.

Carson City's Latino population, bringing a valuable work force, family values, and a colorful culture to our community, is growing. A review of our school enrollment is proof: The Latino student population has grown from 16% in 2003, to 31% in 2008, and is now at 45% in 2015. The Client Advocate services are critical to the success assimilation and quality of life for their clients, and the community as a whole. I urge your support of this application.

Respectfully,

Kathlyn Bartosz  
Executive Director





Carson City, a Consolidated Municipality

## Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: United Latino Community.

Program/Project: Client Advocate.

Amount of Funds Received \$20,000.00

Grant Period: 07/2015- 07/2016.

Contact Person: Omar Anaya.

Mailing Address: 1711 North Roop Street.

City: Carson City State: Nevada. Zip Code: 89706.

Phone Number: 775-885-1055 E-mail: omar@carsonulc.org

Date Submitted: March 11<sup>th</sup>, 2016.

1. Please attach a financial income and expense statement that specifically explains how grant funds were used up to this date, including a comparison between your budgeted and your actual incomes and expenses.  
See attachment.
2. Evaluate your achievement of the measurable outcomes listed in your application:

For the 2015 – 2016 grant period United Latino Community agreed to serve approximately 2000 clients in the Client Advocate Program. Of these, 20% will be clients under the age of eighteen, 65% will be between eighteen and sixty years of age and 15% will be over 60 years of age.

During the 2015-2016 fiscal year ULC served a total of 2022 clients through our Client Advocate Program. The number of participants assessed through our client advocate are listed below.

ULC hosted eight (8) community workshops throughout the year.

- Immigration Workshops- Two (2) hosted at ULC and one (1) hosted at Empire Elementary School. There were 220 community members in attendance.
- Health Workshops- Two (2) hosted at ULC- There were 54 community members in attendance.

- Mexican Consulate Meeting- Two (2) Mexican Consulate hosted at ULC. There were 300 community members served.
- College Workshop- One (1) at ULC. There were 21 students in attendance.

To date the Client Advocate has seen 1427 community members that came into the office for either a direct service or adequate guidance to obtain a service.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

Approximately 2091 people benefitted from the Client Advocate Program through United Latino Community. Approximately 95% of clients seen were Carson City residents. Of those, approximately 70% are low to moderate income and another 25% are very low income.

4. What specific community benefit did your project provide Carson City?

Through the Client Advocate Program Non-English, speaking Carson City residents were able to receive much needed medical/mental health services, access to classes where they could learn English, assistance in adjusting their immigration status, and assistance in becoming United States citizens.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

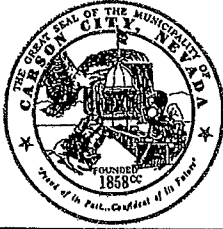
ULC expects the Client Advocate Program to be a reoccurring position. We offer many other services that are either self-funded or grant funded. The Client Advocate is the only position that is funded solely through the city. ULC does not charge a fee to assess recipients to determine the best way to remediate their needs. ULC clients are low-income individuals and families. Many times clients arrive at our office when they are in urgent need of immediate assistance with services for medical, mental health, educational, or legal issues. It would be an extreme hardship for them if they were required to pay for the services offered by ULC. If this position is not funded, ULC will explore other grant options.

6. Describe any challenges that impacted your program.

ULCs biggest challenge is staff and the limited budget we face. ULC is aware that the non-English speaking community is vastly growing and due to monetary constraints we cannot serve all of their needs.

United Latino Community, Inc.  
**CARSON CITY GRANT**  
 July through December 2015

Type	Date	Num	Name	Class	Debit	
<b>11 - Printing and Copying</b>						
Check	11/06/2015	1549	Carson City Grant	Programs:Carson City	100.00	
Total 11 - Printing and Copying						100.00
<b>23 - Telephone, Telecommunications</b>						
Check	07/31/2015	1508	Carson City Grant	Programs:Carson City	100.00	
Check	08/28/2015	1523	Carson City Grant	Programs:Carson City	100.00	
Check	09/25/2015	1535	Carson City Grant	Programs:Carson City	100.00	
Check	11/06/2015	1550	Carson City Grant	Programs:Carson City	100.00	
Check	12/04/2015	1560	Carson City Grant	Programs:Carson City	100.00	
Check	12/18/2015	1570	Carson City Grant	Programs:Carson City	100.00	
Total 23 - Telephone, Telecommunications						600.00
<b>66000 - Payroll Expenses</b>						
Paycheck	07/17/2015	1507	Carson City Grant	Programs:Carson City	376.21	
Paycheck	07/31/2015	1512	Carson City Grant	Programs:Carson City	553.25	
Paycheck	07/31/2015	1513	Carson City Grant	Programs:Carson City	376.21	
Paycheck	08/14/2015	1517	Carson City Grant	Programs:Carson City	553.25	
Paycheck	08/28/2015	1520	Carson City Grant	Programs:Carson City	553.25	
Paycheck	09/11/2015	1526	Carson City Grant	Programs:Carson City	553.25	
Paycheck	09/11/2015	1527	Carson City Grant	Programs:Carson City	188.11	
Paycheck	09/25/2015	1532	Carson City Grant	Programs:Carson City	553.25	
Paycheck	10/09/2015	1537	Carson City Grant	Programs:Carson City	553.25	
Paycheck	10/23/2015	1542	Carson City Grant	Programs:Carson City	376.21	
Paycheck	10/23/2015	1543	Carson City Grant	Programs:Carson City	553.25	
Paycheck	11/06/2015	1554	Carson City Grant	Programs:Carson City	553.25	
Paycheck	11/06/2015	1556	Carson City Grant	Programs:Carson City	376.21	
Paycheck	11/20/2015	1565	Carson City Grant	Programs:Carson City	540.75	
Paycheck	12/04/2015	1567	Carson City Grant	Programs:Carson City	753.55	
Paycheck	12/04/2015	1575	Carson City Grant	Programs:Carson City	376.21	
Paycheck	12/18/2015	1578	Carson City Grant	Programs:Carson City	861.20	
Paycheck	12/31/2015	1580	Carson City Grant	Programs:Carson City	376.21	
Total 66000 - Payroll Expenses						9,403.08
<b>TOTAL</b>						<b>10,103.08</b>



# Community Support Services Grant (CSSG) Program Application Fiscal Year 2016–2017

## GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

## APPLICANT INFORMATION

Agency Name: Nevada Health Centers	
Agency Mailing Address: 3325 Research Way, Carson City, NV 89706	
Project Name: Dental Care for Low to Moderate Income Children and Adults	
Project Address/Location: 618 West Musser, Carson City, NV 89703	
Contact Person: Jeannie Byassee	
Phone Number: 775-888-6681	Email: <a href="mailto:jbyassee@nvhealthcenters.org">jbyassee@nvhealthcenters.org</a>
Fax: 775-888-4916	Website (if applicable): <a href="http://www.nvhealthcenters.org">www.nvhealthcenters.org</a>

## PROJECT FUNDING

Requested amount	\$30,000
Other funding	\$0
<b>Total project cost</b>	<b>\$30,000</b>

## PROJECT SUMMARY

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

With the opening of the new Carson City School Based Health Center this past fall, and NVHC's presence in the community at Sierra Family Health Center, NVHC's medical providers have identified that low income, uninsured children and adults are in significant need of dental care. NVHC proposes to bring our mobile dental program to Carson City to serve these patients to improve their health, school attendance, academic performance, and ability to function as adults.

## PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input checked="" type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input checked="" type="checkbox"/> Senior Services including other adults
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)

The critical need that will be addressed by this project is the provision of preventive and restorative dental care to needy children and adults who lack access to basic dental services. This project will serve low to moderate income, homeless or in transition children and low to moderate income and/or homeless adults including seniors who lack dental insurance and are unable to afford dental care on their own. Nevada Health Centers (NVHC) operates the Carson City School Based Health Center providing access to primary healthcare services to Carson City School District students, siblings, and parents. The Carson City School Based Health Center is located at 618 West Musser in Carson City in the same building as the McKinney-Vento Student in Transition Program. The co-location of these services is highly beneficial in serving families in need. NVHC's School Based Health Center provides a variety of healthcare services that includes preventive well child exams, immunizations, school physicals, and sick child care. Pediatric services combined with our offerings to patients at NVHC's Sierra Family Health Center has brought to our attention that there are children and adults who are in significant need of dental services that could compromise their overall health and well-being without basic dental services.

NVHC is proposing to bring its mobile dental center (Ronald McDonald Care Mobile) to Carson City to serve children and adults including seniors in need of dental care. Patient appointments would be coordinated by NVHC's dental team through services such as the Carson City School Based Health Center, other social service organizations, and/or events such as RAM (Remote Area Medical). Currently, NVHC provides dental services through three centers including its Elko Dental Center, Ronald McDonald Care Mobile, and the Eastern Dental Center in Las Vegas. This program will enable NVHC to help meet the huge need for dental services.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. (Max. Score 25 pts)

In partnership with Ronald McDonald House Charities, NVHC operates the Ronald McDonald Care Mobile that travels throughout the State of Nevada providing dental services to children up to age 21, and adults in areas where the need for dental care is unmet. Dental patients are typically referred to NVHC's dental centers in Elko or Las Vegas or the Ronald McDonald Care Mobile by one of NVHC's 18 health centers, school nurses, or other community partners. The Ronald McDonald Care Mobile has two dental exam rooms joined by a dental lab in the center. The traveling dental team includes a dentist, dental hygienist, dental assistant and front office assistant/driver. The Ronald McDonald Care Mobile is fully equipped to provide dental exams, x-rays, preventive cleanings, sealants, fluoride varnish, oral health education, and restorations such as fillings, root canals, and crowns. The Ronald McDonald Care Mobile is self-contained with its equipment powered by diesel generators that enable the mobile dental center to drive in and park in almost any level location. Services may be provided at Sierra Health Center or other various community locations. Dental services provided will include exams, cleanings, sealants, and other care to alleviate pain, treat infection, or restore teeth by providing fillings, root canals, or crowns. Children and adults who receive dental care on the Ronald McDonald Care Mobile whether preventive or restorative will receive a toothbrush, toothpaste, and floss to take home after their appointment to help them take care of their teeth and continue good oral healthcare habits.

By bringing the Ronald McDonald Care Mobile to Carson City from its Elko hub to serve those in need of dental care in the Carson City community, we will meet this critical need by reducing the number of Carson City residents who are struggling with poor dental health. NVHC plans to provide oral healthcare services to 75 children and needy adults including seniors.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

Yes, Nevada Health Centers makes every effort to collaborate with other agencies to make a greater impact when providing services to those in need. For this project, NVHC's Ronald McDonald Care Mobile and staff of our school based health center will collaborate with Carson City School District and their school nurses to identify, refer, and schedule children into dental appointments during scheduled service days. NVHC will pursue additional local agency partners to assist in the provision of services to adults in need of dental care. Last year, some of NVHC's programs partnered with Carson City's Remote Area Medical (RAM) event at Carson High School including NVHC's other mobile program—The Mammovan. NVHC was approached to bring the Ronald McDonald Care Mobile to the event as well, however, sponsorship dollars were not available to help with travel and staffing to bring the mobile dental program to Carson City. Funding of this proposal will bring the Ronald McDonald Care Mobile to Carson City to serve children and adults including seniors in need of dental care through partnerships and/or community events. This program will not duplicate any existing services. The need for dental services for this population of Carson City residents is huge and these patients are not accessing care.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

Yes, NVHC will reduce the need for grant funding in the future for patients in need of dental care. This year, it is our intent to provide patients with a dental exam, care plan, and treatment to resolve existing dental issues to get their teeth and gums healthy. Last year, NVHC began raising additional funding for dental services for vulnerable populations. Funding that has been received to date provides dental funding for clients living in certain areas of the state. Currently, there is no funding for Carson City residents. This grant will initiate services in Carson City and help NVHC leverage additional dollars from private funders to sustain this project. To sustain funding to operate the Ronald McDonald Care Mobile and fund uninsured clients, NVHC will continue to maintain a fund development department that is charged with procuring funding from a variety of sources for projects such as this. These sources may include private and corporate funders, and grant support from city and county funds, and individual donations.

Additionally, NVHC's dental team works with patients to determine if they have private insurance, Medicaid, or Medicare and if these sources will help pay for care. NVHC has staff available to help patients sign up for Medicaid or other resources that may serve as a future payer source for care. NVHC generates some program income from patients who are insured, have Medicaid, or another source of payment. All program income goes back into the program to help offset operational costs including staff salaries, travel and maintenance costs, equipment, and supplies. Nevada Health Centers' mission is to provide access to quality healthcare services throughout Nevada regardless of the patient's ability to pay for care. The Affordable Care Act has provided access to medical insurance for many, however, dental coverage is not an automatic component of most policies and many low to moderate income individuals including children and seniors lack coverage and access to basic dental care without programs such as this. NVHC offers patients additional assistance to help them access care. If a patient has extenuating dental issues requiring additional care beyond their treatment plan, NVHC also offers a sliding fee discount program based on income to help patient afford any additional services they may need in the future.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes. If Nevada Health Centers is awarded only a portion of the requested funding of \$30,000, NVHC would implement the project and serve fewer patients with CSSG dollars. As mentioned earlier, NVHC maintains a development department that may also be able to step in and reach out to additional funders and partnering agencies in an attempt to leverage additional project funding as needed. NVHC had previous discussions with other social service agencies in the Carson City area that are all interested in bringing the Ronald McDonald Care Mobile to Carson City to provide care to children and adults including seniors in need. NVHC would certainly attempt to raise any additional dollars needed to serve our initially projected target number as needed.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

NVHC anticipates that 100% of the children served will be Carson City residents. In the provision of dental services to adults, NVHC anticipates that at least 98% of the adults served through collaboration with a community partner or at a RAM event will be Carson City residents. NVHC will collect patient data upon check out that includes patient address information.

2. How do you plan to track clients served? (Max Score: 5 points)

Clients served on the Ronald McDonald Care Mobile will be tracked in Nevada Health Centers' electronic health record system, NextGen. This system allows for the tracking of patient demographics, compilation of aggregate data for statistical reporting, and tracking of patients level of care, services received, and completion of the patient's treatment plan. All of NVHC's health centers and mobile programs utilize this system for patient management. This information helps us understand our demographics served, so we know how to promote and communicate our services individuals needing care and to enhance our levels of healthcare as needed.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

The projected outcome of this project is to provide low to moderate income children and adults including seniors with needed dental care to improve their health and well-being. Clients will benefit from access to preventive and restorative dental care.

To measure the success of this program, NVHC has developed the following outcome measures:

1. NVHC will serve at least 75 children and adults with a variety of dental care services during the grant period.
2. NVHC anticipates that a minimum of 50% of the children served will be identified and referred by the Carson City School Based Health Center, NVHC's Sierra Health Center, or other social service partner.
3. Adults served will be identified through NVHC's Sierra Health Center and other community social services agencies including those who provide services to seniors and the homeless.

4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Undetermined, services will begin in August of 2016 in coordination with Carson City School District's School Year and reach completion by December 31, 2016	Low to moderate income children and adults including seniors living in Carson City	Undetermined since services will begin in August 2016 in coordination with the School Year
2	By the end of the 2 <sup>nd</sup> quarter (December 2016), 75 children and adults will receive preventive and restorative dental care services	Low to moderate income children and adults including seniors living in Carson City	75
3	N/A		
4	N/A		

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

N/A



### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title: Dental Care for Low to Moderate Income Children and Adults	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Fuel for Ronald McDonald Care Mobile Dental Van to travel roundtrip from Elko home base to Carson City and mobile generators x 2 trips.	\$400	\$0	\$0	\$400
Rental Cars/Meals-Provider Travel Costs (four providers) x 2 trips	\$2,600	\$0	\$0	\$2,600
Lodging-Hotels (four providers) x 2 trips	\$4,000	\$0	\$0	\$4,000
<b>Client Service Dollars:</b>				
Dental services for 75 children & Adults	\$23,000	\$0	\$0	\$23,000
*All diem staff salaries vary and dental staff will be paid by Nevada Health Centers.				
<b>TOTALS</b>	<b>\$30,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>

#### AGENCY ASSETS

Unrestricted cash	\$3,429,404
Restricted cash*	\$ 140,677
<b>Total cash on hand</b>	<b>\$3,570,081</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe. N/A

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Fuel for Ronald McDonald Care Mobile Dental Center to travel roundtrip from Elko home base to Carson City and fuel for mobile generators.	\$400	Fuel calculated at: 35 gallons x \$2.87 gallon = \$100 approximately x 2 (roundtrip) x 2 trips \$400 for Fuel for Ronald McDonald Care Mobile Dental Center
Staff Travel – Dental Providers that work on the Ronald McDonald Care Mobile	\$2,600	2 Rental Cars for 4 staff members ( $\$150 \text{ per car} \times 2 \text{ cars} \times 2 \text{ trips} = \$600$ )  Meal Per Diem for 4 staff members ( $\$41.66 \text{ per day} \times 6 \text{ days} \times 4 \text{ providers} = \$1,000$ ) x 2 trips = \$2,000
Lodging-Hotel for Dental Providers	\$4,000	$\$100 \text{ a night} \times 5 \text{ nights} \times 4 \text{ providers} = \$2,000$ x 2 trips = \$4,000
Client Services	\$23,000	Dental Care for 75 CCSD students and adults in need:  Costs calculated at approximately \$306.66 per patient. This is an estimation since the cost of serving children is typically lower than adults and level of dental need per patient will vary.
*All diem staff salaries vary and dental staff will be paid by Nevada Health Centers.		

**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	Walter B. Davis
<b>Title:</b>	Chief Executive Officer
<b>Address</b>	3325 Research Way, Carson City, NV 89706
<b>Phone number:</b>	775-887-1590 X1114
<b>Email:</b>	wdavis@nvhealthcenters.org

**PROJECT MANAGER**

<b>Name:</b>	Mac McWaine
<b>Title:</b>	Director of Operations-Southern Region (Dental Program Oversight)
<b>Address</b>	1799 Mount Mariah Drive, Las Vegas 89106
<b>Phone number:</b>	702-383-1961 x1355
<b>Email:</b>	jmcwaine@nvhealthcenters.org

**FISCAL MANAGER**

<b>Name:</b>	Elizabeth Duffrin
<b>Title:</b>	Chief Financial Officer
<b>Address</b>	3325 Research Way, Carson City, NV 89706
<b>Phone number:</b>	775-888-6632
<b>Email:</b>	eduffrin@nvhealthcenters.org

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Beverly Coleman
<b>Title:</b>	Development Director
<b>Address</b>	3325 Research Way, Carson City, NV 89706
<b>Phone number:</b>	775-888-6616
<b>Email:</b>	bcoleman@nvhealthcenters.org

### AGENCY INFORMATION

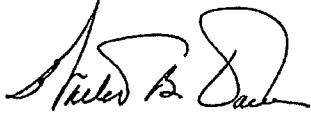
Date of incorporation	1977
Date of IRS certification	July 1994
Tax exempt number	94-3199117
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	139767255

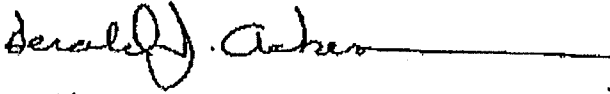
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	✓
2	Proof of incorporation from Secretary of State (Certificate Only) Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	Current Organization Chart with names of staff members	✓
4	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 CSSG funds.]	✓
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	✓
6	Profit and Loss Statement and Balance Sheet	✓
7	Funding commitment letters and/or letters of support (if applicable)	N/A
8	Nevada Health Centers Ronald McDonald Care Mobile Photo	✓

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.

	Date 3/10/2016
Signature of Authorized Official	
Walter B. Davis, Chief Executive Officer	775-887-1590 x1114
Typed Name and Title of Authorized Official	Phone Number

	Date 3/10/2016
Signature of President of Board of Directors	
Gerald Ackerman, Board Chair	775-887-1590
Typed Name of President of Board of Directors	Phone Number

Department of the Treasury  
Internal Revenue Service

DGDEN UT 84201-0038

In reply refer to: 0438081548  
July 23, 2012 LTR 4168C 0  
94-3199117 000000 0000029972  
BODC: TENEVADA HEALTH CENTERS INC  
3325 RESEARCH WAY  
CARSON CITY NV 89706

062335

Employer Identification Number: 94-3199117  
Person to Contact: Sarah Jensen  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 12, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in July 1994.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0438081548

July 23, 2012 LTR 4168C 0

94-3199117 000000 00

00029973

NEVADA HEALTH CENTERS INC  
3325 RESEARCH WAY  
CARSON CITY NV 89706

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Sharon Davies  
Accounts Management I

# NEVADA HEALTH CENTERS, INC.

Nevada Health Centers, Inc.

Attachment 2

Page 1

## Business Entity Information

Status:	Active	File Date:	10/22/1992
Type:	Domestic Non-Profit Corporation	Entity Number:	C11500-1992
Qualifying State:	NV	List of Officers Due:	10/31/2016
Managed By:		Expiration Date:	
NV Business ID:	NV19921063186	Business License Exp:	

## Additional Information

Central Index Key: 943199117

## Registered Agent Information

Name:	HOY CHRISSINGER KIMMEL VALLAS PC	Address 1:	50 W LIBERTY ST STE 840
Address 2:		City:	RENO
State:	NV	Zip Code:	89501
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

## Financial Information

No Par Share Count: 0

Capital Amount: \$ 0

No stock records found for this company

## Officers

Include Inactive Officers

### Director - GERALD ACKERMAN

Address 1:	3325 RESEARCH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	

### President - GERALD ACKERMAN

Address 1:	3325 RESEARCH WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	USA
Status:	Active	Email:	



Address 1:	3325 RESERACH WAY	A		
City:	CARSON CITY	State:	NV	
Zip Code:	89706	Country:	USA	
Status:	Active	Email:		
Treasurer - MAURICE WASHINGTON				
Address 1:	3325 RESEARCH WAY	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89706	Country:	USA	
Status:	Active	Email:		

### - Actions\Amendments

Action Type:	Articles of Incorporation		
Document Number:	C11500-1992-001	# of Pages:	5
File Date:	10/22/1992	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Change		
Document Number:	C11500-1992-003	# of Pages:	1
File Date:	8/7/1997	Effective Date:	
MICHAEL L. MELNER			
457 COURT STREET RENO NV 89501 MJM			
Action Type:	Registered Agent Change		
Document Number:	C11500-1992-004	# of Pages:	2
File Date:	10/12/1998	Effective Date:	
MRS. ANA COLON AEBI			
204 N. MINNESOTA STREET CARSON CITY NV 89703 MJM			
Action Type:	Annual List		
Document Number:	C11500-1992-011	# of Pages:	1
File Date:	11/9/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-012	# of Pages:	1
File Date:	8/31/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C11500-1992-008	# of Pages:	1
File Date:	11/8/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		

File Date: 10/24/2001

E

(No notes for this action)

Action Type: Annual List

Document Number: C11500-1992-010

# of Pages: 1

File Date: 11/5/2002

Effective Date:

(No notes for this action)

Action Type: Annual List

Document Number: C11500-1992-006

# of Pages: 1

File Date: 11/6/2003

Effective Date:

(No notes for this action)

Action Type: Annual List

Document Number: C11500-1992-009

# of Pages: 1

File Date: 12/31/2003

Effective Date:

(No notes for this action)

Action Type: Annual List

Document Number: C11500-1992-002

# of Pages: 1

File Date: 10/18/2004

Effective Date:

List of Officers for 2004 to 2005

Action Type: Annual List

Document Number: 20050507449-76

# of Pages: 1

File Date: 10/24/2005

Effective Date:

(No notes for this action)

Action Type: Amended List

Document Number: 20060327233-78

# of Pages: 1

File Date: 5/24/2006

Effective Date:

(No notes for this action)

Action Type: Annual List

Document Number: 20060736787-36

# of Pages: 1

File Date: 11/14/2006

Effective Date:

(No notes for this action)

Action Type: Amended List

Document Number: 20070440756-15

# of Pages: 1

File Date: 6/27/2007

Effective Date:

(No notes for this action)

Action Type: Annual List

Document Number: 20070758354-81

# of Pages: 1

File Date: 10/31/2007

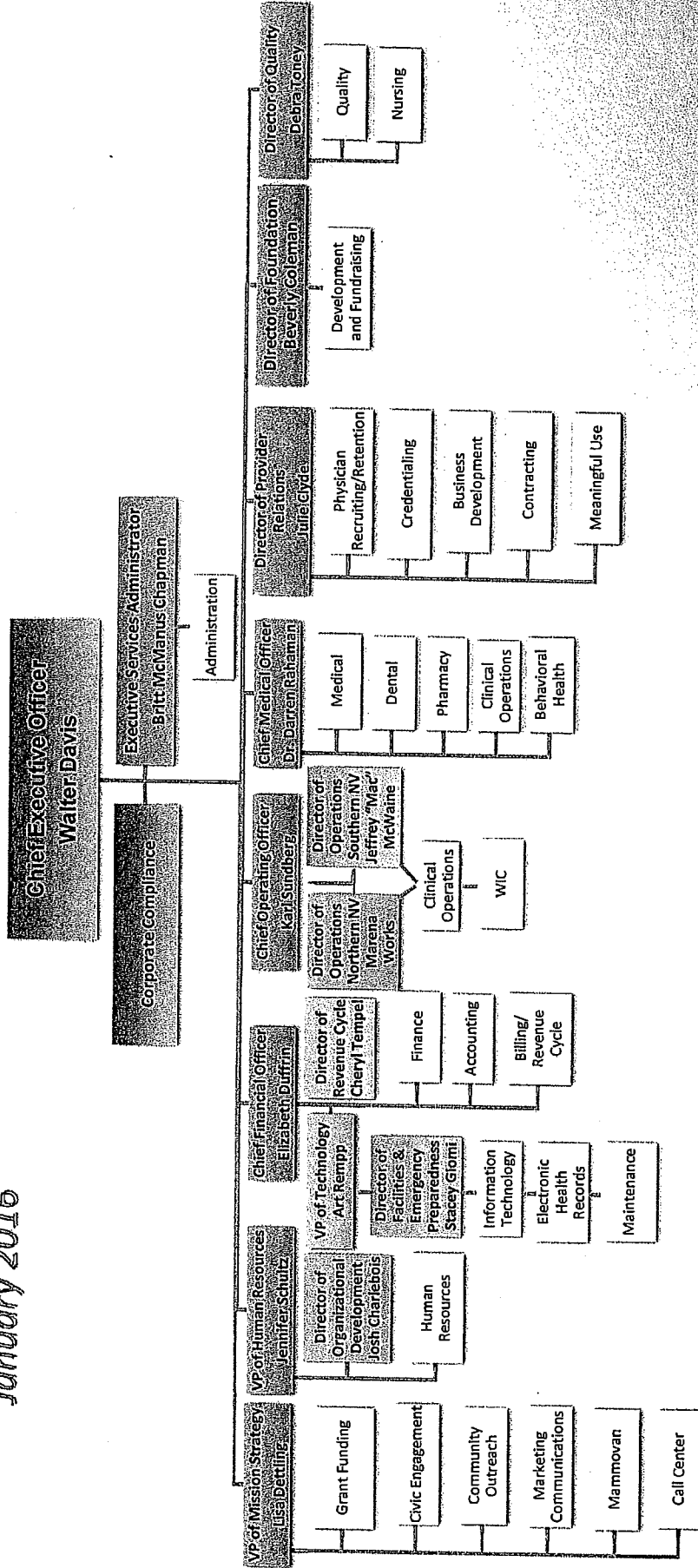
Effective Date:

(No notes for this action)

Document Number:	20080400016-41	Effective Date:	
File Date:	6/12/2008		
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080675650-39	# of Pages:	1
File Date:	10/13/2008	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20090410255-68	# of Pages:	1
File Date:	5/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090799069-21	# of Pages:	2
File Date:	11/6/2009	Effective Date:	
oct 09-10			
Action Type:	Annual List		
Document Number:	20100897310-71	# of Pages:	1
File Date:	11/29/2010	Effective Date:	
2010/2011			
Action Type:	Amended List		
Document Number:	20110318438-61	# of Pages:	1
File Date:	4/28/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110748700-60	# of Pages:	1
File Date:	10/18/2011	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20120420794-61	# of Pages:	1
File Date:	6/15/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120708820-90	# of Pages:	1
File Date:	10/17/2012	Effective Date:	
12-13			
Action Type:	Amended List		
Document Number:	20130351660-07	# of Pages:	1
File Date:	5/28/2013	Effective Date:	

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20130521665-61	<b># of Pages:</b>	1
<b>File Date:</b>	8/7/2013	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Registered Agent Change		
<b>Document Number:</b>	20140031850-44	<b># of Pages:</b>	1
<b>File Date:</b>	1/15/2014	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20140746743-98	<b># of Pages:</b>	4
<b>File Date:</b>	10/29/2014	<b>Effective Date:</b>	
14-15			
<b>Action Type:</b>	Charitable-Solicitation Registration Statement		
<b>Document Number:</b>	20140746744-09	<b># of Pages:</b>	2
<b>File Date:</b>	10/29/2014	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20150492264-25	<b># of Pages:</b>	2
<b>File Date:</b>	11/9/2015	<b>Effective Date:</b>	
15-16			
<b>Action Type:</b>	Charitable-Solicitation Registration Statement		
<b>Document Number:</b>	20150492265-36	<b># of Pages:</b>	2
<b>File Date:</b>	11/9/2015	<b>Effective Date:</b>	
(No notes for this action)			

**NEVADA**  
HEALTH CENTERS  
ORGANIZATIONAL CHART  
January 2016



**PROVIDERS**  
 Susan Pintar, MD, FAAP, Pediatrician  
 Karrie Randall, FNP, Nurse Practitioner  
 Leslie Thompson, MS, PA-C, Physician Assistant  
 Bryce Pitman, DDS, Dentist  
 Daniel Egbert, DDS, Dentist

**OPERATIONAL LEADERSHIP**  
 Jassmin Martell Perez, Practice Manager  
 Tyree Davis, DDS, Dental Program Director  
 Rocio Cortez, Dental Site Supervisor  
 Jeffrey McWaine, Director of Operations Southern Region  
 Marena Works, Director of Operations Northern Region

**Carson City School-based Health Center**  
 Ronald McDonald Care Mobile (Dental)



**Board of Directors Roster**

**February 2016**

*All members serve on a voluntary basis*

*\*Indicates consumer members*

**Gerald Ackerman, Chairman, Planning Committee\***

292-8 Osino  
Elko, NV 89801  
Cell – 775-934-5805  
Work – 775-738-3828 ext. 22  
[gackerman@medicine.nevada.edu](mailto:gackerman@medicine.nevada.edu)

**Steve Comer, Finance Committee**

3015 S. Monte Cristo Way  
Las Vegas, NV 89117  
Work – 702-430-1875  
Cell – 702-496-0056  
[mail@stevecomer.com](mailto:mail@stevecomer.com)

**Alicia Barnes, Personnel Committee\***

3708 Internet Avenue  
North Las Vegas, NV 89031  
Cell – 702-255-1838  
[ayb702@live.com](mailto:ayb702@live.com)

**Adriana Fralick, Vice-Chairman, Personnel Committee\***

PO Box 19636  
Reno, NV 89511  
Cell – 775-233-2982  
[adrianafralick@yahoo.com](mailto:adrianafralick@yahoo.com)

**Linda Bingaman, Secretary, QA-RM Committee\***

PO Box 953, Carlin, NV 89822  
117 Cortez Circle, Carlin, NV 89822  
Cell – 775-397-6800  
[imbffemt@gmail.com](mailto:imbffemt@gmail.com)

**Sister Mary Kieffer, Planning Committee and Personnel Committee**

9925 W. Russell Road Unit 2085  
Las Vegas, NV 89148  
Work – 702-492-8737  
Cell – 415-420-4992  
[Mary\\_land@juno.com](mailto:Mary_land@juno.com)

**Jared Carter, Finance Committee\***

PO Box 4123, Wendover, NV 89883  
2341 Sandia Circle, W. Wendover, NV 89883  
Home – 775-664-4163  
Cell – 801-455-4281  
Fax – 775-664-6705

**Maurice Washington, Treasurer, Finance Committee**

704 W. Nye Lane, Suite 201  
Carson City, NV 89703  
Cell – 775-742-7227  
Office – 775-883-4413  
[mwashington@nnda.org](mailto:mwashington@nnda.org)

[icarter@wendoverfun.com](mailto:icarter@wendoverfun.com) or [wjrcarter@yahoo.com](mailto:wjrcarter@yahoo.com)

**Reverend D. Edward Chaney, Personnel Committee**

500 W. Madison Avenue  
Las Vegas, NV 89106  
Cell – 702-308-3834  
[donaldchaney@hotmail.com](mailto:donaldchaney@hotmail.com)

**Carson City Administrative Office**

3325 Research Way, Carson City, Nevada 89706 • phone (775)887-1590 • fax (775)887-7047

**Las Vegas Administrative Office**

1799 Mt. Mariah Drive, Las Vegas, Nevada 89106 • phone (702)307-5414 • fax (702)307-5421

[www.nvhealthcenters.org](http://www.nvhealthcenters.org)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2013**  
**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 06/01, 2013, and ending 05/31, 20 14

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Nevada Health Centers  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3325 Research Way 2nd Floor  
 City or town, state or province, country, and ZIP or foreign postal code  
Carson City, NV 89706

**D** Employer identification number  
94-3199117

**E** Telephone number  
775-887-1590

**G** Gross receipts \$ 29,338,931

**F** Name and address of principal officer: Nevada Health Centers  
3325 Research Way 2nd floor, Carson City, NV 89706

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Year of formation: 1977 **M** State of legal domicile: NV

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>NVHC provides health services throughout the state of Nevada. Health services include OB/GYN, Pediatrics, Internal Medicine, and Primary medical care and dental care</u> (Continued on Schedule O, Statement 1)		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>13</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>444</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>30</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <u>14,355,882</u>	Current Year <u>15,160,886</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>11,681,876</u>	<u>13,615,411</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>111</u>	<u>10,116</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>171,040</u>	<u>552,518</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>26,208,909</u>	<u>29,338,931</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>	<u>0</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>17,058,670</u>	<u>19,371,389</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>9,840,760</u>	<u>9,098,399</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>26,899,430</u>	<u>28,469,788</u>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-690,521</u>	<u>869,143</u>
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <u>23,909,966</u>	End of Year <u>24,644,262</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>3,816,556</u>	<u>3,681,709</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>20,093,410</u>	<u>20,962,553</u>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Walter B Davis, CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Jeremy Ware Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: P00642659  
 Firm's name: TCA Partners LLP Firm's EIN: 20-2707086  
 Firm's address: 1111 E Herndon Avenue Suite 211, Fresno, CA 93720 Phone no.: 559-431-7708

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
NVHC provides health services throughout the State of Nevada. Health services include OB/GYN, Pediatrics, Internal Medicine and Primary medical and dental care services. NVHC operates a mobile mammography clinic as well as mobile dental clinics. NVHC operates several Women, Infant and Children clinics in Southern Nevada.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 21,037,814 including grants of \$ 0 ) (Revenue \$ 29,338,931 )  
Operated 16 health clinics, 7 WIC locations and one Mammovan in Nevada emphasizing preventative health care and medical services responsive to the needs of the local area. Health services include OB/GYN, Pediatrics, Internal Medicine and Primary medical and dental care services. NVHC operates a mobile mammography clinic as well as mobile dental clinics. NVHC operated the 7 Women, Infant and Children clinics in Southern Nevada.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ▶ 21,037,814



**Nevada Health Centers, Inc.**  
**Statements of Operations and Changes in Net Assets**  
**For the years ended May 31, 2015 and 2014**

	2015	2014
<b>Change in Unrestricted Net Assets:</b>		
Revenue and other support:		
Patient and third party revenue, net	\$15,539,433	\$13,615,411
Grant and contract revenue	15,370,014	14,701,640
Contributions	395,774	459,246
Other	724,242	562,634
Total unrestricted revenue and other support	32,029,463	29,338,931
 Expenses:		
Salaries & benefits	21,962,925	19,371,390
Medical contractual services	1,169,950	1,265,521
Purchased services	1,623,288	1,516,843
Supplies	1,169,750	922,271
Communications	535,799	502,705
Dues and subscriptions	156,475	150,474
Repairs and maintenance	924,509	789,177
Travel, conferences and meetings	933,356	797,104
Insurance	129,370	124,840
Building and equipment rent	913,332	848,878
Utilities	403,370	396,094
Depreciation	963,714	1,011,091
Interest	54,006	69,774
Other	837,256	703,626
Total expenses	31,777,100	28,469,788
 Increase (decrease) in net assets	252,363	869,143
 Net Assets:		
Beginning of year	20,962,553	20,093,410
End of year	\$21,214,916	\$20,962,553

See accompanying Notes to the Financial Statements

Nevada Health Centers, Inc.  
Balance Sheets  
May 31, 2015 and 2014

	2015	2014
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 3,570,081	\$ 2,232,539
Patient accounts receivable, net	1,843,959	1,001,901
Grants and contracts receivable	1,167,377	821,550
Estimated third party settlement	546,901	2,057,270
Inventories	357,033	263,378
Prepaid expenses	143,461	177,278
Total current assets	7,628,812	6,553,916
Property and equipment, net	17,460,131	18,007,554
Deposits	93,963	82,792
Total assets	25,182,906	\$24,644,262
 <b>LIABILITIES AND NET ASSETS</b>		
Liabilities:		
Current liabilities:		
Notes payable – current portion	\$ 48,061	\$ 46,047
Accounts payable and other accrued expenses	876,534	515,850
Accrued payroll liabilities	1,722,787	1,698,491
Deferred revenue	140,677	193,079
Total current liabilities	2,788,059	2,453,467
Long-term liabilities		
Notes payable – net of current portion	1,179,931	1,228,242
Total long-term liabilities	1,179,931	1,228,242
Total liabilities	3,967,990	3,681,709
Net Assets:		
Unrestricted	21,214,916	20,962,553
Total net assets	21,214,916	20,962,553
Total liabilities and net assets	\$25,182,906	\$24,644,262

See accompanying Notes to the Financial Statements

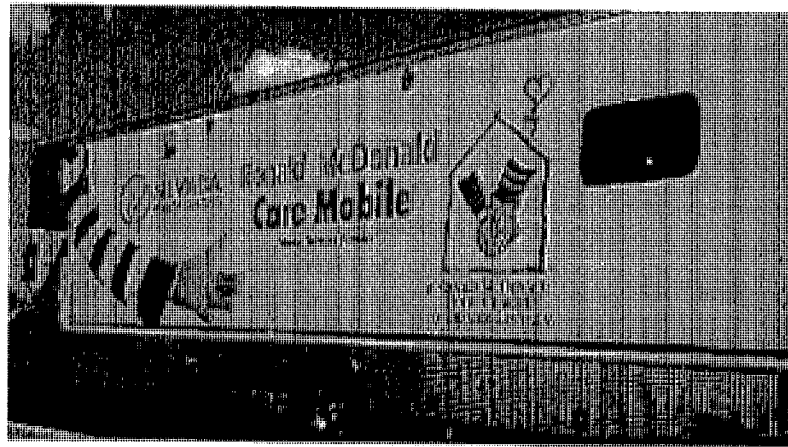


**Overview of Ronald McDonald Dental Care Mobile Services  
Restorative and Preventive Dentistry**

Dental health is imperative to one's overall well-being. Unhealthy teeth and gums can contribute to pain, systemic conditions such as respiratory problems, diabetes, and poor nutrition.

Nevada Health Centers offers preventive and restorative dental services to patients age one and older. Services include: dental exams, cleaning, sealants, fluoride treatments, extractions, x-rays, and fillings.

**Ronald McDonald Care Mobile**



A complete mobile office, (staffed with a dentist, a hygienist and assistant), that travels throughout Nevada offering dental services for children, along with oral health education.



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: Ormsby Association of Carson City	
Agency Mailing Address: PO Box 491 Carson City, NV 89702	
Project Name: Handicapped Towards Independence	
Project Address/Location: 930 East Corbett Street Carson City, NV 89706	
Contact Person: Mary Winkler	
Phone Number (775)882-8520	Email: mary@ormsbyarc.org
Fax: (775)882-7202	Website (if applicable):

### PROJECT FUNDING

Requested amount	\$12,000.
Other funding	\$10,950.
<b>Total project cost</b>	<b>\$22,950.</b>

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**. The project is to assist adults with intellectual disabilities to reach their full potential and to live and work in Carson City as contributing citizens, becoming as independent as possible. The goal is to increase self-sufficiency and self-esteem to avoid homelessness or having trouble with law officials. The specific part for which we are requesting funding is for the unfunded parts of the program, including the occupancy costs for where programs are given. The program will serve 40-50.

### PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input checked="" type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

Adults with intellectual disabilities and no assistance or training can easily become dependent on the community. Training programs, job placement, job coaching, assistance to live in the community, and assistance with handling finances are essential to their success. Most will need some level of assistance, even as they attain more independence. The need for these programs does not go away. As some reach more independence, others have a need. The State has a waiting list for these programs, and placement could take as much as two years.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

The project will train and/or provide minimal employment for some. It will help place people in competitive employment and job coaching and follow-along service. It will also assist people in everyday living skills. All this will contribute to people becoming an asset to the community rather than a burden or a problem. Fifty to sixty-five adults with intellectual disabilities will be helped. The base for the project training will be at OACC'S facility at 930 Corbett Street, with the project extending all around Carson City; e.g. apartments, homes, businesses, social groups, Western Nevada College, and churches. A part of the funding will be to assist in the payment of Occupancy costs for the location of training classes and some employment. These are a totally unfunded portion of this project.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

AGING AND DISABILITY SERVICES – contract to fulfill licensing and training and hiring requirements.

RURAL REGIONAL SERVICES – Oversight and coordinated program to identify and monitor special needs and programs for each person.

MEDICARE – assist in maintaining benefits and in money management.

MEDICAID – maintain and monitor medical coverage.

OTHER PROVIDERS – cooperate in coordinating programs for mutual individuals.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

Our project is a continuing one. The need for assistance in funding is a continuing one but at a lesser amount than in the past when Carson City, for instance, funded at over \$20,000 a year. As some people need less assistance, new people need more. OACC will continue to operate a thrift store, hold several small fund-raising events and solicit additional contract work and donated time and supplies. We will continue to work with agencies to obtain an increase in State funding to a more reasonable level.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Even with the decreases in funding from various sources, we have been able to continue Programs. We solicit more assistance from individuals and try new ways to increase thrift store revenue. We also would review services if necessary to see if any can be reduced. We would not wish to obtain decreased funding, but we would not turn it down and would adjust accordingly.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

A little over 99.8%. On occasion a client might move from Carson to Dayton or Mound House and we would continue to serve them, at least temporarily. We currently have one.

2. How do you plan to track clients served? **(Max Score: 5 points)**

Clients are tracked by a team setting goals for each person and reviewing them on a quarterly basis. Goals and the amount of assistance needed are reviewed.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

Outcome is for clients with intellectual disabilities becoming more independent, more able to be a participating member of the community and needing less assistance. This is measured by tracking each person's program, noting their successes and tracking the need for less assistance.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Utilities and Transportation	Handicapped	40
2	Utilities, Transportation, Medical Needs	Handicapped	40
3	Utilities, Transportation, Medical Needs	Handicapped	40
4	Utilities, Transportation, Medical Needs	Handicapped	40

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

Successes for this year are measured by amount of assistance necessary, not necessarily as an end to service outcome. The clients will always need at least minimal intervention. Even the most independent will generally continue to need assistance with handling finances and with medical issues. Success occurs in our programs in amount of skills our clients are able to complete successfully on their own.

Currently, four are receiving only two hours of assistance each month. They are successfully employed from 25 – 40 hours a week. Three are receiving only medical and assistance with transportation to work in areas and/or times not covered by JAC.

Improvements to each individual program are made on a continual basis and changed to a different approach if needed. Changes or differences in teaching or approaches to providing assistance is done on an on-going basis.

A challenge is the State being able to add service to additional clients on their waiting lists. Challenge is also apparent in our ability to obtain the amount of service clients need, at least initially.



### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Transportation	1500.	4600		6100.
Heat	0	800.		800.
Power	1600.	600.		2200.
Water	1100.	150.		12550.
Building Maintenance	3000.	2000.		5000.
Sanitation	4400.	600.		5000.
Equipment Maintenance	400.	0		400.
Follow-along, Medical Needs	0	2200.		2200.
<b>TOTALS</b>	<b>12000.</b>	<b>10950.</b>		<b>22950.</b>

AGENCY ASSETS	
Unrestricted cash	\$ 36779.45
Restricted cash*	0
<b>Total cash on hand</b>	<b>\$ 36779.45</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
UTILITIES	14,650	Set by using actual expenses occurring in the current year that pertain to the project.
TRANSPORTATION	6100.00	This is part of transportation costs that are not funded by the State, primarily to work or to the unfunded medical appointments that occur.
FOLLOW-ALONG, MEDICAL	2200.00	Conditions arise that exceed the amount given by the State. If we ignore these, the person could lose a job or not receive adequate medical service.

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Mary Winkler
<b>Title:</b>	Executive Director
<b>Address</b>	930 Corbett Street
<b>Phone number:</b>	(775) 882-8520
<b>Email:</b>	mary@ormsbyarc.org

**PROJECT MANAGER**

<b>Name:</b>	Mary Winkler
<b>Title:</b>	Executive Director
<b>Address</b>	930 Corbett Street
<b>Phone number:</b>	(775) 882-8520
<b>Email:</b>	mary@ormsbyarc.org

**FISCAL MANAGER**

<b>Name:</b>	Paul Ferrin
<b>Title:</b>	President of Board and Accountant
<b>Address</b>	930 E. Corbett Street
<b>Phone number:</b>	(775) 882-8520
<b>Email:</b>	paulf@ormsbyarc.org

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Mary Winkler
<b>Title:</b>	Executive Director
<b>Address</b>	930 Corbett Street
<b>Phone number:</b>	(775) 882-8520
<b>Email:</b>	mary@ormsbyarc.org

### AGENCY INFORMATION

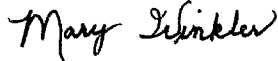
Date of incorporation	9/24/1969
Date of IRS certification	3/29/1971
Tax exempt number	88-0106559
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	082110024

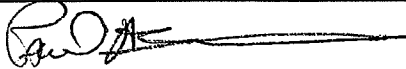
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	✓
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	<b>Current Organization Chart with names of staff members</b>	✓
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	✓
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	✓
6	<b>Profit and Loss Statement and Balance Sheet</b>	✓
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	

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.

 Signature of Authorized Official	3/10/2016 Date
Mary Winkler Typed Name and Title of Authorized Official	(775) 882-8520 Phone Number

 Signature of President of Board of Directors	3/10/16 Date
Paul Ferrin Typed Name of President of Board of Directors	(775)882-8520 Phone Number

Department of the Treasury

**Internal Revenue Service**  
Washington, DC 20224

Date: MAR 29 1971

In reply refer to:

T:MS:EO:R:1



Ormsby Association For Retarded  
Children, Inc.  
801 Old Clear Creek Road  
Carson City, Nevada 89701

Gentlemen:

We have considered your application for recognition of exemption from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1954.

Based on the information supplied, and assuming your operations will be as stated in your exemption application, we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Any change in your purposes, character, or method of operation must be reported to the District Director, San Francisco, which is your key district for exempt organization matters, so he may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Pending issuance of regulations under section 509 of the Code, we are unable to make a determination as to whether you are a private foundation as defined in that section. Upon issuance of the regulations we will evaluate your application and make a determination as to whether you are a private foundation.

You are required to file the annual return, Form 990, on or before the 15th day of the 5th month after the end of your annual accounting period. Failure to file the Form 990 by this date may subject you to a penalty of \$10 for each day during which such failure continues, up to a maximum of \$5,000.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter we are not determining whether any of your present or proposed activities is unrelated trade or business as defined in section 513 of the Code.

Ormsby Association For Retarded  
Children, Inc.

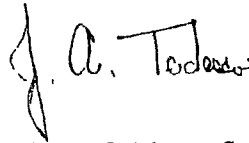
You are liable for social security (FICA) taxes only if you have filed waiver of exemption certificates as provided in the Federal Insurance Contributions Act. You are not liable for Federal unemployment taxes.

Donors may deduct contributions to you, as provided by section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes under sections 2055, 2106, and 2522 of the Code.

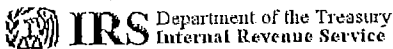
We are informing your key District Director of this ruling. If you have any questions, please contact him.

Thank you for your cooperation.

Sincerely yours,

Handwritten signature of J. A. Tolson in cursive script.

Chief, Rulings Section  
Exempt Organizations Branch



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
Oct. 27, 2010 LTR 4168C 0  
88-0106559 000000 00  
00028256  
BODC: TE

ORMSBY ASSOCIATION OF CARSON CITY  
PO BOX 491  
CARSON CITY NV 89702-0491



025586

Employer Identification Number: 88-0106559  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your July 07, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in March 1971.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Thomas  
Manager, EO Determinations

RECEIVED  
NOV 01 2010  
CINC





## Nevada Business Search

\* Includes Trademarks, Trade Names, Service Marks, Reserved Names & Business Licenses

\* Search by:

Include Phonetic Matches:

Sort By:    Descending  Ascending order

Search Tips

Search Results 1 - 1 of 1 search results

Click **Manage this Business** to file online via SilverFlume. Disclaimer

Entity Name	NV Business ID	Status	Type	Action
ORMSBY ASSOCIATION OF CARSON CITY ()	NV19691002561 ()	Active ()	Domestic Non-Profit Corporation ()	<a href="/businessSearch/manageT7Business?businessEntityNumber=C2654-1969">Manage this Business (/businessSearch/manageT7Business?businessEntityNumber=C2654-1969)</a>

Disclaimer ()

# Ormsby Association of Carson City

Board of Directors

Executive Director  
Mary Winkler

Assistant Director  
Helen Coston

Qualified Intellectual  
Professional  
Bonnie Dietrich

Job Training

Angela Michelli  
Marie Favia

Enclave / Wnc

Nadine Garrard  
Ron Burmley

Supported Living

Ron Burmley  
Pat Chandler  
Amanda Ramsey  
Lorry Peterson

Thrift Store

Carol Haven

## 2016 OACC BOARD OF DIRECTORS LIST

NAME & ADDRESS	TITLE	COMPANY	PHONE & FAX	TERM ENDS
Paul Ferrin 1778 Camille Street Carson City NV 89706	President	Retired paul-ferrin@sbcglobal.net	(H) 883-1672 (C) 775-720-0714	December 2017
Vi Bibee 1101 Beverly Drive #302 Carson City NV 89706	Vice President	Retired	(H) 883-5723 (W) 882-8520	December 2016
Tanya Stortz 61 Conдор Circle Carson City NV 89701	Board of Directors	Client	(H) 882-5696 (C) 762-3271	December 2016
Chris Buchanan 1353 Guinness Way Gardnerville NV 89410	Secretary	Risk Management cbphoto@hotmail.com	(C) 315-0398 (H) 783-7581	December 2017
Shawn Stainbrook 300 S. Meadows Drive Carson City, NV 89701	Board of Directors	Client	(Home) 297-3617 (Cell) 443-9869	December 2016
Sharon Field	Board of Directors	N/A	(Home) 887-0435 (Cell) 721-6271	December 2017
OARC Office		info@ormsbyarc.org Emergency 232-5548	882-8520 (F) 882-7202	

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>THE ORMSBY ARC</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>PO BOX 491</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>CARSON CITY NV 89702</b></p>	<b>D</b> Employer identification number <p><b>88-0106559</b></p> <b>E</b> Telephone number <p><b>775-882-8520</b></p> <b>G</b> Gross receipts \$ <b>328,620</b>
<b>F</b> Name and address of principal officer: _____ _____		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶ _____
<b>J</b> Website: ▶ <b>N/A</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____
<b>L</b> Year of formation: _____		<b>M</b> State of legal domicile: <b>NV</b>

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TRAINING PEOPLE WITH DISABILITIES</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <b>114,465</b>	Current Year <b>177,581</b>
	9 Program service revenue (Part VIII, line 2g)	<b>223,760</b>	<b>151,039</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>338,225</b>	<b>328,620</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>272,068</b>	<b>256,304</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>70,401</b>	<b>74,289</b>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>342,469</b>	<b>330,593</b>	
19 Revenue less expenses. Subtract line 18 from line 12	<b>-4,244</b>	<b>-1,973</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year <b>105,292</b>	End of Year <b>98,978</b>
	21 Total liabilities (Part X, line 26)	<b>135,174</b>	<b>130,833</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>-29,882</b>	<b>-31,855</b>

<b>Part II Signature Block</b>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer	Date	
	<b>MARY WINKLER</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>MICHAEL L. WILLIAMS</b>	<b>MICHAEL L. WILLIAMS</b>	<b>11/15/15</b>
	Firm's name ▶ <b>Strong McPherson &amp; Company</b>	Firm's EIN ▶ <b>88-0158829</b>	Check <input type="checkbox"/> if self-employed
	<b>901 E Second St</b>	Phone no. <b>775-882-4460</b>	
	<b>Carson City, NV 89701-4720</b>		

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TRAINING PEOPLE WITH DISABILITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 305,789 including grants of \$ ) (Revenue \$ )

ASSIST HANDICAP AND DISABLED INDIVIDUALS IN OCCUPATIONAL AND LIVING SITUATIONS. OVER 200 PEOPLE SERVED EACH YEAR

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 305,789



Carson City, a Consolidated Municipality

## Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: Ormsby Association of Carson City

Program/Project: Increased Independence for Adults with Intellectual Disabilities

Amount of Funds Received \$ 7,000.00

Grant Period: July 1, 2015 – June 30, 2016

Contact Person: Mary Winkler

Mailing Address: PO Box 491

City: Carson City State: NV Zip Code: 89702

Phone Number: (775) 882-8520 E-mail: mary@ormsbyarc.org

Date Submitted: 3/11/2016

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

2. Evaluate your achievement of the measurable outcomes listed in your application:

Four individuals are now receiving only two hours of assistance, specifically in financial and transportation to and from work. They are successfully employed. One receives only employment follow-along. One now receives only medical assistance and one only financial. Five people are routinely taking part in community activities. Services to many have decreased as they become more able to handle living skills and take part in the community.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

Of the 42 benefitting from our program, all but two are Carson City residents. Individual benefits were self-pride, feeling better about being able to handle more of their own affairs. As their image of themselves improves they feel more willing to take part in the community.

4. What specific community benefit did your project provide Carson City?

People who have support and training services are less apt to become a burden to the community and less likely to have problems with the law. None of them became homeless or had problems with the law.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

This is a continuing program. We fund it by donations (financial and in-kind), thrift shop sales, fund-raising projects and sub-contracts with private businesses.

6. Describe any challenges that impacted your program.

Finding qualified staff is a problem. A great deal of training is required of employees. Identifying companies in the private business sector to hire our people and to contract with our Association to perform sub-contracts for them for our training program. Another challenge is new placements from the State waiting list.

Carson City July 1, 2015 - February 29, 2016

	Actual	Carson Grant	OARC
Fuel	834.08	834.08	
Heat	485.36	485.35	
Power	1393.88	1045.41	348.47
Water	854.93	694.23	160.7
Bldg Mnt	7252.13	174.16	7077.97
Sanitation	3329.6	3329.6	
Equip Mnt	260	260	
Total	14409.98	6822.83	7587.14



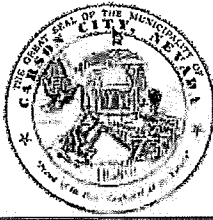
Ormsby Association of Carson City  
Financial Statement  
For July 1, 2015 - February 29, 2016

INCOME

Membership	80.00
Restitution	44.67
Kingsbury Crossing	50.00
Donations	5,285.00
Transportation	4,330.00
Job Development Training	100,461.74
Supported Living Program	52,961.38
Enclaves	9,516.00
Contracts	9,666.88
Thrift Store	20,671.80
TOTAL	203,067.47

EXPENSES

Salaries	94,413.00
FICA	8,423.34
Mileage	1,640.52
SUTA	803.95
Workers Comp	3,157.04
Training Staff - CPR	150.00
Client Salaries	41,184.89
Health Insurance	2,901.41
Insurance - General	5,961.97
Fuel/Oil	834.08
JAC	4,600.00
Heat	615.74
Power	1,395.55
Telephone	3,098.84
Water	854.96
Office Supplies	7,821.12
Building Maintenance	7,426.29
Housekeeping Supplies	320.17
Sanitation	3,379.60
SLA Consultant	6,545.00
Equipment Maintenance	260.00
Debit Card Charges	467.17
Reserve Line Interest	127.06
TOTAL	196,381.70



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

<b>Agency Name:</b> The Salvation Army	
<b>Agency Mailing Address:</b> 661 Colorado Street	
<b>Project Name:</b> Emergency Housing/Lodging Assistance	
<b>Project Address/Location:</b> 661 Colorado Street	
<b>Contact Person:</b> Christie Contreras	
<b>Phone Number:</b> 775-887-9120	<b>Email:</b> christie.contreras@usw.salvationarmy.org
<b>Fax:</b> 775-887-9173	<b>Website (if applicable):</b> <a href="http://carsoncitysalarmy.org/">http://carsoncitysalarmy.org/</a>

### PROJECT FUNDING

<b>Requested amount</b>	\$28,800.00
<b>Other funding</b>	\$4,512.00
<b>Total project cost</b>	\$33,312.00

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

The Emergency Housing/Lodging Assistance program helps keep families with children, seniors, and disabled individuals from becoming homeless by assisting with rent when the client is in danger of being evicted, or with emergency lodging when a family/individual has been displaced and needs short term lodging with a plan in place to gain permanent housing. The number of clients served will vary with an average cost of \$300.00 per family/individual.

### PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input checked="" type="checkbox"/> Senior Services
<input checked="" type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)

We are seeing a growing need for emergency rental assistance and emergency lodging in our community. Seniors and disabled individuals often live on a fixed income, and many families are living pay check to pay check. When any unexpected expense arises, such as vehicle repair or medical/dental expenses, these families/individuals can not afford the expense and their regular budgeted bills so they fall behind in their rent. If they are not able to gain assistance with their rent they usually end up being evicted from their residence. Living on a fixed income or minimal budget these clients can not afford rent and a deposit for a new place and end up homeless. Of those who do end up homeless, many of them can not afford to pay for a weekly hotel for the whole month and are in need of emergency lodging assistance to keep them off of the streets and safe.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. (Max. Score 25 pts)

When a low income family or senior or disabled individual is faced with an eviction because they are behind on their rent they often do not have the means to catch up and retain their residence. Once a family/individual in this situation loses their residence they are often financially incapable of paying both rent and a deposit to move into a new residence and become homeless. The Emergency Housing/Lodging Assistance program will allow us to assist qualified families, seniors, and disabled individuals with emergency rental assistance to prevent them from losing their residence and becoming homeless. Some families/individuals that do not seek assistance or are not granted assistance with their rent prior to being evicted. For the families/individuals in this situation that have a plan in place for long term housing that is feasible with their income/budget, but would not be if they had to pay for short term lodging in a motel, we would provide the emergency lodging for them so they could successfully execute their plan and regain permanent housing. Those without a feasible plan we can help through council and referrals develop a plan that will get them started on a sustainable road to stable permanent housing.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

We give and receive referrals from, and collaborate with Carson City Health and Human Services, FISH, McKinney Vento, Northern Nevada Dream Center, St. Teresa's, Douglas County Health and Human Services, Ron Wood, Etc. If we have an individual/family that does not qualify for our program we will refer them to one of the other agencies. To qualify for our program we collaborate with McKinney Vento, for families with children, to ensure that the children are enrolled in school and receiving the available assistance from the McKinney Vento program. For adults who are capable of working (and are not) to qualify for our program they must enroll in the Workforce program at Health and Human Services.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

We Currently are providing assistance as stated above with the same policies and collaboration. In 2015 we provided over 1200 nights of emergency lodging and rental assistance to 16 families. This was paid for out of private donations. City grant funds will help us increase the amount of Carson City families we can keep from becoming homeless.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Because this program does not have a bulk cost, but instead a client by client cost, we will still be able to proceed with the program if we only receive partial funding, we will just be able to assist less families/individuals.

**PROJECT MEASUREMENT**

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

100% of the clients served with these funds will be Carson City residents.

2. How do you plan to track clients served? (Max Score: 5 points)

We track all of our clients served with the Citrix program, but would also keep a separate accounting and spread sheet of the clients assisted with grant funds.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

The Emergency Housing/Lodging project will prevent many struggling Carson City families, seniors, and disabled individuals from becoming homeless, or help them on their path to regaining permanent housing. The outcome will be measured by less of an increase in homeless families/individuals than we are currently experiencing within our community.

The Salvation Army is committed to meet the immediate needs of the household and to help direct them toward a stable future for the family and children. The program also requires them to register their children (If they have school age children) with the McKinney Vento program at the Carson City School District which assures they are attending school and receiving the proper educational care they need. It also requires the unemployed clients that are of working age and not disabled to register with Workforce (Health and Human Services) and work that program to help them learn how to get a job.

4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What outputs will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	24	Families, seniors, and disabled individuals	from 24-96+ per quarter depending on family
2	24	Families, seniors, and disabled individuals	from 24-96+ per quarter depending on family
3	24	Families, seniors, and disabled individuals	from 24-96+ per quarter depending on family
4	24	Families, seniors, and disabled individuals	from 24-96+ per quarter depending on family

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

N/A

**PROJECT BUDGET**

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

<b>Project Title:</b> Emergency Housing/Lodging Assistance	<b>Requested Amount</b>	<b>Other Funding</b>	<b>In-Kind</b>	<b>Total Funds</b>
<b>Project Expenses FY 2016-17</b>				
Housing/Lodging Costs	\$28,800.00	\$0.00	\$0.00	\$28,800.00
Administration Fees	\$0.00	\$4,512.00	\$0.00	\$4,512.00
<b>TOTALS</b>	<b>\$28,800.00</b>	<b>\$4,512.00</b>	<b>\$0.00</b>	<b>\$33,312.00</b>

<b>AGENCY ASSETS</b>	
<b>Unrestricted cash</b>	\$314,991.00
<b>Restricted cash*</b>	0.00
<b>Total cash on hand</b>	\$314,991.00

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

No

**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Housing/Lodging Costs	\$28,800.00	With an expectation of assisting 8 families per month, 96 families per year, at an average of \$300.00 per family, this would be the total cost. 96 X 300= 28,800
Administration Fees (current budget from private donations)	\$4,512.00	This would cover the cost of staff to do client intake and case management, payment processing and book keeping and all other program and grant related paperwork and record keeping.



**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	Lieutenant Mark Cyr
<b>Title:</b>	Corps Officer
<b>Address</b>	661 Colorado Street, Carson City, NV. 89701
<b>Phone number:</b>	775-887-9120
<b>Email:</b>	mark.cyr@usw.salvationarmy.org

**PROJECT MANAGER**

<b>Name:</b>	Christie Contreras
<b>Title:</b>	Office Coordinator
<b>Address</b>	661 Colorado Street, Carson City, NV. 89701
<b>Phone number:</b>	775-887-9120
<b>Email:</b>	christie.contreras@usw.salvationarmy.org

**FISCAL MANAGER**

<b>Name:</b>	Michelle Anderson
<b>Title:</b>	Family Service Worker
<b>Address</b>	661 Colorado Street, Carson City, NV. 89701
<b>Phone number:</b>	775-887-9120
<b>Email:</b>	michelle.anderson@usw.salvationarmy.org

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Christie Contreras
<b>Title:</b>	Office Coordinator
<b>Address</b>	661 Colorado Street, Carson City, NV. 89701
<b>Phone number:</b>	775-887-9120
<b>Email:</b>	christie.contreras@usw.salvationarmy.org

**AGENCY INFORMATION**

Date of incorporation	October 19, 1914
Date of IRS certification	6-22-11
Tax exempt number	94-1156347
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	074629460

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

**INDEX OF ATTACHMENTS**


Attachment Number	Attachment Description	Attachment Included
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	✓
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	<b>Current Organization Chart with names of staff members</b>	✓
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	The Directors do not have a set term of office. They remain as a Director as long as they remain in their current position. ✓
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	✓
6	<b>Profit and Loss Statement and Balance Sheet</b>	✓
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	N/A


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.

Signature of Authorized Official	03/01/2016 Date
Guy Hawk - Del Oro Divisional Secretary Typed Name and Title of Authorized Official	916-563-3700 Phone Number

Signature of President of Board of Directors	03/01/2016 Date
Ivan Wild - Del Oro Divisional Commander Typed Name of President of Board of Directors	916-563-3700 Phone Number

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.

 Signature of Authorized Official	Date 3/1/16
GUY HAWK - DEL ORO DIVISIONAL SECRETARY Typed Name and Title of Authorized Official	916.563-3700 Phone Number

 Signature of President of Board of Directors	Date 3/1/16
IYAN WILD Typed Name of President of Board of Directors	916.563-3700 Phone Number

**THE SALVATION ARMY  
A CALIFORNIA CORPORATION  
LONG BEACH, CALIFORNIA**

**RESOLUTION  
DELEGATING AUTHORITY  
TO EXECUTE CONTRACTS ON BEHALF OF  
THE SALVATION ARMY**

At a meeting of the Board of Directors of The Salvation Army, a religious corporation organized and existing under and by the virtue of the laws of the State of California, the following resolution was adopted:

**WHEREAS:** The Salvation Army is a nonprofit corporation; and

**WHEREAS:** The Salvation Army is the principal legal instrumentality of the Western Territory, organized for the purpose of holding title to properties, entering into contracts, and otherwise acting as the Territory's legal agency; and

**WHEREAS:** Pursuant to the Territory's Bylaws, Section 2.04, F., and to further expedite the business affairs of the Territory, the Board of Directors may delegate authority to any officer or agent of the Territory to execute documents with legal effect on behalf of the Territory; and

**WHEREAS:** The Board of Directors seeks to optimize paperwork-processing timelines, reduce costs associated with transmission of paperwork between Territorial Headquarters and Command Heads, and improve the overall efficiency of The Salvation Army's business processes, while still maintaining appropriate safeguards limiting authority to bind the corporation by keeping it consolidated within select offices and subjecting it to previously established approval procedures;

**NOW, THEREFORE, BE IT RESOLVED:** The Board of Directors authorizes the individuals holding the following command-head leadership positions ("Authorized Signatories") to execute documents on behalf of The Salvation Army, subject to the restrictions stated in this resolution:

- Del Oro Division: Divisional Commander and Divisional Secretary.

Said Authorized Signatories may sign all contracts-, finance-, property-, and business-related documents on behalf of the Western Territory to the same extent permitted of members of the Board of Directors and corporate officers under (a) the articles of incorporation and the corporate bylaws of The Salvation Army, (b) the current Board-approved minutes (formerly referred to as the *policies and procedures*) of The Salvation Army, and (c) any currently effective resolutions delegating additional authority to Board members and corporate officers; provided, however, that (i) the decision-making entity or body with authority to approve signature of a document to be executed under this resolution has done so in writing and in compliance with the current *Minutes* manual (formerly referred to as the *Policies and Procedures* manual) or currently effective resolutions, (ii) the counter-party to any transaction or the entity requesting signature by The Salvation Army does not require a member of the Board of Directors or other corporate officer to execute the associated documents, and (iii) under any applicable laws, regulations, or other government requirements, the documents to be signed do not in any way require signature by a Board member or corporate officer, or prohibit signature by individuals who are not Board members or corporate officers. As an example of point (i) in the prior sentence, if the current Board-approved minutes require that the Board of Directors approve a contract following Legal Department review and

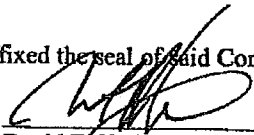
Command Finance Council recommendation, then each of those steps must occur before an Authorized Signatory may execute the associated documents.

This resolution does not diminish currently effective signature authority previously granted, and it does not grant authority to execute documents in any way not permitted under the laws of any state where the Western Territory operates.

**CERTIFICATION**

I, David E. Hudson, Vice President of The Salvation Army, do hereby certify that the above and foregoing is a true and correct copy of a resolution passed by the Board of Directors of The Salvation Army at a meeting of said Board of Directors at which a quorum was present, duly called and held on the 26th day of February, 2015.

IN WITNESS WHEREOF: I have hereunto set my hand and affixed the seal of said Corporation on this 27 day of FEBRUARY 2015.

  
\_\_\_\_\_  
David E. Hudson, Vice President



TAX EXEMPT AND  
GOVERNMENT ENTITIES  
DIVISION

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
WASHINGTON, D.C. 20224

Date: JUN 22 2011

The Salvation Army  
180 East Ocean Boulevard, 9<sup>th</sup> Floor  
Long Beach, CA 90802

Employer Identification Number:  
94-1156347  
Person to Contact and ID Number:  
Stephen B. Farson, Esq.  
ID# 0221498  
Toll Free Contact Number:  
(877) 829-5500  
Accounting Period Ending:  
September 30  
Public Charity Status:  
509(a)(1) & 170(b)(1)(A)(i)  
Form 990/990-EZ/990-N Required:  
No  
Effective Date of Exemption:  
October 19, 1914  
Contribution Deductibility:  
Yes

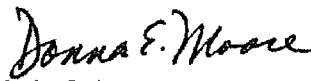
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. **Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.**

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed *Compliance Guide for 501(c)(3) Public Charities* for some helpful information about your responsibilities as an exempt organization.

Sincerely,

  
for Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Pub. 4221-PC, *Compliance Guide for 501(c)(3) Public Charities*

# THE SALVATION ARMY

## Business Entity Information

Status:	Active	File Date:	12/17/1947
Type:	Foreign Non-Profit Corporation	Entity Number:	C640-1947
Qualifying State:	CA	List of Officers Due:	12/31/2016
Managed By:		Expiration Date:	
NV Business ID:	NV19471000218	Business License Exp:	Exempt - 002

## Registered Agent Information

Name:	NATIONAL CORPORATE RESEARCH, LTD.	Address 1:	202 SOUTH MINNESOTA STREET
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

## Financial Information

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

## Officers

Include Inactive Officers

### Treasurer - VICTOR R DOUGHTY

Address 1:	180 E OCEAN BLVD	Address 2:	
City:	LONG BEACH	State:	CA
Zip Code:	90802	Country:	
Status:	Active	Email:	

### Secretary - TERRY O HUGHES

Address 1:	180 E OCEAN BLVD	Address 2:	
City:	LONG BEACH	State:	CA
Zip Code:	90802	Country:	
Status:	Active	Email:	

### President - JAMES M KNAGGS

Address 1:	180 E OCEAN BLVD	Address 2:	
City:	LONG BEACH	State:	CA



Zip Code:	90802	Country:	
Status:	Active	Email:	
<b>Director - DOUGLAS RILEY</b>			
Address 1:	180 E OCEAN BLVD	Address 2:	
City:	LONG BEACH	State:	CA
Zip Code:	90802	Country:	
Status:	Active	Email:	

<b>Actions\Amendments</b>			
<b>Action Type:</b>	Foreign Qualification		
<b>Document Number:</b>	C640-1947-001	<b># of Pages:</b>	7
<b>File Date:</b>	12/17/1947	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-003	<b># of Pages:</b>	1
<b>File Date:</b>	1/25/1954	<b>Effective Date:</b>	
<b>AMENDING ARTICLES</b>			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-004	<b># of Pages:</b>	1
<b>File Date:</b>	12/27/1963	<b>Effective Date:</b>	
<b>CERT. OF APPOINTMENT OF AGENT BY FOREIGN CORPORATION: CT</b>			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-005	<b># of Pages:</b>	1
<b>File Date:</b>	5/22/1967	<b>Effective Date:</b>	
<b>FINANCIAL STATEMENT</b>			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-006	<b># of Pages:</b>	1
<b>File Date:</b>	3/14/1968	<b>Effective Date:</b>	
<b>FINANCIAL STATEMENT</b>			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-007	<b># of Pages:</b>	1
<b>File Date:</b>	10/27/1976	<b>Effective Date:</b>	
<b>AMENDING ARTICLE III</b>			
<b>Action Type:</b>	Amendment		
<b>Document Number:</b>	C640-1947-008	<b># of Pages:</b>	1
<b>File Date:</b>	2/11/1983	<b>Effective Date:</b>	
<b>FINANCIAL STATEMENT FILED PURSUANT OF NRS 86.190</b>			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	C640-1947-017	<b># of Pages:</b>	2

File Date:	2/6/1998	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C640-1947-018	# of Pages:	2
File Date:	12/5/1998	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	C640-1947-009	# of Pages:	299
File Date:	10/29/1999	Effective Date:	
CORPORATION TRUST COMPANY OF NEVAD KFA			
ONE EAST FIRST STREET RENO NV 89501 KFA			
Action Type:	Annual List		
Document Number:	C640-1947-013	# of Pages:	2
File Date:	12/13/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C640-1947-016	# of Pages:	1
File Date:	11/30/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C640-1947-015	# of Pages:	2
File Date:	1/8/2001	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C640-1947-012	# of Pages:	2
File Date:	12/31/2001	Effective Date:	
(No notes for this action)			
Action Type:	Amendment		
Document Number:	C640-1947-010	# of Pages:	4
File Date:	5/30/2002	Effective Date:	
CERTIFIED COPY OF CERTIFICATE OF AMENDMENT FILED AMENDING ARTICLE SECOND.			
(4) PGS. DEG			
Action Type:	Annual List		
Document Number:	C640-1947-011	# of Pages:	2
File Date:	12/13/2002	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C640-1947-014	# of Pages:	2
File Date:	12/30/2003	Effective Date:	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	C640-1947-002	<b># of Pages:</b>	2
<b>File Date:</b>	11/9/2004	<b>Effective Date:</b>	

List of Officers for 2004 to 2005

<b>Action Type:</b>	Registered Agent Change		
<b>Document Number:</b>	20050036437-40	<b># of Pages:</b>	1
<b>File Date:</b>	2/7/2005	<b>Effective Date:</b>	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20050550822-19	<b># of Pages:</b>	2
<b>File Date:</b>	11/14/2005	<b>Effective Date:</b>	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20060766144-96	<b># of Pages:</b>	2
<b>File Date:</b>	11/29/2006	<b>Effective Date:</b>	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20070771310-48	<b># of Pages:</b>	2
<b>File Date:</b>	11/8/2007	<b>Effective Date:</b>	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20080737630-16	<b># of Pages:</b>	2
<b>File Date:</b>	11/7/2008	<b>Effective Date:</b>	

08-09

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20090860164-96	<b># of Pages:</b>	1
<b>File Date:</b>	12/15/2009	<b>Effective Date:</b>	

(No notes for this action)

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20100980001-01	<b># of Pages:</b>	2
<b>File Date:</b>	12/30/2010	<b>Effective Date:</b>	

ALO2010-2011 EXEMPT 002

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20120056498-47	<b># of Pages:</b>	2
<b>File Date:</b>	1/26/2012	<b>Effective Date:</b>	

11-12

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20120855951-88	<b># of Pages:</b>	1

<b>File Date:</b>	12/20/2012	<b>Effective Date:</b>	
<b>(No notes for this action)</b>			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20130837571-27	<b># of Pages:</b>	1
<b>File Date:</b>	12/23/2013	<b>Effective Date:</b>	
<b>2013/2014</b>			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20140814252-09	<b># of Pages:</b>	1
<b>File Date:</b>	12/18/2014	<b>Effective Date:</b>	
<b>(No notes for this action)</b>			
<b>Action Type:</b>	Charitable-Solicitation Registration Exemption		
<b>Document Number:</b>	20140814253-10	<b># of Pages:</b>	1
<b>File Date:</b>	12/18/2014	<b>Effective Date:</b>	
<b>(No notes for this action)</b>			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20150546190-83	<b># of Pages:</b>	1
<b>File Date:</b>	12/15/2015	<b>Effective Date:</b>	
<b>15-16</b>			
<b>Action Type:</b>	Charitable-Solicitation Registration Exemption		
<b>Document Number:</b>	20150546192-05	<b># of Pages:</b>	1
<b>File Date:</b>	12/15/2015	<b>Effective Date:</b>	
<b>CHARI_x</b>			

# The Salvation Army Serving Carson City & Douglas County



Christmas Kettle Workers

Day Camp Morning Latchkey Staff



Steven Hughes  
Youth Assistant



David Cyr  
Custodian



Christie Contraceo  
Office Coordinator



Jennifer Carbone  
Program Assistant  
Kettle Coordinator



Lieutenant Mark  
Cyr



Ashleigh Crump  
Family Service Assistant



Michelle Anderson  
Family Service/Volunteer  
Coordinator



Over 3000 hours in volunteer work each year.



## Mission Statement

The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

## Advisory Board

Gary Armstrong, Diane Heet, Karen Beckerbauer, Mary Jane Ostrander, Valerie Dockery, Vi Bibbe, Meris Nobecker, Cindy Christian, Laurie Andersen, Stella Blood, Tom Britanik, Gary Derks

661 Colorado Street  
Carson City, NV 89701

Lieutenant Leslie  
Cyr

**THE SALVATION ARMY**  
(a California corporation)

**BOARD OF DIRECTORS**

**DAVID JEFFREY**  
**CHAIRMAN OF THE BOARD**  
**615 SLATERS LANE**  
**ALEXANDRIA, VA 22313**

**JAMES M. KNAGGS**  
**180 E OCEAN BLVD**  
**LONG BEACH, CA 90802**

**DOUG RILEY**  
**180 E OCEAN BLVD**  
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**EDWARD HILL**  
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**CAROLYN R. KNAGGS**  
**180 E OCEAN BLVD**  
**LONG BEACH, CA 90802**

The Salvation Army

Del Oro Division  
3755 N. Freeway Blvd.  
Sacramento, CA 95834

Form 990  
Return of Organization Exempt from Tax Form

**DISCLAIMER**

The Salvation Army is not required to file Form 990 with the IRS. Therefore, this form is submitted under protest, and does not constitute a waiver of The Salvation Army's status as a "church or a convention or association of churches" for Federal tax purposes, including for purposes of the exemption from filing Form 990 with the IRS, or its status as a 'church' for other legal purposes.

Since the *pro forma* Form 990 return is submitted for the purpose described above by a local unit of The Salvation Army, it is an abbreviated version designed to provide relevant information about the local unit's operations and use of resources. Depending on the context, certain parts of the core form may contain information relating to the local unit, the Salvation Army USA Western Territory of which it is a part, or in some cases, a combination of both.



# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning FY BEG10/01/2013 -2014, and ending 9/30/2014 -28

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization THE SALVATION ARMY, WESTERN TERRITORY, USA  
 Doing business as THE SALVATION ARMY, DEL ORO DIVISION  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 3755 N. Freeway Blvd.  
 City or town, state or province, country, and ZIP or foreign postal code  
 SACRAMENTO, CA 95834

**D** Employer identification number  
941156347

**E** Telephone number  
916-563-3700

**F** Name and address of principal officer:

**G** Gross receipts \$ 52.4 million

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1914 **M** State of legal domicile: CA

**H(c)** Group exemption number ▶

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: The Salvation Army, founded in 1865, is a not for profit international religious organization and charitable movement organized and operated on a quasi military pattern and is a branch of the Christian Church.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	7
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,500
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	50,000
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year 36,144,456	Current Year 36,707,295
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,704,849	1,961,606
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,715,435	6,651,256
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,442,578	7,117,652
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,007,318	52,437,809
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,266,775	16,242,010
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,868,648	21,255,029
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	180,216	153,261
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,401,813	15,823,755
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	50,717,452	53,474,055	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,289,866	(1,036,246)	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year 8,588,131	End of Year 7,440,370
	<b>21</b>	Total liabilities (Part X, line 26)	2,301,515	2,190,000
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	6,286,616	5,250,370

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *AL Agpoon* Date: 6/4/2015

Type or print name and title: AL AGPOON, CONTROLLER

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.:

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
The Salvation Army, an international movement, is an evangelical part of the universal Christian church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 10,801,058 including grants of \$ ) (Revenue \$ )  
Shelter services for homeless families/ individuals; transitional housing, treatment services for addictions.

4b (Code: ) (Expenses \$ 12,705,950 including grants of \$ ) (Revenue \$ )  
Community centers- youth character building programs, sports activities, camping, educational and recreational activities.

4c (Code: ) (Expenses \$ 20,324,372 including grants of \$ ) (Revenue \$ )  
Financial assistance to families/ individuals including rent, temporary housing, food, clothing, utilities, and miscellaneous services. Childcare provider for low-income families.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 43,831,380

**The Salvation Army Western Territory Del Oro Division**  
**Carson City Corps**  
**Statement of Activities**  
**December 31, 2015**

CURRENT MONTH					YEAR TO DATE				
Actual Last Year 2015	Actual This Year 2016	Budget This Year 2016	Fav/(Unfav) Budget Variance		Actual Last Year 2015	Actual This Year 2016	Budget This Year 2016	Fav/(Unfav) Budget Variance	
306,956.11	184,543.25	314,222.00	(129,678.75)	INCOME:	381,055.62	272,058.10	380,135.54	(118,077.44)	4100 Contributions
495.45	678.75	495.45	183.30		1,271.25	2,564.28	1,271.25	1,293.03	4003/4 Meeting Collections
-	-	-	-		10.00	30.00	10.00	20.00	4X05 World Service Contributions
-	1,435.00	-	1,435.00		8,114.00	2,897.75	8,114.00	(5,716.25)	4121/4200 Special Fund Raising Events
99,208.15	155,066.31	99,208.15	55,858.16		137,897.21	297,849.20	137,897.21	159,951.99	405X Gifts-In-Kind
739.30	1,029.48	739.30	290.18		2,217.90	2,492.28	2,217.90	274.38	4600 Associated Organizations
504.48	500.82	504.48	(3.66)		1,513.44	1,556.57	1,513.44	43.13	4692 Distributions From THQ Endowments
-	-	-	-		-	13,864.00	-	13,864.00	4693 THQ Capital Trust Distributions
-	-	-	-		1,000.00	-	3,000.00	(3,000.00)	5000 Fees & Grants - Government Agencies
1,118.60	3,199.69	3,133.60	66.09		2,739.85	6,369.02	8,869.85	(2,500.83)	6200 Program Service Fees
409,022.09	346,453.30	418,302.98	(71,849.68)	TOTAL INCOME	535,819.27	599,181.20	553,029.19	46,152.01	
47,444.91	52,943.66	52,099.76	(843.90)	EXPENSE	74,044.72	88,022.95	96,829.95	8,807.00	7000 Salaries & Allowances
6,669.15	10,479.00	10,253.08	(219.97)		16,294.35	24,070.95	27,116.13	3,045.18	7100 Officer & Employee Benefits
5,934.18	6,899.54	6,517.00	(182.54)		9,190.74	11,025.44	12,056.20	1,030.76	7200 Employment Taxes
1,595.36	1,438.03	1,552.90	114.87		3,454.65	7,761.24	3,293.50	(4,467.74)	8000 Professional Fees
2,551.05	11,966.26	2,551.05	(9,415.21)		10,568.79	31,019.88	10,113.98	(20,905.40)	8100 Supplies
605.78	596.23	605.78	9.55		1,819.97	2,263.12	1,819.97	(443.15)	8200 Telephone
158.42	1,242.01	158.42	(1,083.59)		803.41	1,769.21	803.41	(965.80)	8300 Postage & Shipping
4,523.78	4,739.75	4,010.01	(729.74)		9,680.53	12,970.10	9,275.16	(3,594.94)	8400 Occupancy
201.63	1,019.21	201.63	(817.58)		529.58	6,668.49	529.58	(6,138.91)	8500 Equipment/Furnishings
4,231.81	9,272.44	4,231.81	(5,040.63)		17,174.38	17,652.02	17,174.38	(477.64)	8600 Printed Materials
4,202.77	4,132.16	5,118.16	986.00		9,137.65	10,887.72	12,300.93	1,413.21	8700 Transportation/Meals
344.10	20.00	344.10	324.10		4,404.73	550.20	3,399.70	2,849.50	8800 Conf/Councils/Special Meetings
22,138.92	2,098.05	22,422.92	20,324.87		22,821.41	7,676.99	25,105.41	17,428.42	8900 Specific Assistance To Individuals
97,194.00	155,066.31	97,444.00	(57,622.31)		137,897.21	297,849.20	138,352.21	(159,496.99)	89x9 GIK Specific Assistance To Individuals
-	25.00	-	(25.00)		164.00	446.33	164.00	(282.33)	9000 Membership Dues
(1,090.00)	320.17	(1,090.00)	(1,410.17)		(74.21)	563.95	3,625.79	3,061.84	9100 Awards & Grants
964.11	1,476.72	1,016.46	(460.26)		1,752.59	2,571.89	2,086.09	(485.90)	9400 Miscellaneous Expense
-	166.67	-	(166.67)		-	500.01	-	(500.01)	9500 Depreciation
275.83	286.86	287.50	0.64		827.49	860.58	862.50	1.92	9605 World Service Expense
30,910.01	19,543.81	30,910.01	11,366.20		39,472.17	28,398.11	39,472.17	11,074.06	9697 Indirect/Agency Support Service
228,855.81	283,525.88	238,634.54	(44,891.34)	Expenses Before Admin Allocation	359,964.16	553,427.98	404,381.06	(149,046.92)	
228,855.81	283,525.88	238,634.54	(44,891.34)	TOTAL EXPENSE	359,964.16	553,427.98	404,381.06	(149,046.92)	
180,166.28	62,927.42	179,668.44	(116,741.02)	Current Surplus / (Deficit)	175,855.11	45,753.22	148,648.13	(102,894.91)	
-	-	-	-	Prior Year Surplus/Deficit	110,035.27	153,793.82	-	(153,793.82)	
180,166.28	62,927.42	179,668.44	(116,741.02)	Accumulated Surplus / Deficit	285,890.38	199,547.04	148,648.13	(256,688.73)	
(2,014.15)	-	(1,764.15)	(1,764.15)	Net GIK (Should be zero)	-	-	455.00	455.00	

The Salvation Army Western Territory Del Oro Division  
**Balance Sheet Carson City Corps**

	Fiscal Year 2016		
	October 2015	November 2015	December 2015
<b>ASSETS</b>			
Cash	227,260	271,874	314,991
Equipment, Net of Depreciation	9,667	9,500	9,333
<b>TOTAL ASSETS</b>	<b>236,927</b>	<b>281,374</b>	<b>324,325</b>
<b>LIABILITIES</b>			
Accounts Payable Non SA	106,214	144,094	121,125
Other Current Liabilities	661	661	3,653
<b>Total Liabilities</b>	<b>106,875</b>	<b>144,754</b>	<b>124,778</b>
<b>NET ASSETS</b>			
Prior Year Surplus/Deficit	153,960	153,960	153,960
Current Operating Surplus/Deficit	(23,742)	(17,174)	45,753
<b>Total Operating</b>	<b>130,218</b>	<b>136,786</b>	<b>199,714</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>237,093</b>	<b>281,541</b>	<b>324,491</b>
<b>CURRENT RATIO</b>			
Current Assets	227,260	271,874	314,991
Current Liabilities	106,875	144,754	124,778
<b>WORKING CAPITAL</b>	<b>2.13</b>	<b>1.88</b>	<b>2.52</b>





## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: Nevada Rural Counties RSVP Program, Inc.	
Agency Mailing Address: PO Box 1708, Carson City NV 89702	
Project Name: Senior Independent Living Programs	
Project Address/Location: 2621 Northgate Lane, Suite 6, Carson City NV 89706	
Contact Person: Susan C. Haas, Executive Director & C.E.O.	
Phone Number: (775) 687-4680 x 2	Email: shaas@nvrsvp.com
Fax: (775) 687-4494	Website (if applicable): www.nevadaruralrsvp.org

### PROJECT FUNDING

Requested amount	\$ 43,020
Other funding	287,126
<b>Total project cost</b>	<b>330,146</b>

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**. RSVP Volunteers provide services which enable Carson City's frail, homebound and low income seniors to remain independent in their own homes, thus avoiding costly and unnecessary institutionalization. RSVP projects that 2,300 seniors will be served. RSVP also serves Carson City through a variety of non-profit organizations, public agencies, and health care facilities needing the support from volunteers to carry out their missions.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input checked="" type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify):

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

A serious community need that must be addressed is that an increasing number of seniors are struggling to remain in their own homes and need assistance. RSVP provides access to basic goods and services (i.e., transportation, companionship, respite, reduction of isolation, socialization and the emotional reassurance so necessary for the homebound and frail elderly) so that seniors can remain independent and out of costly and unnecessary institutionalized care.

Twenty-four percent (13,385) of the total population in Carson City are seniors age 60 and older; 2,385 are disabled (U.S. Census American Community Survey data, February 2015). Additionally, 2,315 Carson City veterans are over the age of 60. People are living longer but not necessarily healthier lives and the need for supportive services grows each year.

The isolated homebound elderly are more vulnerable to depression and self-neglect. Nevada's Office of Suicide Prevention reports that Nevada seniors over 60 have the highest suicide rate in the nation and almost 24% of Nevada suicide deaths are Nevada Veterans.

Additionally, the physical and emotional stress that 24/7 caregivers endure results in higher rates of depression, chronic illness and even death. Elderly spousal caregivers with a history of chronic illness themselves who are experiencing caregiving related stress have a 63% higher mortality rate than their non-caregiving peers. (Caregiving as a Risk Factor for Mortality, Schulz and Beach, Dec. 15, 1999).

The cost to institutionalize one indigent person per year is approximately \$78,263 (AARP Long-Term Care Calculator, 2015).

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

RSVP volunteers provide services that are urgently needed and assist seniors to live independently at home where they are healthiest, happiest, and where they remain contributing members of society. RSVP provides a care-partnership where the care recipient is at the center of the relationship. Family members, volunteers, and medical professionals all work to support the care recipient with their quest to remain at home with dignity. The services provided by RSVP delivers a viable alternative to institutionalized care and keeps seniors in their own homes for as long as possible. The RSVP independent living programs that will help 2,300 Carson City seniors to live independently at home are: 1) Home Companion Program provides essential daily services such as talking to and spending time with seniors; 2) Lifeline emergency response system; 3) Homemakers housekeeping services; 4) Respite provides 24/7 caregivers regular breaks to enable them to continue the care of their loved ones; 5) Transportation provides critical care trips for seniors to medical appointments, grocery shopping, and socialization events; 6) CARE Law provides pro bono legal services to seniors; 7) Veterans "Volunteers in Partnership" provides veterans with RSVP programs and works with Nevada Office of Suicide Prevention for suicide awareness; 8) Resistance Exercise Program keeps seniors active by providing light weights training; and 9) Senior Farmer's Market Nutrition Program provides free coupons for fresh fruits and vegetables to low-income seniors. All of RSVP's independent living programs are free with the exception of the monitoring fee from Lifeline; however, individuals who are below the poverty level may qualify for free Lifeline services.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

RSVP's collaborative efforts have been very successful as we strive to create community partnerships and work with individuals to deliver person-centered care that promotes independent living and helps seniors to remain in their own homes with dignity. RSVP works closely with ADSD, Fund for a Healthy Nevada, Carson City Senior Center, Carson City Health and Human Services, Senior Service Network, FISH, and other service organizations. RSVP also makes referrals to social services agencies such as Elder Protective Services. RSVP has a MOU with UNR Sanford Center for Aging and the Alzheimer's Association. RSVP also has MOUs with 23 Carson City organizations and agencies that need support from volunteers including Carson City Friends of the Library, Carson City Fire Department, Carson-Tahoe Regional Medical Center, Carson City Literacy for Adults and Children, and CASA of Carson City. These collaborations and partnerships are key to providing training for volunteers, serving our clients, and effectively serving our community.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

RSVP needs the ongoing support of CSSG funding in order to maintain services for seniors in Carson City. In addition to support from CSSG we aggressively seek out new funding sources and diligently work to find new revenue to sustain and expand RSVP's independent living programs. We have increased our outreach to include NDOT, ADSD, DHHS, mines, private foundations, corporations and local businesses. We continue to work and build on our annual fundraising special events and fairs in Carson City.

RSVP strives to inform our state legislators and the Nevada Congressional delegation about the benefits of community based and volunteer independent living programs. Keeping seniors independent and in their own homes is not only the right thing to do, it is the most fiscally sound alternative to institutionalized care.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

No. The need for senior services continues to grow; however, RSVP's funding remains flat and in some cases has been reduced. RSVP's Federal funds were reduced by 20%. Several of our supporters have stopped funding RSVP because they have changed priorities. When compared to the cost of institutionalized care, RSVP's request of \$43,020 would pay for about six months of the cost of institutionalization for one indigent senior. With these funds, RSVP is able to provide a significant return on investment. For every \$1 of CSSG funding that RSVP receives - Carson City receives \$10 worth of services. RSVP's services are a great value to the community.

RSVP volunteers are able to provide these lifesaving services at no charge to the seniors; however, volunteers are not free. They are an extremely valuable resource to Carson City.



## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

100% of CCSG funds will be used in Carson City.

2. How do you plan to track clients served? **(Max Score: 5 points)**

Clients are tracked utilizing a) client intake and registration forms, b) client service plans, c) monthly volunteer time reports, and d) annual surveys.

For each new client, an initial intake is conducted and a service plan is developed and maintained in the client's file at RSVP. During the initial intake, clients and families are assessed using a RSVP Intake Evaluation Survey. Clients are re-assessed annually to update the service plan and conduct a satisfaction survey. Monthly time and activity reports are stored in RSVP's in-house databases. Data is used for project reporting and future project improvement and enhancement.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

Two thousand three-hundred (2,300) Carson City seniors will receive 16,000 hours of volunteer assistance through RSVP independent living programs. RSVP independent living programs will enable seniors to remain independent and in their own homes; thus avoiding costly and unnecessary institutionalized care.

Twenty-five (25) Carson City non-profit organizations, public agencies, and health care facilities will receive 17,000 hours of support from RSVP volunteers. RSVP volunteers will use their lifetime of skills and talents to provide support to community agencies and address community needs through service. RSVP volunteers will provide needed assistance to Carson City agencies to achieve their goals.

Volunteer monthly time reports will track the date, number of hours provided, and name of clients and Carson City organizations served.

Data from monthly time reports will be stored in our in-house and state databases and data will be used for project reporting and future project improvement and enhancement.

4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	1) RSVP volunteers will provide 4,000 hours of companionship, pro-bono legal, respite care, homemaker, escorted transportation, veterans' referrals/services, resistance exercise training, personal emergency response system, & free farmers market coupons (independent living programs)	1) Seniors, veterans, 24/7 caregivers and the ones being cared for at home (clients) who live in Carson City	575 clients
	2) Volunteers will provide 4,250 hours of volunteer support	2) Non-profits, public agencies, and health care facilities who have an MOU with RSVP (community workstations)	25 workstations
2	1) Volunteers will provide 4,000 hours of independent living programs services	1) RSVP clients who live in Carson City	575 clients
	2) Volunteers will provide 4,250 hours of volunteer support	2) Community workstations	25 workstations
3	1) Volunteers will provide 4,000 hours of independent living programs services	1) RSVP clients who live in Carson City	575 clients
	2) Volunteers will provide 4,250 hours of volunteer support	2) Community workstations	25 workstations
4	1) Volunteers will provide 4,000 hours of independent living programs services	1) RSVP clients who live in Carson City	575 clients
	2) Volunteers will provide 4,250 hours of volunteer support	2) Community workstations	25 workstations

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

RSVP programs provide services and the emotional reassurance so necessary for the homebound elderly who are struggling to remain in their own homes with dignity.

*You treat me like family. You are all so courteous and helpful. Just to know you are there for me helps. I couldn't stay in my home without your help. –Julia B., Home Companion client*

In 2015, RSVP's amazing volunteers provided 15,000 hours of independent living services to more than 2,000 Carson City clients. RSVP volunteers also provided 16,000 hours of volunteer support for 23 Carson City volunteer stations.

We met our 2015 goals; however, two challenges we face involve: volunteer recruitment and retention and flat, reduced, or eliminated funding for senior services. We plan to increase our volunteer recruitment and retention efforts through added community outreach and awareness efforts. RSVP will work to find additional revenue to sustain and expand our services so that we may continue to provide vital supportive services for our clients which are essential to ensure their independence.



### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Staff	\$10,140	\$150,198		\$160,338
Fringe	776	45,135		45,911
Office Supplies	4,200	6,465		10,665
Contractual IT	2,000			2,000
Postage	2,400	3,792		6,192
Brochures and Promotional items for outreach	475 360	4,077 2,326		4,552 2,686
Advertisement: <i>Carson Now and Nevada Appeal</i>	5,540	1,000		6,540
Other:				
Respite Volunteer Stipends	14,700	57,960		72,660
Respite Volunteer Mileage	2,184	14,935		17,119
Background Checks	245	1,238		1,483
28,150 hours – Carson City			563,000	
<b>TOTALS</b>	<b>\$43,020</b>	<b>\$287,126</b>	<b>\$563,000</b>	<b>\$ 330,146</b>

#### AGENCY ASSETS

Unrestricted cash	\$47,286
Restricted cash*	
<b>Total cash on hand</b>	<b>\$47,286</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe. Office of Business Dev. awarded \$6,500 for 3 CC fairs, \$13,466 in private donations from CC residents for Respite, Transportation, CARE Law, Homemaker, & Lifeline Programs; and \$1,516 in donations which are not restricted to any specific program. Carson City owned offices at 2621 Northgate Lane, #6 at \$1/yr.; 3,840 sq. ft. (valued @ \$0.90/sf) per our lease agreement: \$41,472 annually (utilities not included).

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Staff: Program Assistant, Carson City	\$10,140	13 hrs. /wk. – 52 wks. @ \$15/hr. = \$10,140
Payroll taxes	776	.0765 x \$10,140
Office Supplies: Ink cartridges, paper, letterhead, envelopes, etc.	4,200	\$350/mo. x 12 mos. = \$4,200 <i>Based on prior year usage</i>
Contractual Information Technology (IT) Support	2,000	Contract for 1 year = \$2,000
Postage	2,400	40% (Carson City) of \$500/mo. = \$200/mo. x 12 mos. = \$2,400 <i>Based on prior year usage</i>
Brochures (Printing)	475	\$1,187 for 5,000 brochures @ 40% = \$475* <i>(*based on prior year usage)</i>
Promotional items for community outreach in Carson City (CC)	360	\$40% (CC) of \$900 = \$360
<u>Ads to recruit clients and volunteers:</u>		
Carson Now (daily online newsletter)	600	Carson Now \$50 mo. x 12 mos. = \$600
Nevada Appeal Newspaper	4,940	NV Appeal 3"x4" Ad \$190 x 26 wks. = \$4,940
Other: 7 Respite Volunteer stipends	14,700	\$175/mo. x 12 mos. = \$2,100 x 7 vols. = \$14,700
Other: 7 Respite Volunteer Mileage @ \$0.30/mi.	2,184	\$312/yr. x 7 vols. = \$2,184 <i>Based on prior year Carson City volunteers average</i>
Other: 7 Respite Volunteers required background checks	245	\$35/background x 7 vols. = \$245
<b>Total:</b>		<b><u>\$43,020</u></b>

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Susan C. Haas
<b>Title:</b>	Executive Director & C.E.O.
<b>Address:</b>	2621 Northgate Lane, Suite 6, Carson City, NV 89706
<b>Phone number:</b>	(775) 687-4680 x 2
<b>Email:</b>	shaas@nvrsvp.com

**PROJECT MANAGER**

<b>Name:</b>	Susan C. Haas
<b>Title:</b>	Executive Director & C.E.O.
<b>Address:</b>	2621 Northgate Lane, Suite 6, Carson City, NV 89706
<b>Phone number:</b>	(775) 687-4680 x 2
<b>Email:</b>	shaas@nvrsvp.com

**FISCAL MANAGER**

<b>Name:</b>	Donna Dorris
<b>Title:</b>	Controller
<b>Address:</b>	2621 Northgate Lane, Suite 6, Carson City, NV 89706
<b>Phone number:</b>	(775) 687-4680 x 5
<b>Email:</b>	ddorris@nvrsvp.com

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Susan C. Haas
<b>Title:</b>	Executive Director & C.E.O.
<b>Address:</b>	2621 Northgate Lane, Suite 6, Carson City, NV 89706
<b>Phone number:</b>	(775) 687-4680 x 2
<b>Email:</b>	shaas@nvrsvp.com

**AGENCY INFORMATION**

Date of incorporation	July 16, 1992
Date of IRS certification	June 18, 1992
Tax exempt number	94-3164032
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	06-786-7080

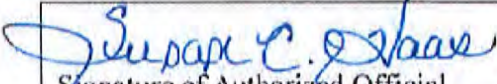
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

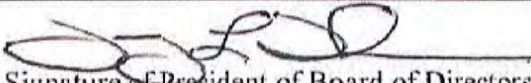
**INDEX OF ATTACHMENTS**

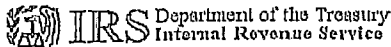
Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	✓
2	Proof of incorporation from Secretary of State (Certificate Only) Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. OR Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	Current Organization Chart with names of staff members	✓
4	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 CSSG funds.]	✓
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	✓
6	Profit and Loss Statement and Balance Sheet	✓
7	Brochure: RSVP Direct Service Programs	✓
8	Brochure: RSVP Respite Care Program	✓
9	Brochure: RSVP Veterans' VIP – <i>Volunteers in Partnership</i>	✓



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.

 Signature of Authorized Official	3/4/16 Date
Susan C. Haas, Executive Director & C.E.O. Typed Name and Title of Authorized Official	(775) 687-4680 x 2 Phone Number

 Signature of President of Board of Directors	3/4/16 Date
Jerry Thurman Typed Name of President of Board of Directors	(775) 882-9537 Phone Number



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077552422  
July 16, 2010 LTR 4168C 0  
94-3164032 000000 00

00031024

BODC: TE

RECEIVED

JUL 19 2010

For \_\_\_\_\_

NEVADA RURAL COUNTIES RSVP  
PROGRAM INC  
2621 NORTHGATE LANE SUITE 6  
CARSON CITY NV 89706-1619



34124

Employer Identification Number: 94-3164032  
Person to Contact: Mr. R. Molloy  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 12, 2010, request for information regarding your tax-exempt status.

Our records indicate that your organization was recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1998.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Beginning with the organization's sixth taxable year and all succeeding years, it must meet one of the public support tests under section 170(b)(1)(A)(vi) or section 509(a)(2) as reported on Schedule A of the Form 990. If your organization does not meet the public support test for two consecutive years, it is required to file Form 990-PF, Return of Private Foundation, for the second tax year that the organization failed to meet the support test and will be reclassified as a private foundation.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

FILED  
THE OFFICE OF THE  
SECRETARY OF STATE OF THE  
STATE OF NEVADA

JUL 16 1992

ARTICLES OF INCORPORATION  
OF THE  
NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

JAYL A. LAU SECRETARY OF STATE

*Call*  
7656-92

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned, all of whom are citizens and residents of the State of Nevada, have this day voluntarily associated ourselves together for the purpose of organizing a corporation, not formed for pecuniary profit, and without capital stock, under the laws of the State of Nevada, that is, Sections 82.006 to 82.690, inclusive, Nevada Revised Statutes,

AND FURTHER, being desirous of becoming the sponsor required by the federal agency called ACTION to assume the administration and financing of the Nevada Rural Counties RSVP Program now based in Carson City, Nevada,

AND FURTHER, being desirous of coming under the provisions of Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), to obtain federal tax exempt status,

WE DO HEREBY ASSOCIATE OURSELVES, and make, subscribe and agree to the following:

ARTICLE I

a. THE NAME OF THE CORPORATION. The name of the Corporation shall be the Nevada Rural Counties RSVP Program, Inc.

b. PRINCIPAL PLACE OF BUSINESS. The principal place of business shall be located in Carson City, Nevada.

ARTICLE II

RESIDENT AGENT. The name of the natural person or corporation designated as the corporation's resident agent, and the resident agent's street address where it maintains an office for service of process, are as follows:

Janice R. Ayres  
801 N. Division St.  
Carson City, NV. 89703

ARTICLE III

TYPE OF CORPORATION. That this corporation is a non-profit corporation.

ARTICLE IV

a. GENERAL PURPOSES OF THE CORPORATION. The nature of the business, or objects or purposes proposed to be transacted, promoted or carried on by the corporation, are:

1. To provide the SPONSORING AGENCY authorized and required under TITLE II of the DOMESTIC VOLUNTEER SERVICES ACT OF 1973, AS AMENDED (PUBLIC LAW 93-113), for the benefit of the Nevada Rural Counties RSVP Program, based in Carson City, Nevada.

That the corporation may engage in any lawful activity, subject to any expressed limitations expressed herein, within the objects or purposes of this corporation, and as allowed under the Nonprofit Corporation Law of the State of Nevada.

~~b. FEDERAL ACTION REQUIREMENTS. Said corporation shall have~~ all the powers and responsibilities established by the federal agency ACTION, shall assume administration of, and manage the Nevada Rural Counties RSVP Program in a way that ensures fiscal and programmatic quality controls, compliance with ACTION policies and procedures, and accomplishment of stated goals. This corporation may not delegate or contract this responsibility to another entity without the prior approval of ACTION.

c. FEDERAL INTERNAL REVENUE REQUIREMENTS. Said corporation is organized exclusively for charitable purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in its Articles of Incorporation. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.



Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501 (c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

#### ARTICLE V

GOVERNING BOARD. The members of this corporation shall be the officers and members of the Board of Directors, and the business affairs of the corporation shall be managed by the Board of Directors, who shall have the responsibility of establishing policies for the corporation. The Board of Directors shall consist of 5 members.

The number, names and post office addresses, residence or business of the first board of directors, are the following:

1. Katherine MacDonald  
1521 Pinto Ct.  
Carson City, NV. 89701
2. Jerry Thurman  
308 N. Curry, #105  
Carson City, NV. 89703
3. Frank Sharp  
P.O. Box 2023  
Carson City, NV. 89702
4. John Barlow  
1182 Kenny Way  
Carson City, NV. 89701
5. Charles Daniels  
2898 Hwy. 50 East  
Carson City, NV. 89701

ARTICLE VI

BY-LAWS. The corporation shall have the power to adopt by-laws prescribing the duties of the officers and agents of the corporation, detailed organization and procedures of the corporation, the time and manner of its meetings, and any and all details incident to its organization and the efficient conduct and management of its affairs. Such by-laws of the corporation shall, thereafter, be amended only by an affirmative vote of the majority of the members of the board of directors.

ARTICLE VII

INCORPORATORS. The names and post office addresses, residence or business, of each of the incorporators signing the articles of incorporation are as follows:

1. Katherine MacDonald  
1521 Pinto Ct.  
Carson City, NV. 89702
2. Jerry Thurman  
308 N. Curry, #105  
Carson City, NV. 89703
3. Frank Sharp  
P.O. Box 2023  
Carson City, NV. 89702
4. John Barlow  
1182 Kenny Way  
Carson City, NV. 89701
5. Charles Daniels  
2898 Hwy. 50 East  
Carson City, NV. 89701

ARTICLE VIII

PERPETUAL EXISTENCE. The corporation is to have a perpetual existence.

IN WITNESS WHEREOF, we have hereunto set our hands as Incorporators, this date: JULY 15, 1992

<u>Katherine MacDonald</u>	Katherine MAC DONALD
<u>Jerry Thurman</u>	JERRY THURMAN
<u>John Barlow</u>	JOHN BARLOW
<u>Charles Daniels</u>	CHARLES DANIELS
<u>Frank Sharp</u>	FRANK SHARP

STATE OF NEVADA )  
CARSON CITY ) : SS

On this date: July 15, 1992, before me, the undersigned, a Notary Public, personally appeared.

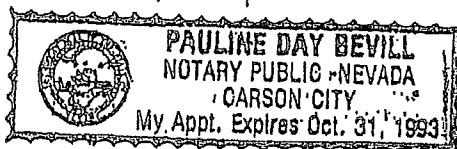
- 1. Katherine MacDonald
- 2. Jerry Thurman
- 3. Frank Sharp
- 4. John Barlow
- 5. Charles Daniels

known to me to be the persons described in and who executed the foregoing ARTICLES OF INCORPORATION, and who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS MY HAND AND OFFICIAL SEAL.

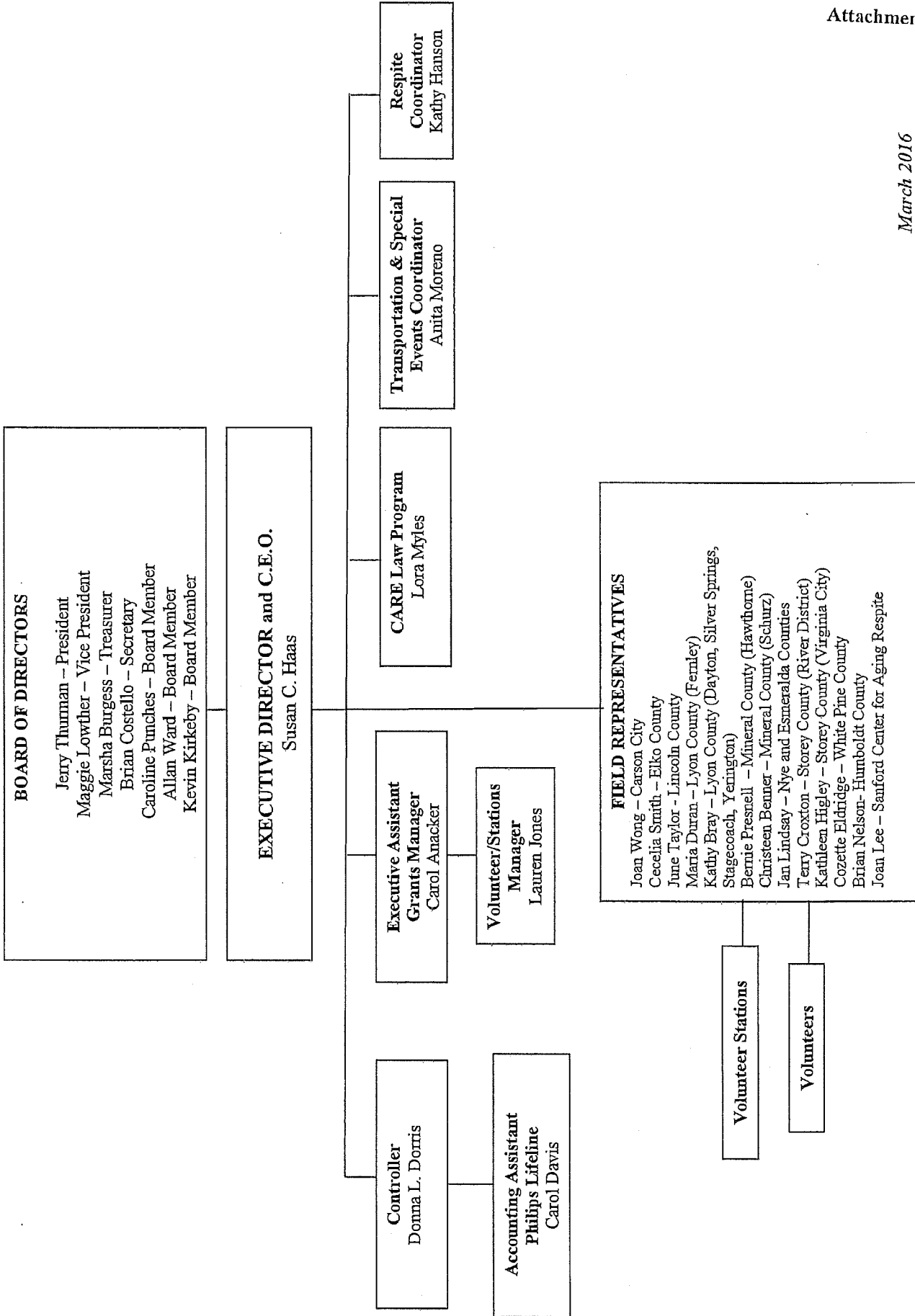
Pauline Day Bevell  
NOTARY PUBLIC

**RECEIVED**  
JUL 16 1992



**SECRETARY OF STATE**

**Nevada Rural Counties RSVP Program, Inc.  
Organizational Chart**



**RSVP BOARD OF DIRECTORS ROSTER**

Board Terms are Indefinite  
November 25, 2015

**Jerry Thurman – Board President**

***President, Insured Financial Services***

6175 McDowell Road  
Carson City, NV 89706  
(775) 882-9537 Cell: 885-2525  
[jerryanddelia@charter.net](mailto:jerryanddelia@charter.net)

**Margaret Lowther – Board Vice President**

***Retired Storey County Auditor/Recorder***

P.O. Box 349  
Virginia City, NV 89440  
(775) 847-0563 Cell: 720-7102  
[lowthermaggie@gmail.com](mailto:lowthermaggie@gmail.com)

**Marsha Burgess – Board Treasurer**

***Retired CEO, Greater Nevada Credit Union***

2249 Pinion Hills Drive  
Carson City, NV 89701  
(775) 882-7600 – Fax 882-7320 Cell: 220-8218  
[marshabrgss@aol.com](mailto:marshabrgss@aol.com)

**Caroline PUNCHES – Board Member**

***Retired Executive Director, Northern Nevada Chapter,  
American Red Cross***

206 La Costa Avenue  
Dayton, NV 89403  
(775) 246-1850  
[Cpunches206@charter.net](mailto:Cpunches206@charter.net)

**Brian Costello – Board Member**

***Carson Region Director, NV Energy***

P.O. Box 10100  
Reno, NV 89520  
(775) 834-5772  
[bcostello@nvenergy.com](mailto:bcostello@nvenergy.com)

**Allan Ward - Board Member**

***Franchise Owner Home Instead Senior Care (Carson)***

***Personal Care Services, LLC***

444 W. Washington Street  
Carson City, NV 89703  
P: 775-283-0333  
M: 775-354-5299  
F: 775-283-0124  
[allan@homeinsteadreno.com](mailto:allan@homeinsteadreno.com)

**Kevin S. Kirkeby – Board Member**

***Business Analyst, ElectraTherm, Reno***

2555 Clear Acre Ln. #83  
Reno, NV 89512  
P: 775-230-6185  
[Kevin.s.kirkeby@gmail.com](mailto:Kevin.s.kirkeby@gmail.com)

FILING DEADLINE EXTENDED TO 11/16/15

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NEVADA RURAL COUNTIES RSVP PROGRAM, INC.</b>	<b>D</b> Employer identification number <b>94-3164032</b>
	Doing business as	<b>E</b> Telephone number <b>(775) 687-4680</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO BOX 1708</b>	<b>G</b> Gross receipts \$ <b>1,346,942.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CARSON CITY, NV 89702</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: <b>SUSAN C. HAAS</b> <b>P. O. BOX 1708, CARSON CITY, NV 89706</b>		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.NEVADARURALRSVP.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile: <b>NV</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION WORKS WITH VOLUNTEERS THROUGHOUT NEVADA AND ASSISTS SENIORS AND DISABLED</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) .....	<b>5</b>	<b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1000</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year <b>1,166,828.</b>	Current Year <b>1,136,788.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>127,351.</b>	<b>117,132.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>26.</b>	<b>16.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>63,310.</b>	<b>51,341.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>1,357,515.</b>	<b>1,305,277.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>5,209.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		<b>482,623.</b>	<b>591,100.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>43,787.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		<b>850,728.</b>	<b>801,719.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>1,338,560.</b>	<b>1,392,819.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>18,955.</b>	<b>-87,542.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year <b>259,054.</b>	End of Year <b>196,198.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>67,482.</b>	<b>92,168.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>191,572.</b>	<b>104,030.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>SUSAN C. HAAS, EXECUTIVE DIRECTOR AND CEO</b>	Taxpayer Copy	Date
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CONNIE CHRISTIANSEN</b>	Preparer's signature	Date <b>11/10/15</b>
	Firm's name ▶ <b>KOHN &amp; COMPANY LLP</b>	Firm's EIN ▶ <b>46-3281627</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00398106</b>
	Firm's address ▶ <b>5310 KIETZKE LANE, SUITE 101 RENO, NV 89511</b>	Phone no. <b>775-828-7300</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:
RSVP'S MISSION: TO HELP FRAIL, HOMEBOUND, AND LOW-INCOME SENIORS REMAIN INDEPENDENT BY PROVIDING HIGH QUALITY PROGRAMS WHICH ALLOW THEM TO STAY IN THEIR HOMES WITH DIGNITY. ADDITIONALLY, RSVP COORDINATES A VOLUNTEER NETWORK OF SENIORS WHO USE THEIR SKILLS AND TALENTS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 977,207. Including grants of \$ ) (Revenue \$ 117,810.)
PROVIDED VOLUNTEERS, HOME VISITS, RESPITE CARE, LIFELINE EMERGENCY NOTIFICATION SERVICES, HEALTH AND WELFARE TRAINING, AND TRANSPORTATION SERVICES TO HOMEBOUND SENIORS AND DISABLED PERSONS TO PROMOTE INDEPENDENT LIVING AND PREVENT THEM FROM BEING INSTITUTIONALIZED.

4b (Code: ) (Expenses \$ 180,462. Including grants of \$ ) (Revenue \$ )
PROVIDED VOLUNTEER SERVICES TO PUBLIC AND NON-PROFIT COMMUNITY AGENCIES

4c (Code: ) (Expenses \$ 50,830. Including grants of \$ ) (Revenue \$ )
PROVIDED LEGAL SERVICES AND OTHER SUPPORT FOR SENIORS THROUGHOUT NEVADA.

4d Other program services (Describe in Schedule O.)
(Expenses \$ Including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,208,499.

11:53 AM

## Nevada Rural Counties RSVP Program, Inc.

02/24/16

## Balance Sheet

Accrual Basis

As of June 30, 2015

	<u>Jun 30, 15</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
1005 · Mutual of Omaha Bank - Checking	14,532.65
1006 · Mutual of Omaha Bank-Federal	200.41
1007 · Mutual of Omaha Bank-Non Federa	600.82
1009 · CareLaw Cash Account	1,064.21
1008 · Mutual of Omaha Bank-Fireworks	1,416.18
1070 · Smith Barney Account	71,678.50
1080 · PETTY CASH	300.00
<b>Total Checking/Savings</b>	<u>89,792.77</u>
Accounts Receivable	
1200 · Accounts Receivable	7,320.40
<b>Total Accounts Receivable</b>	<u>7,320.40</u>
Other Current Assets	
1499 · Undeposited Funds	86.00
<b>Total Other Current Assets</b>	<u>86.00</u>
<b>Total Current Assets</b>	<u>97,199.17</u>
<b>Fixed Assets</b>	
1500 · EQUIPMENT	10,667.80
1600 · VEHICLES	67,435.61
<b>Total Fixed Assets</b>	<u>78,103.41</u>
<b>Other Assets</b>	
1430 · Prepaid Expenses	7,679.09
<b>Total Other Assets</b>	<u>7,679.09</u>
<b>TOTAL ASSETS</b>	<u><u>182,981.67</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
2000 · Accounts Payable	74,927.17
<b>Total Accounts Payable</b>	<u>74,927.17</u>
Other Current Liabilities	
2505 · Deferred Income	30,053.42
2100 · Payroll Liabilities	294.17
2110 · Direct Deposit Liabilities	256.42
2700 · Payroll Deductions	337.37
2730 · Payroll Accruals	14,925.53
<b>Total Other Current Liabilities</b>	<u>45,866.91</u>
<b>Total Current Liabilities</b>	<u>120,794.08</u>
<b>Total Liabilities</b>	120,794.08
<b>Equity</b>	
1110 · Retained Earnings	83,273.69
3050 · Fund Balance-Vehicle Restricted	12,798.00
3100 · Initial Fund Balance-Equipment	7,952.95
Net Income	-41,837.05
<b>Total Equity</b>	<u>62,187.59</u>



11:53 AM  
02/24/16  
Accrual Basis

**Nevada Rural Counties RSVP Program, Inc.**  
**Balance Sheet**  
**As of June 30, 2015**

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	<u>Jun 30, 15</u>
TOTAL LIABILITIES & EQUITY	<u><u>182,981.67</u></u>

11:48 AM  
02/24/16  
Accrual Basis

Nevada Rural Counties RSVP Program, Inc.

Profit & Loss

July 2014 through June 2015

Jul '14 - Jun 15

Ordinary Income/Expense	
Income	
Donations Income	36,921.22
Donated Professional services	555,913.65
Grants	963,710.87
Miscellaneous Income	432.92
Program Rev	266,233.53
Fundraising Rev	104,006.26
United Way of Northern Nevada	7,875.87
United Way of Southern Nevada	293.68
Total Income	<u>1,935,388.00</u>
Gross Profit	1,935,388.00
Expense	
Program Expenses	1,815,632.41
US Food Distribution	126,574.40
Fundraising	43,870.73
Total Expense	<u>1,986,077.54</u>
Net Ordinary Income	<u>-50,689.54</u>
Net Income	<u><u>-50,689.54</u></u>



### A Call to Action

Anyone can volunteer. You don't have to be retired or a senior citizen. Volunteers come from all walks of life and all backgrounds, with a shared desire to offer their time and energy to those in need. RSVP connects volunteers with service opportunities that match their skills, availability and personal interests.

### What are the benefits?

- RSVP volunteers are covered by five types of insurance,
- Volunteers receive out-of-pocket expense reimbursement for mileage,
- Volunteers are honored at awards and recognition events,
- Volunteers have the opportunity to make a difference in the lives of others,
- RSVP offers maximum flexibility and choice to its volunteers. You choose how often and where you want to serve,

### Who is eligible for Services?

- Seniors, aged 60 and older are eligible for RSVP services.
- Disabled persons aged 18 and older in need of transportation.

### HOW CAN I DONATE TO RSVP?

RSVP is a 501(c)(3) tax exempt organization and we rely upon donations and grant funding in order to provide services to seniors. Please mail your tax deductible donation to RSVP, P.O. Box 1708, Carson City, NV 89702, or go to our website at [www.nevadaruralrspv.org](http://www.nevadaruralrspv.org) to contribute online.

**For more information contact:**  
 Kris Hughes – Program Coordinator  
 2621 Northgate Lane, Ste. 6, Carson City, NV 89706  
 (775) 687-4680 x7  
 Toll-free 1 (800) 992-687-4680, ask for Ext. 4680  
 then dial Ext. 7.  
[www.nevadaruralrspv.org](http://www.nevadaruralrspv.org)

**CONTACT YOUR LOCAL FIELD REPRESENTATIVE:**

### RSVP's Partners:



**Susan C. Haas**  
 Executive Director & C.E.O.  
 (775) 687-4680 x 2

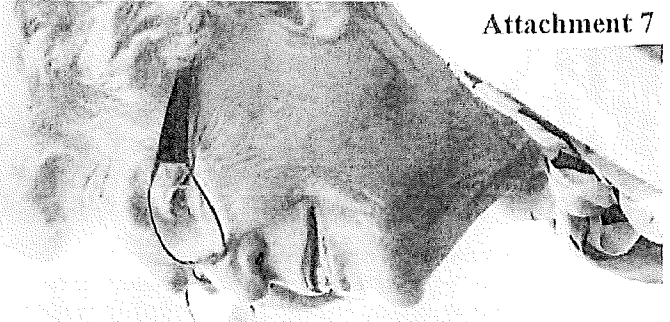


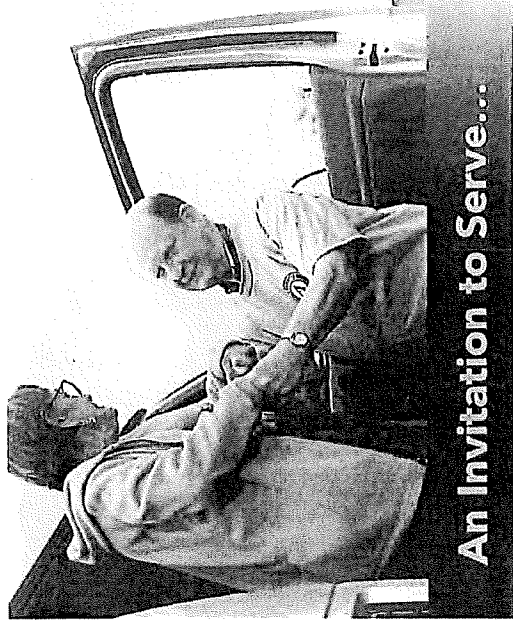
**NEVADA RURAL COUNTIES  
 RSVP PROGRAM, INC.**

*RSVP's direct service programs are a comprehensive support system, whose goal is to help seniors and disabled persons to remain independent and in their own homes with dignity.*

### RSVP'S MISSION:

To help frail, homebound, and low-income seniors remain independent by providing high quality programs which allow them to stay in their homes with dignity. Additionally, RSVP coordinates a volunteer network of seniors who use their skills and talents to provide support to community agencies and address community needs through service.





## An Invitation to Serve...

### Corporation for National & Community Service (Senior Corps)

RSVP is part of Senior Corps established in 1973 and now one of the largest senior volunteer organizations in the nation. RSVP engages people in a diverse range of volunteer activities. RSVP volunteers choose when, where, and how often they want to serve, with commitments ranging from a few hours to many hours per month.

### Our Transportation Program

provides escorted door to door safe transportation for seniors and disabled persons giving them access to services, medical appointments, to pick up prescriptions, socialization and shopping.

**Home Companion Program** volunteers provide the emotional support, socialization, and human contact that is necessary for the homebound elderly.

**RSVP's CARE Law Program** provides pro bono legal services for low income and homebound seniors. The program focuses on estate planning, durable power of attorney, wills, guardianships, Medicare, Medicaid, help with debt problems, probate issues, and elder abuse issues.

**Philips Lifeline** is an emergency response system that gives immediate access to emergency services. Clients feel secure increasing their self sufficiency. For about \$1.00

a day, Lifeline with Auto Alert offers an extra layer of protection by automatically calling for help when a fall is detected. Low income seniors may qualify for the service at no charge.

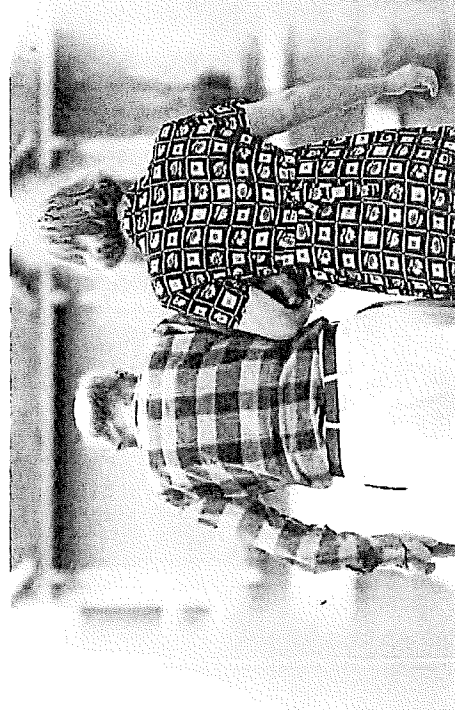
**Respite Care Program** gives regular breaks to exhausted and stressed caregivers who are overwhelmed by their selfless 24/7 care. Volunteers provide breaks 2 to 4 hours or more per week - which are lifesaving for the caregivers and help to reduce the chance of premature institutionalization of the loved one being cared for.

**Homemaker Services** provide frail homebound seniors assistance with housekeeping such as dusting, kitchen and bathroom cleaning, floor maintenance as well as laundry and linen changing.

### RSVP Farmer's Market Coupons

are distributed each summer to low income seniors who may not be able to afford fresh produce. Our goal is to increase consumption of healthy locally grown fruits, vegetables, and fresh unprocessed herbs while supplementing the nutritional needs of seniors.

**The Resistance Exercise Program** improves mobility and cognitive ability, and helps to gain muscle strength with light weights training. Regardless of age with proper exercise you can improve balance, strength, and help prevent



falls and disabling diseases that often lead to premature institutionalization.

**Volunteer Stations** RSVP volunteers provide a variety of services to Federal, State, local government and other non-profit service organizations. RSVP matches the talents of individuals with the needs of our community.

**RSVP programs are offered at no charge with the exception of the monitoring fee from Lifeline**; however, there are suggested donations for services. No one is turned away because of an inability to donate. Not all programs are available in each county. RSVP volunteers do not perform services that fall under professional health care services, such as nurses, aids, etc. We cannot lift or transfer clients.

*"RSVP encourages seniors to access our services if they are in need, and for all to volunteer their time even if it is only for a few hours per month or week. Studies show that caring, kindness and compassion are activities that improve health, overall wellbeing, and increase longevity. Some doctors are even giving out volunteerism prescriptions to fight depression! Volunteering provides a service not only to the clients in need; but also gives the contributor the pride of having made a significant difference. It gives us a sense of belonging to the community and the gift of something really wonderful - a little bit of you."*

**Susan C. Haas, Executive Director & C.E.O.**



## THE IMPACT AND BENEFITS OF SERVING

RSVP is a Senior Corps Program sponsored by the Corporation for National and Community Service which helps to strengthen the fabric of the communities we serve by fostering greater civic engagement.

**Help your community:** Know that you are making a difference by giving your time, talent, wisdom and experience to your community and neighbors who need you.

**Help yourself:** Through service, you can add to the quality and health of your own life. Research indicates that volunteers enjoy better health, make new friendships, stay active, learn new skills and continue to be involved in the community.

**Make a difference:** Be part of a national movement to transform America through the involvement of its citizens.

**Save money for the organizations you serve:** By donating your time and skills, you help make funds go farther for organizations that address critical needs in your community.

Help some of our most vulnerable citizens to remain independent with dignity and in their own homes where they are happiest and healthiest.

Together we can create a culture of change which honors and values our senior citizens and builds a better life and a better community. Through your gift of time and talent, you can share something very special – yourself.

*Donations to RSVP are tax deductible under the 501(c) 3 IRS code for non-profits.*

For more information on how to receive Respite Care or to Volunteer, contact RSVP's main office:

2621 Northgate Lane, Ste. 6  
Carson City, NV 89706  
(775) 687-4680 Ext 17  
Toll-free 1 (800) 992-687-4680  
Ext 4680 then Ext 17  
[www.nevadaruralrsvp.org](http://www.nevadaruralrsvp.org)

Or contact your local field representative:



NEVADA RURAL COUNTIES RSVP PROGRAM, INC.

# Respite Care

Improving the lives of America's Family Caregivers

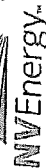
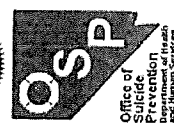
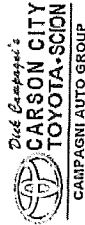
## RSVP'S MISSION:

To help frail, homebound, and low-income seniors remain independent by providing high quality programs which allow them to stay in their homes with dignity. Additionally, RSVP coordinates a volunteer network of seniors who use their skills and talents to provide support to community agencies and address community needs through service.

## RSVP'S PARTNERS:



Sanford Center  
for Aging  
University of Nevada, Reno



Susan C. Haas  
Executive Director & C.E.O.  
(775) 687-4680 Ext. 2



RESPIRE: "Providing relief for a primary caregiver"



## Respite Care Program

The RSVP Respite Care Program provides time off for caregivers who provide 24/7 care to hundreds of Nevada's Seniors.

This program is helping scores of elderly and disabled adults in Nevada by providing person-centered care; however, more volunteers are desperately needed.



If you can donate a modest number of hours per month to provide respite for a caregiver, or if you are a caregiver seeking some time off, please call Respite Coordinator Kathy Hanson at (775) 687-4680, Ext. 17 or by email: [khanson@nrvsvp.com](mailto:khanson@nrvsvp.com).

The RSVP Respite Program assists caregivers with care recipients diagnosed with Attention-Deficit Disorder, Post Stroke, Dementia, Parkinson's Multiple Sclerosis, Alzheimer's, Cancer, COPD, heart problems, head injuries or many other disorders.

Relief from constant caregiving is key in lowering the stress levels of caregivers by giving them a break to allow a healthier existence and longer life expectancy, and preventing the institutionalization of their loved ones.

This is a free respite care service. Donations are accepted; however, no one is denied services due to an inability to contribute.

When RSVP's highly trained volunteers provide the caregiver with essential breaks, they can engage in enjoyable activities and attend to their own needs, which helps to reduce their stress and fatigue. It also provides the care partner with the needed experience of meeting someone new to talk with and share their stories.

Respite volunteers are well prepared with extensive pre-service and in-service training to keep the client engaged and



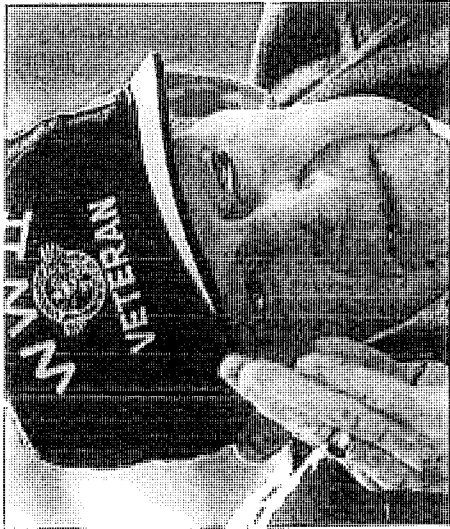
safe. In return for service, volunteers may receive a monthly stipend and are reimbursed for mileage.

What a wonderful way to reap the personal rewards that come from helping someone in need and putting a smile on one's face as, working together, a care partnership is created.

**Make that decision today  
to volunteer and be the  
change and a point of light  
in your community!**







RSVP is a direct service program that allows seniors the support to remain in their own homes independently. This is made possible by the help of our volunteers. These programs include:

Transportation

Home Companion

RSVP's CARE Law program

Respite Care Program

Homemaker Services

RSVP's Farmer's Market Coupons

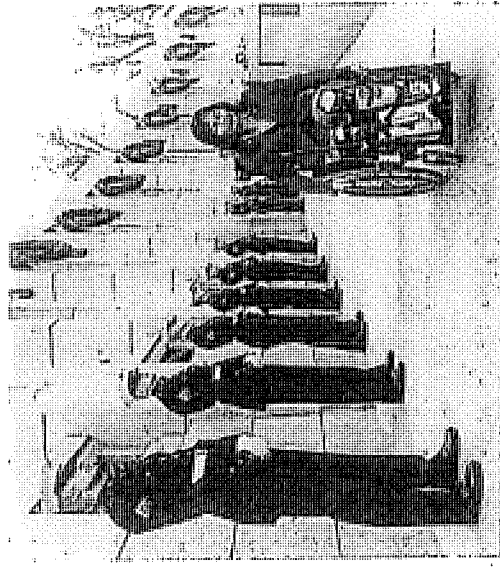
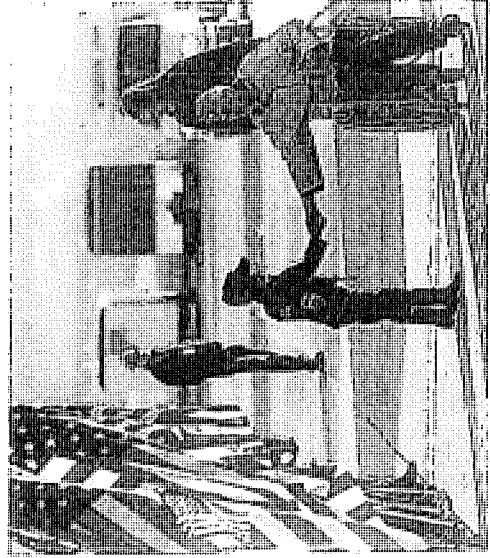
Resistance Exercise Program

Please contact us if you wish to know more about each program or visit us

@ [www.nevadaturalsvp.org](http://www.nevadaturalsvp.org)

## Veterans Volunteers In Partnership (VIP) Program

Seniors are a valued part of our community and we want to help them through the services provided by RSVP. We would like to expand our services to Veterans and those who need assistance through the services we provide. We also seek veterans who wish to keep serving the community somehow. We want Veterans to volunteer to help other Veterans, and seniors through our programs. Our clients greatly appreciate our volunteers who provide the services they need. They will not be able to be, or remain, as independent as they are without your help. Just because you are no longer in the military, doesn't mean you are no longer able to serve others. By



## To our Veterans

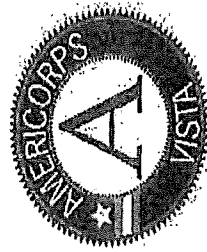
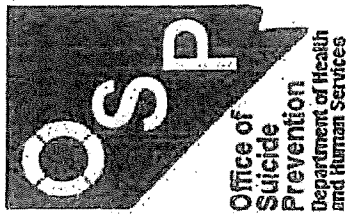
We want our Veterans out there to know that there is help. We have trained volunteers who can lead you to the resources you need and answer questions related to:

- Benefits available to you
- Eligibility for benefits
- Help with paperwork when applying for benefits
- Continuing your education

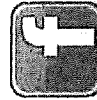
We want to get you the help you need to be healthy and to succeed.



It is sad to think that there are an average of 22 Veteran suicides a day in the U.S. We would like to increase suicide awareness and lower the number of suicides from 22 to 0. We want our Veterans out there to know that there is help. We want to help Veterans in any way that we can so they know that they are not forgotten. We would like to thank you and extend our gratitude to you by offering you our services. "You are not alone, we are here for you."



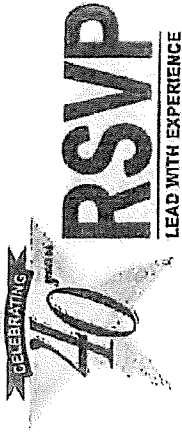
If you feel like you need help visit [VeteransCrisisLine.net](http://VeteransCrisisLine.net) or Call 1-800-273-8255. press "1" to talk with someone now Or, send a text message to 338255 to receive confidential support 24/7—365 days a year



Ryan Lia - Carson City  
Phone: 775-687-4680 ext. 119  
Email: [avista@nvrsvp.com](mailto:avista@nvrsvp.com)



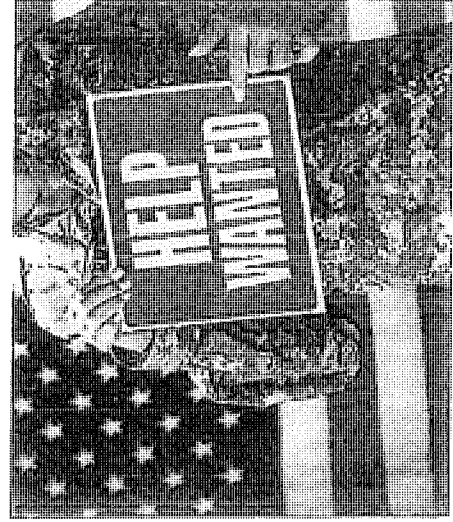
Janet Vaughan - Winnemucca  
Phone: 775-375-5030  
Email: [avista2@nvrsvp.com](mailto:avista2@nvrsvp.com)



## Veteran's VIP -

### *Volunteers In Partnership*

Nevada Rural Counties Retired Senior Volunteer Program (RSVP) is extending our services to include a dedicated Veteran's program. We are seeking Veterans who are looking to continue serving our community as volunteers. We also are offering assistance to our Veterans in need.





April 1, 2016

Nevada Rural Counties RSVP Program, Inc. (RSVP) – Carson City  
Response to CSSG Questions

**RE: INDEPENDENT LIVING SUPPORT**

1. How many discreet, active volunteers are on your Carson City list who provide services which enable independent living in Carson City? Count a person once only, even if they provide numerous classes of service. (So Joe Volunteer, who drives seniors to med appointments, and delivers meals, and provides respite care, and does housekeeping, is still only one volunteer.)

Carson City has a total of 415 volunteers enrolled. Of those, 207 served hours during 2015.

a) 70 unduplicated volunteers provided direct services; b) 11 provided one service; and c) 59 provided 2 or more services.

2. How many 2014 discrete volunteers left RSVP service and were no longer volunteers in 2015?

28 direct services volunteers

3. How many new volunteers were recruited and trained during the 2015 year, and began their services to stay at home seniors.

9 new direct services volunteers

4. Of all your stay at home service volunteers, how many received stipends?

17 respite volunteers received a monthly stipend.

5. Are all types of services compensated? e.g. drivers and respite workers, and house keepers? Which are compensated and which are not?

No. Respite volunteers receive a monthly stipend and Homemakers receive an hourly wage. All other direct services volunteers (i.e., transportation, home companion, etc.) are not compensated, except for mileage reimbursement capped at \$30/month.

***Total of 70 Carson City direct services volunteers provided 10,475 hours of services in 2015.***

**Re: SENIORS VOLUNTEERING TO PROVIDE SERVICES IN NGOs AND GOVERNMENTAL OFFICES**

1. How many discreet, active Senior volunteers are on your Carson City list who provided service to various agencies in Carson City?

a) 137 unduplicated volunteers served community organizations; b) 78 volunteers served community organizations; and c) 59 provided services at 2 or more organizations.

*Total of 137 Carson City community volunteers provided 18,758 hours of services in 2015.*

2. How many volunteers from 2014 retired from your service?

40 community volunteers

3. How many Senior volunteers were recruited and trained and placed in service in Carson City during 2015?

16 community volunteers

4. Please list the number of service hours received by each agency during the most recent two years for which records have been collected. This question refers to hours logged on time sheets by volunteers in this service.

January 1, 2014 – December 31, 2015

<u>Station Name</u>	<u>Hours</u>
Brewery Arts Center	9.00
Capitol Desk	265.75
Carson Aquatic Facility	273.00
Carson Animal Services	182.55
Carson City Community Center	404.20
Carson City Fire Department	462.70
CC Friends of the Library	15,040.95
Carson City Sheriff's Office	998.50
Carson-Tahoe Reg. Medical Center	15,860.40
CASA, Foster Kids Closet	284.50
Carson City Literacy	1,566.20
Carson City Literacy, Children	131.00
Children's Museum of N. NV	347.25
ComputerCorps	4,011.42
NV Legislative Counsel Bureau	357.00

Nevada Magazine	57.00
Nevada State Museum	1,964.95
Nevada State Railroad Museum	190.00
RSVP Fund Raising, CC	23.50
RSVP Office Volunteers	1,372.20
Western Nevada College	327.00
Wylie Animal Rescue Foundation	<u>421.00</u>
	44,552.07

**Re: STAY AT HOME SENIORS WHO RECEIVE SERVICES**

1. How many discreet senior service recipients are on your list in Carson City? (E.G., A person who receives respite care, and medical transportation, and meal deliveries, and Home Companion Program service is still just one person.)

1,431 unduplicated clients

2. How many discreet service recipients in Carson City in 2014, 2013?

2014: 1,464 unduplicated clients

2013: 2,108 unduplicated clients\*

*\*In late 2013, RSVP stopped administering the USDA commodity food program; however, RSVP volunteers deliver commodity foods to homebound seniors in Carson City and volunteers distribute food at the distribution center.*

3. You recite the AARP cost of supporting a person in assisted living to be \$78,263. (for Long Term Care). What does it cost in Carson City for basic Assisted Living, and what increments are added for higher levels of service in assisted living facilities?

Unknown. Looking on line we see that assisted living rates start at approximately \$3,000 per month. RSVP is dedicated to keeping seniors at home and is not in the business of institutionalized care. We have relied on AARP statistics for long-term care.

**Re: RSVP Budget**

How much is contributed by each of the other rural counties toward the support of RSVP programs?

Please see the attached list of rural Nevada counties that provided funding for FY2015-2016. We are awaiting rural counties' budget hearings to see which counties will be awarding funds for FY16-17.

*RSVP CSSG Q&A*

If possible, I would like to see the responses to these questions prior to the meeting, and also have responses delivered to the other ARW members.

**Nevada Rural Counties RSVP Program, Inc. (RSVP)**

**FY 2015-16 CITY/COUNTY FUNDING**

<b>Government Entity</b>	<b>Date Request Sent</b>	<b>2015 Funded Amount</b>
Carson City/CDBG & CSSG	Apps. to CC 1/16/15	\$40,000
City of Elko	1/26/15	\$4,526
City of Winnemucca	1/26/15	\$6,000
Humboldt County	1/26/15	\$9,668
Lincoln County	2/9/15	\$16,957
City of Fernley	1/26/15	\$5,748
Mineral County	1/28/15	\$17,422
Storey County	1/15/15	\$7,050
White Pine County	1/28/15	\$13,604
<b>TOTALS</b>		<b>\$120,975</b>



Carson City, a Consolidated Municipality

## Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: Nevada Rural Counties RSVP Program, Inc.  
Program/Project: Senior Independent Living Programs  
Amount of Funds Received: \$40,000  
Grant Period: July 1, 2015 – June 30, 2016  
Contact Person: Susan C. Haas, Executive Director & C.E.O.  
Mailing Address: PO Box 1708  
City: Carson City State: NV Zip Code: 89702  
Phone Number: (775) 687-4680 x 2 E-mail: shaas@nvrsvp.com  
Date Submitted: February 26, 2016

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

Please see attached.

2. Evaluate your achievement of the measurable outcomes listed in your application:

The following progress report covers the period for July 1, 2015 through December 31, 2015. A final report will be presented at the end of CSSG FY2015-2016 funding cycle.

Due to services provided by RSVP, Carson City's low-income senior clients who are frail and struggling to remain independent were able to stay in their own homes, thus preventing costly premature institutionalization. This saves Carson City \$78,263 (AARP Long-Term Care Calculator, 2015) per person, per year if indigent. RSVP volunteers also provided critical volunteer manpower for 23 community social services, non-profit organizations, and governmental agencies.

RSVP met with, registered and evaluated clients' needs, created service plans, assigned volunteers to the clients, and developed schedules of intervention within the parameters of the volunteers' time availability and the clients' particular needs.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

All of Carson City benefits from this project as RSVP contributes to the quality of life for all of its citizenry.

During the 6-month period, 1,269 Carson City residents benefitted from RSVP's independent living programs. RSVP volunteers provided clients with direct services as follows (July 1 – December 31, 2015):

- 66 low-income seniors received 1,380 hours of Homemaker services valued at \$15 per hour = \$20,700.
- 89 seniors received 693 hours of Home Companion services valued at \$20 per hour = \$13,860.
- 170 clients received 2,632 critical care rides valued at \$5 per ride = \$13,160.
- 64 caregivers and their homebound loved-ones received 2,764 hours of respite and support services valued at \$20 per hour = \$55,280.
- 50 seniors participated in Resistance Training Exercise classes 3 x per week x 52 weeks valued at \$5 per class = \$39,000.
- 240 seniors received 251 hours of pro bono legal services from RSVP's CARE Law attorney valued at \$300 per hour = \$75,300.
- 82 Lifeline units for low-income, homebound seniors were maintained at home; installations and repairs valued at \$50 each = \$4,100.
- 458 low-income seniors received \$30 coupon books for free to redeem at the local Farmers Market for fresh fruits and vegetables = \$13,740.
- 43 seniors had USDA Commodity Foods picked up and delivered to them by RSVP volunteer drivers for a total of 22 hours valued at \$20 per hour = \$440
- 7 veterans were registered and received 168 hours of services through RSVP's new Veterans "Volunteers in Partnership" Program valued at \$20 per hour = \$3,360.

***(Total = 1,269 clients received service valued at \$238,940)***

Hundreds more were served by RSVP volunteers working at volunteer stations such as Carson-Tahoe Regional Medical Center; Carson City Library; Carson City Fire Department; Carson City Sheriff's Office; CASA of Carson City-Foster Kids Closet, Carson City Literacy, Children's Museum of Northern Nevada, ComputerCorps, Western Nevada College, FISH, and Wylie Animal Rescue Foundation.

***[Total = 8,650 volunteer hours valued at \$20 per hour (Independent Sector Value) for a total of \$173,000]***

A total value of \$411,940 worth of services were provided to Carson City.

RSVP provides a significant return on investment; for every \$1.00 of CSSG funding that RSVP receives from Carson City, Carson City receives \$10.00 worth of services.



4. What specific community benefit did your project provide Carson City?

More than 400 volunteers provided 1,269 Carson City clients with 7,513 hours of direct services from RSVP programs (listed above) and 8,650 hours of service to 23 Carson City non-profit organizations and governmental agencies.

RSVP programs assist clients and volunteers who live in Carson City to realize a better quality of life and exhibits a culture of voluntarism and civic engagement. RSVP is part of the high "quality of life" that we enjoy in Carson City and helps attract economic development and tourism.

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

Yes, the program is reoccurring. CSSG funding enables RSVP to continue our programs of assistance to Carson City residents in need. The future needs will grow in Carson City in proportion to the senior population growth. According to the 2010 census, Carson City's senior population aged 60 and older comprise 24% of its total population.

RSVP's programs have operated in Carson City since 1973 and we have a proven history of providing excellent services to those in need. We continually strive to find new sources of revenue and to maintain current sources of funding. The Corporation for National and Community Service, the State of Nevada Health and Human Services, the State of Nevada Aging and Disability Services, and private foundations and businesses are part of RSVP's overall support and help us to continue to provide excellent services.

Additionally, RSVP continues to build its fundraising events which include three family fairs (Mother's Day, July 4th and Nevada Day events) held in Mills Park each year. The proceeds from the events go directly toward RSVP's Carson City senior programs and also provide quality special events for Carson City that are affordable and entertaining.

6. Describe any challenges that impacted your program.

RSVP's greatest challenge is sustaining and securing critical funding. Our goal is to continue to assist seniors and others in need at a fraction of the cost of institutionalized care. Seniors are able to remain at home where they are healthiest and happiest, to live out their lives with dignity.

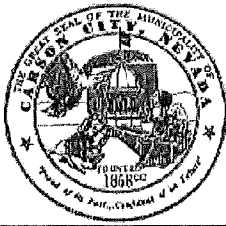
The need for RSVP services continues to grow; however, funding remains flat and in some cases reduced. In addition, several of our funders have stopped funding RSVP because they have changed their priorities from Nevada elders.



2:56 PM  
02/19/16  
Accrual Basis

**Nevada Rural Counties RSVF Program, Inc.**  
**Profit & Loss by Class**  
July through December 2015

	7/1/15-12/31/15	2015-2016 CSSG Budget
<b>CSSG Grant</b>		
City Grants	40,000.00	
CSSG	40,000.00	
<b>Total - City Grants</b>	<b>40,000.00</b>	
<b>Expense</b>		
<b>Program Expenses</b>		
Advertising	250.00	975.00
Salaries & Wages		
S&W-Program-Assistant	3,735.00	
S&W-Program-Volunteer Manager	512.00	
S & W-Controller	2,437.50	
<b>Total Salaries &amp; Wages</b>	<b>6,684.50</b>	<b>12,000.00</b>
Volunteer Expenses		
Mileage	673.50	
Stipends	2,712.50	
<b>Total Volunteer Expenses</b>	<b>3,386.00</b>	<b>18,470.00</b>
Printing/Reproduction/Promo	330.29	1,280.00
Supplies		
6790 - Office	704.84	2,000.00
<b>Total - Supplies</b>	<b>704.84</b>	
Postage and Delivery	607.94	1,500.00
Contract Labor	1,200.00	1,200.00
Dues and Subscriptions	137.50	275.00
Insurance		
Group Insurance	1,691.76	
<b>Total - Insurance</b>	<b>1,691.76</b>	
Payroll		
Retirement Plan-Contribution	631.88	
Medicare	96.52	
FICA	412.64	
Unemployment	63.72	
<b>Total - Payroll</b>	<b>1,204.76</b>	
Admin	16,197.59	2,300.00
<b>Total - Program Expenses</b>	<b>16,197.59</b>	
<b>Total Expense</b>	<b>23,802.41</b>	<b>40,000.00</b>
<b>Net</b>		



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*:  
PLEASE SUBMIT THE ORIGINAL  
PLUS 2 COPIES TO:

**MARCH 11, 2016, 4:00 P.M.**

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

<b>Agency Name:</b> Northern Nevada Dream Center	
<b>Agency Mailing Address:</b> 1600 Snyder Avenue	
<b>Project Name:</b> DC Hire	
<b>Project Address/Location:</b> 1600 Snyder Avenue	
<b>Contact Person:</b> Susan Sorenson	
<b>Phone Number:</b> 775-443-4090	<b>Email:</b> <a href="mailto:ssorenson@nndreamcenter.org">ssorenson@nndreamcenter.org</a>
<b>Fax:</b>	<b>Website (if applicable):</b> <a href="http://www.nndreamcenter.org">www.nndreamcenter.org</a>

### PROJECT FUNDING

<b>Requested amount</b>	\$ 6,200
<b>Other funding</b>	\$ 4,000 (In-Kind & Donations)
<b>Total project cost</b>	\$10,200

### PROJECT SUMMARY

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

DC Hire is a program of the Northern Nevada Dream Center; its purpose is to provide opportunities for individuals in Carson City and the Carson Valley to gain proficiency in Microsoft Office Suite programs and High School Equivalency (GED). The goal of the program is for participants to gain skills that qualify them for better paying jobs. The goal for this grant is to have fifteen participants to successfully "graduate" from the program. DC Hire is offered at 1600 Snyder Avenue on the campus of C5 Church.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input checked="" type="checkbox"/> Other (specify)

## PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

For December 2015 (the latest statistics from the U.S. Department of Labor) Carson City has an unemployment rate of 6.7%. This is higher than Nevada's rate of 6.3% and well above the national average of 5.0%. Support with workforce development is critical for Carson City. Currently DC Hire is the only program in Carson City and the Carson Valley to offer tutoring services for Microsoft Office Suite and the high school equivalency (HSE) at no cost. Previously JOIN provided this service but no longer. Additionally, DC Hire is the only agency in the area to offer Basic Computer Skills Training. Providing this service creates the opportunity to break the cycle of poverty and move individuals to a place where they need fewer or no support services.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

DC Hire already has a small program tutoring needy individuals in Microsoft Office and preparing them for the high school equivalency exam. The lead tutor for this program previously worked for JOIN and is a Microsoft Office Specialist Master, Microsoft Certified Trainer and Comp TIA C++ Classroom Trainer who volunteers her services. During the next twelve months DC Hire intends to assist 15 individuals in becoming Microsoft Office proficient and/or pass their HSE exam. Looking more long-term this program's goal is to have 40 individuals complete the goals over the course of the next two years.

The classes take place on the campus of C5 church located at 1600 Snyder Avenue.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

Yes, Northern Nevada Dream Center (NNDC) does coordinate with other agencies. JOIN refers individuals to the DC Hire program and NNDC refers clients to JOIN for help with resume building and other employment skills. This reciprocal relationship also exists with Carson City Department of Health and Human Services.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

Northern Nevada Dream Center has begun to expand its individual donor program and intends to apply for various foundation grants in calendar year 2016. As a part of the Dream Center network the NNDC has access to resources and support in the area of fundraising. Additionally the Dream Center has an annual fundraiser every November.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes. As mentioned above the instructors for this program are volunteers so the program will continue on a smaller scale and require some financial investment from the participants- cost of tests.

**PROJECT MEASUREMENT**

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

Based on our current statistics at least 60% of our participants live in Carson City.

2. How do you plan to track clients served? (Max Score: 5 points)

DC Hire already has a tracking system in place. Each new student fills out an intake form, which includes basic contact information and their purpose for attending the classes. During the first week the student discusses with the tutor what their long-term goals are- employment, better employment, college prep, etc... A file is then created for each student.

Each week students sign in and updates are made to their file, including attendance and any goals that have been met.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

The outcome is for 15 clients to successfully complete the courses offered by either being certified as Microsoft Office proficient and/or passing the HSE.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What outputs will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Classes for improved computer skills and HSE prep.	Unemployed and under-employed	5
2	Classes for improved computer skills and HSE prep.	Unemployed and under-employed	5
3	Classes for improved computer skills and HSE prep.	Unemployed and under-employed	5
4	Classes for improved computer skills and HSE prep.	Unemployed and under-employed	5

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

N/A

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Textbooks	2,000	400		2,400
Exam Costs	1,200	600		1,800
Computers	1,200			1,200
Staff Hours	1,200		1,200	2,400
Internet	360	360		720
Snacks	240		360	600
Classroom Space			1,080	1,080
<b>TOTALS</b>	<b>\$ 6,200</b>	<b>\$ 1,360</b>	<b>\$ 2,640</b>	<b>\$ 10,200</b>

AGENCY ASSETS	
Unrestricted cash	\$ 6,200
Restricted cash*	\$ 3,600
<b>Total cash on hand</b>	<b>\$ 9,800</b>

\*If restricted cash, attach description and amount of restriction

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

Northern Nevada Dream Center applied for this grant in 2015 but was not chosen as an award recipient.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Textbooks	2400	This would purchase 48 textbooks for students to use over the course of three years.
Exam Costs	1800	This amount covers the cost of thirty exams.
Computers	1200	This amount covers the purchase of four desktop computers and one laptop computer.
Staff Hours	2400	This represents 120 hours of staff time, 100 hours for tutors and 20 hours for administration of the program and grant. (\$1200 in-kind)
Internet	720	Internet access is estimated to cost \$60 per month x 12 months = \$720.
Snacks	600	Limited snacks at a cost of \$12 per week x 50 weeks = \$600. (\$360 in-kind)
Classroom Space	1080	Estimated value of in-kind donation of space: \$90 per month x 12 months = \$1080



**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Susan Sorenson
<b>Title:</b>	Director
<b>Address</b>	1600 Snyder Avenue, Carson City, NV 89701
<b>Phone number:</b>	775-433-4090
<b>Email:</b>	ssorenson@nndreamcenter.org

**PROJECT MANAGER**

<b>Name:</b>	Alisa Johnson
<b>Title:</b>	Program Director
<b>Address</b>	1600 Snyder Avenue, Carson City, NV 89701
<b>Phone number:</b>	775-433-4090
<b>Email:</b>	ajohnson@nndreamcenter.org

**FISCAL MANAGER**

<b>Name:</b>	
<b>Title:</b>	
<b>Address</b>	
<b>Phone number:</b>	
<b>Email:</b>	

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	
<b>Title:</b>	
<b>Address</b>	
<b>Phone number:</b>	
<b>Email:</b>	

**AGENCY INFORMATION**

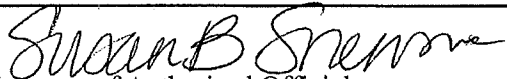
Date of incorporation	6/6/2014
Date of IRS certification	11/6/2014
Tax exempt number	47-1124003
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	07-969-0390

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

**INDEX OF ATTACHMENTS**

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	✓
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	<b>Current Organization Chart with names of staff members</b>	All Volunteers
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	✓
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	✓
6	<b>Profit and Loss Statement and Balance Sheet</b>	✓
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	✓

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.

 Signature of Authorized Official	Date 3/8/14
Susan Sorenson Typed Name and Title of Authorized Official	Phone Number

Signature of President of Board of Directors	Date
Typed Name of President of Board of Directors	Phone Number

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

DEPARTMENT OF THE TREASURY

Date: **NOV 06 2014**

NORTHERN NEVADAD DREAM CENTER  
1600 SNYDER AVENUE  
CARSON CITY, NV 89701-0000

Employer Identification Number:  
47-1124003  
DLN:  
26053700002134  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
June 5, 2014  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

NORTHERN NEVADAD DREAM CENTER

Sincerely,

*Tamera Ripperda*

Director, Exempt Organizations

# NORTHERN NEVADA DREAM CENTER

Business Entity Information			
Status:	Active	File Date:	6/5/2014
Type:	Domestic Non-Profit Corporation	Entity Number:	E0299452014-2
Qualifying State:	NV	List of Officers Due:	6/30/2016
Managed By:		Expiration Date:	
NV Business ID:	NV20141379730	Business License Exp:	

Registered Agent Information			
Name:	MAHE LAW, LTD.	Address 1:	707 N MINNESOTA STREET SUITE D
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

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

- Officers		<input type="checkbox"/> Include Inactive Officers	
<b>Treasurer - JESS GRANT</b>			
Address 1:	1600 SNYDER AVENUE	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	
<b>Secretary - DEE DOMENICI RODRIGUEZ</b>			
Address 1:	1600 SNYDER AVENUE	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	
<b>President - SUSAN SORENSON</b>			
Address 1:	1600 SNYDER AVENUE	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	

Director - SUSAN SORENSON			
Address 1:	1600 SNYDER AVENUE	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	20140413227-96	# of Pages:	3
File Date:	6/5/2014	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20140540847-85	# of Pages:	2
File Date:	7/29/2014	Effective Date:	
ilo			
Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20140540851-40	# of Pages:	2
File Date:	7/29/2014	Effective Date:	
chari -R			
Action Type:	Amended List		
Document Number:	20140804740-00	# of Pages:	2
File Date:	12/12/2014	Effective Date:	
(No notes for this action)			
Action Type:	Charitable-Solicitation Registration Statement		
Document Number:	20150291591-25	# of Pages:	2
File Date:	6/25/2015	Effective Date:	
CHARI_R			
Action Type:	Annual List		
Document Number:	20150291592-36	# of Pages:	2
File Date:	6/25/2015	Effective Date:	
15-16			
Action Type:	Registered Agent Address Change		
Document Number:	20150337967-43	# of Pages:	1
File Date:	7/28/2015	Effective Date:	
(No notes for this action)			

---

**Board of Directors**

**Susan Sorenson, President**  
**June 2017**

**Dee Domenici Rodriguez, Secretary**  
**June 2016**

**Jess Grant, Treasurer**  
**June 2017**

**Rick Tester**  
**June 2016**

**Sheri Tester**  
**June 2016**



Form 990-N

## Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury  
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2015

Open to Public Inspection

A For the 2015 Calendar year, or tax year beginning 2015-01-01 and ending 2015-12-31

## B Check if available

- Terminated for Business  
 Gross receipts are normally \$50,000 or less

C Name of Organization: NORTHERN NEVADA DREAM  
CENTER1600 Snyder Avenue, Carson  
City, NV, US, 89701

## D Employee Identification

Number 47-1124003

## E Website:

www.nndreamcenter.orgF Name of Principal Officer: Susan Sorenson1600 Snyder Avenue, Carson  
City, NV, US, 89701

**Privacy Act and Paperwork Reduction Act Notice:** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

**Note:** This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

**Northern Nevada Dream Center**  
**Balance Sheet**  
**As of December 31, 2015**

ASSETS	
Current Assets	\$ 14,344.20
Checking/Savings	
Total Checking/Savings	\$ 14,344.20
Total Current Assets	\$ 14,344.20
TOTAL ASSETS	<u>\$ 14,344.20</u>
LIABILITIES & EQUITY	
Equity	
Net Income	\$ 14,344.20
Total Equity	\$ 14,344.20
TOTAL LIABILITIES & EQUITY	<u>\$ 14,344.20</u>

**Northern Nevada Dream Center**  
**Profit and Loss**  
**January thru December 2015**

<b>Ordinary Income/Expense</b>	
Income - Donations	20,763.58
Income - Grants	5,500.00
Income -- Fundraising	3,500.00
<b>Total Income</b>	<b>29,763.58</b>
<b>Gross Profit</b>	<b><u>\$ 29,762.58</u></b>
<b>Expense</b>	
Reach the Hungry	7,824.60
Food Truck	
Saturday Supper	
Food Pantry	
Rescue Campaign	1,814.46
The Closet	
Rescue Bags	
Adopt A Block	1,155.00
Dream Kids	347.00
Operations	4,277.24
<b>Total Expense</b>	<b>15,418.30</b>
<b>Net Income</b>	<b><u>\$ 14,344.20</u></b>

---

**Restricted Cash:**

The NNDC started a transitional housing program at the beginning of 2016. \$3,600 was donated specifically for this program and is set aside to fund this program on a monthly basis.



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016–2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: Carson City Health and Human Services	
Agency Mailing Address: 900 E. Long Street, Carson City, NV 89706	
Project Name: Bicycle and Pedestrian Safety: Light it Up!	
Project Address/Location: 900 E. Long Street, Carson City, NV 89706	
Contact Person: Cortney Bloomer	
Phone Number: 775-283-7525	Email: <a href="mailto:cbloomer@carson.org">cbloomer@carson.org</a>
Fax: 775-887-2248	Website (if applicable): <a href="http://gethealthycarsoncity.org">gethealthycarsoncity.org</a>

### PROJECT FUNDING

Requested amount	\$8429
Other funding	\$3800, Nevada Department of Transportation
Total project cost	\$13,901.80

### PROJECT SUMMARY

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be no more than five sentences.

Carson City identified Bicycle and Pedestrian Safety as a key focus area of the Community Health Improvement Plan and listed 'developing a bicycle- and pedestrian-friendly community' as a Quality of Life issue in the City's Strategic Plan. To improve safety, lights and reflectors will be distributed to low-income pedestrians and cyclists, surveys will be collected, and community-wide safety messages will be developed and distributed.

### PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input checked="" type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input checked="" type="checkbox"/> Other (specify) Community Safety

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

Carson City has suffered a high rate of pedestrian and cyclist crashes in recent years. Carson City has averaged one fatal pedestrian crash per year for the past 10 years, with two fatal pedestrian crashes occurring already in 2016 (Fatality Analysis Reporting System, accessed Feb. 23, 2016). There is a lack of reliable data for non-fatal bicycle and pedestrian crashes, as these often go unreported. However, Carson Tahoe Hospital data illustrates 755 emergency department encounters related to bicycle injuries between 2011 and 2015.

In 2010, Carson City Health and Human Services and partners throughout the community began a Community Health Assessment (CHA) process. Based on this assessment, a Community Health Improvement Plan (CHIP) was developed to address gaps in health services in Carson City. One area identified focus area was Bicycle and Pedestrian Safety and Access. In June of 2012, the Board of Supervisors adopted both the CHA and CHIP and work has been ongoing to address shortcomings in the bicycle and pedestrian network. Additionally, the city identified developing a bicycle- and pedestrian-friendly community as an objective in the City's Strategic Plan.

As Carson City continues to grow and opportunities for active transportation expand, the number of bicyclists and pedestrians on our streets is expected to increase. It is important to educate bicyclists and pedestrians, as well as drivers, to ensure that all Carson City road users understand their rights and responsibilities while using our community's streets.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

This project aims to reduce the number of bicycle and pedestrian crashes in Carson City through a coordinated effort utilizing education, encouragement, and enforcement strategies. Additionally, this project will collect data regarding bicycle and pedestrian safety knowledge using a survey instrument to be developed by Carson City Health and Human Services. Survey data will be used to help direct future interventions and countermeasure strategies to improve bicycle and pedestrian safety and access.

Activities and outreach will be focused on improving safety for bicyclists and pedestrians in Carson City. Educational and survey materials will be developed by Carson City Health and Human Services in cooperation with community partners to help inform Carson City residents about safety and receive feedback from program participants. Messages directed towards bicyclists and pedestrians, as well as towards drivers, will be implemented through diverse channels, including print and social media.

A key component of this project will be improving visibility for bicyclists and pedestrians with lights and reflectors. Bicycle lights (for cyclists) and reflectors (for pedestrians) will be distributed to low-income residents who utilize active transportation as their primary mode through 3 channels.

- Carson City's Sheriff's deputies will have a supply of lights while on patrol. When a bicyclist is without a light, deputies can provide that bicyclist with a light as required by NRS 484B.783.
- Community partners, including Carson City Human Services and Friends in Service Helping will have a supply of lights at their respective offices. If a client arrives on a bicycle not properly equipped with a light as per Nevada law, they will be provided a light by agency staff, and administered the survey.
- At strategic locations in Carson City, light distribution events will be conducted by volunteers during the period during which lights are required on bicycles (NRS 484D.100). Light recipients will be asked to complete the survey.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Carson City Health and Human Services has a long history of collaborating with other agencies and non-profit organizations. Through the Community Health Improvement Plan (CHIP), diverse organizations have come together to tackle bicycle and pedestrian safety issues. For this project, partners include the Carson City Sheriff's Office, Muscle Powered- Citizens for a Walkable and Bikeable Carson City, Friends in Service Helping (FISH), Nevada Department of Transportation, Rural Center for Independent Living/Do Drop In, and the Carson City Visitors Bureau. These organizations will come together to provide input on the educational materials, to distribute lights and materials, and to promote and administer the survey to assess bicycle and pedestrian knowledge and experiences in Carson City.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

Carson City Health and Human Services' programs are sustained primarily through grant funding. Currently, there is not a mechanism to reduce our reliance on grant funding as an organization. It is our hope that, through this pilot project, we can demonstrate that the need for enhanced safety programs for bicyclists and pedestrians is worthy of community support and that future donations to our organization and our partners can help support this project and improve sustainability. However, because a significant portion of this project will be supporting a staff salary to develop the survey, educational materials, and marketing messages, future cycles of this program will require less funding as these materials will already be available for use and the requirement for staff time will be reduced.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Due to the nature of this project, it is important that we receive funding at the full requested amount. While the project could be scaled down, it would significantly limit the scope and reach of the project. Due to necessary staff time inputs for development of the survey and materials and coordination of program activities, procurement of supplies, and costs of printing and marketing, a lower budget would limit the success of this project. Carson City has identified creating a bicycle and pedestrian friendly community as a Quality of Life priority in the City's strategic plan. Providing a safe, enjoyable, and equitable active transportation experience for all of the city's residents is a worthwhile endeavor.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

While the majority of those served by this project will be Carson City residents, it is anticipated that regional residents who travel to Carson City for work, commerce, or services will also be impacted. It is beneficial that the reach of this project not be limited exclusively to Carson City residents, but to also include Carson City road users who may live outside our City. If we are to make an impact regarding the number of crashes on the roads in our community, it is imperative that everyone who uses our roads and streets receives our message of safety. Light and reflector distributions will take place in Carson City, but light/reflector recipients will not be asked to provide proof of residency.

2. How do you plan to track clients served? (Max Score: 5 points)

For this project, we will track clients served in 2 ways. First, we will record the number of lights and reflectors distributed. Additionally, we will track the number of surveys administered. For the marketing and education component, we will estimate reach by utilizing social media metrics.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

The projected outcome of this project is an improvement in safety for bicyclists and pedestrians in Carson City. The clients who receive lights and reflectors will benefit directly through improved visibility to other road users, namely motorists. Additionally, having lights on bicycles while riding after dark is the law in the state of Nevada, and providing these lights to those who cannot afford them helps to bring them into compliance with the law. The community will benefit because the roads will be safer for all users through the efforts of education. We will measure the success of our project through the survey data we collect, and also through crash data, hopefully documenting a decrease in bicycle and pedestrian crashes.



4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Lights and reflectors, safety information	Low-income active transportation-dependent residents/ road users.	250*
1	Bicycle and Pedestrian Safety Outreach and Education	Community-wide	2000
2	Lights and reflectors, safety information	Low-income active transportation-dependent residents/ road users.	250*
2	Bicycle and Pedestrian Safety Outreach and Education	Community-wide	2000
3	Lights and reflectors, safety information	Low-income active transportation-dependent residents/ road users.	250*
3	Bicycle and Pedestrian Safety Outreach and Education	Community-wide	2000
4	Lights and reflectors, safety information	Low-income active transportation-dependent residents/ road users.	250*
4	Bicycle and Pedestrian Safety Outreach and Education	Community-wide	2000

\*As this is a pilot project, we do not know how the levels of service will change throughout the year. More lights and reflectors could be distributed during the winter because it gets dark earlier and more people are forced to ride in low-light conditions. Conversely, we could see a greater number of lights distributed during the warmer months when the weather is nicer and more people are outside. We will conduct an analysis after year one.

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

Not applicable.

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Salary (.05 FTE)	\$4554	\$0	\$0	\$4554
Bicycle Lights	\$2000	\$3300	\$0	\$5300
Reflectors/ Pedestrian Lights	\$1000	\$0	\$0	\$1000
Marketing/ Educational outreach	\$250	\$250	\$750	\$1250
Survey materials	\$0	\$250	\$0	\$250
Volunteer labor (\$23.07/hr, 40 hrs)	\$0	\$0	\$922.80	\$922.80
Batteries	\$625	\$0	\$0	\$625
<b>TOTALS</b>	<b>\$8429</b>	<b>\$3800</b>	<b>\$1672.80</b>	<b>\$13,901.80</b>

<b>AGENCY ASSETS</b>	
Unrestricted cash	\$0
Restricted cash*	\$0
<b>Total cash on hand</b>	<b>\$0</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

No.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Salary (.05 FTE)	\$4554	Salary for staff time to develop the survey and educational materials, and to coordinate the program.
Bicycle Lights	\$5300	500 front/rear light sets at \$10/ set, plus \$300 in freight to have the lights delivered. Total amount includes \$3300 from Nevada Department of Transportation.
Reflectors/ Pedestrian Lights	\$1000	500 reflectors/pedestrian lights at \$2/ apiece.
Marketing/ Educational Outreach	\$1250	Social media marketing, as well as print materials. Total amount includes \$250 from Nevada Department of Transportation plus \$750 in in-kind contributions from the Carson City Visitor's Bureau for design and printing costs.
Survey Materials	\$250	Printing costs for 1000 surveys to be administered to recipients of lights and reflectors.
Volunteer Labor	\$922.80	Estimated cost, if volunteers had to be paid, of the work conducted by volunteers at our light distribution events. Reflects standard national rate of \$23.07 per hour for 40 hours of labor.
Batteries	\$625	Cost to purchase batteries for the bicycle lights. Each set of lights uses 4 AAA batteries for the front light, and 2 AAA batteries for the back.

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	<b>Nicki Aaker</b>
<b>Title:</b>	<b>Director, Carson City Health and Human Services</b>
<b>Address</b>	<b>900 E. Long Street, Carson City, NV 89706</b>
<b>Phone number:</b>	<b>775-283-7704</b>
<b>Email:</b>	<b>naaker@carson.org</b>

**PROJECT MANAGER**

<b>Name:</b>	<b>Cortney Bloomer</b>
<b>Title:</b>	<b>Health Educator</b>
<b>Address</b>	<b>900 E. Long Street, Carson City, NV 89706</b>
<b>Phone number:</b>	<b>775-283-7525</b>
<b>Email:</b>	<b>cbloomer@carson.org</b>

**FISCAL MANAGER**

<b>Name:</b>	<b>Ana Jimenez</b>
<b>Title:</b>	<b>Business Manager</b>
<b>Address</b>	<b>900 E. Long Street, Carson City, NV 89706</b>
<b>Phone number:</b>	<b>775-283-7228</b>
<b>Email:</b>	<b>ajimenez@carson.org</b>

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	<b>Cortney Bloomer</b>
<b>Title:</b>	<b>Health Educator</b>
<b>Address</b>	<b>900 E. Long Street, Carson City, NV 89706</b>
<b>Phone number:</b>	<b>775-283-7525</b>
<b>Email:</b>	<b>cbloomer@carson.org</b>

**AGENCY INFORMATION**


Date of incorporation	N/A
Date of IRS certification	1/25/1990
Tax exempt number	A440312
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	073787152

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

**INDEX OF ATTACHMENTS**

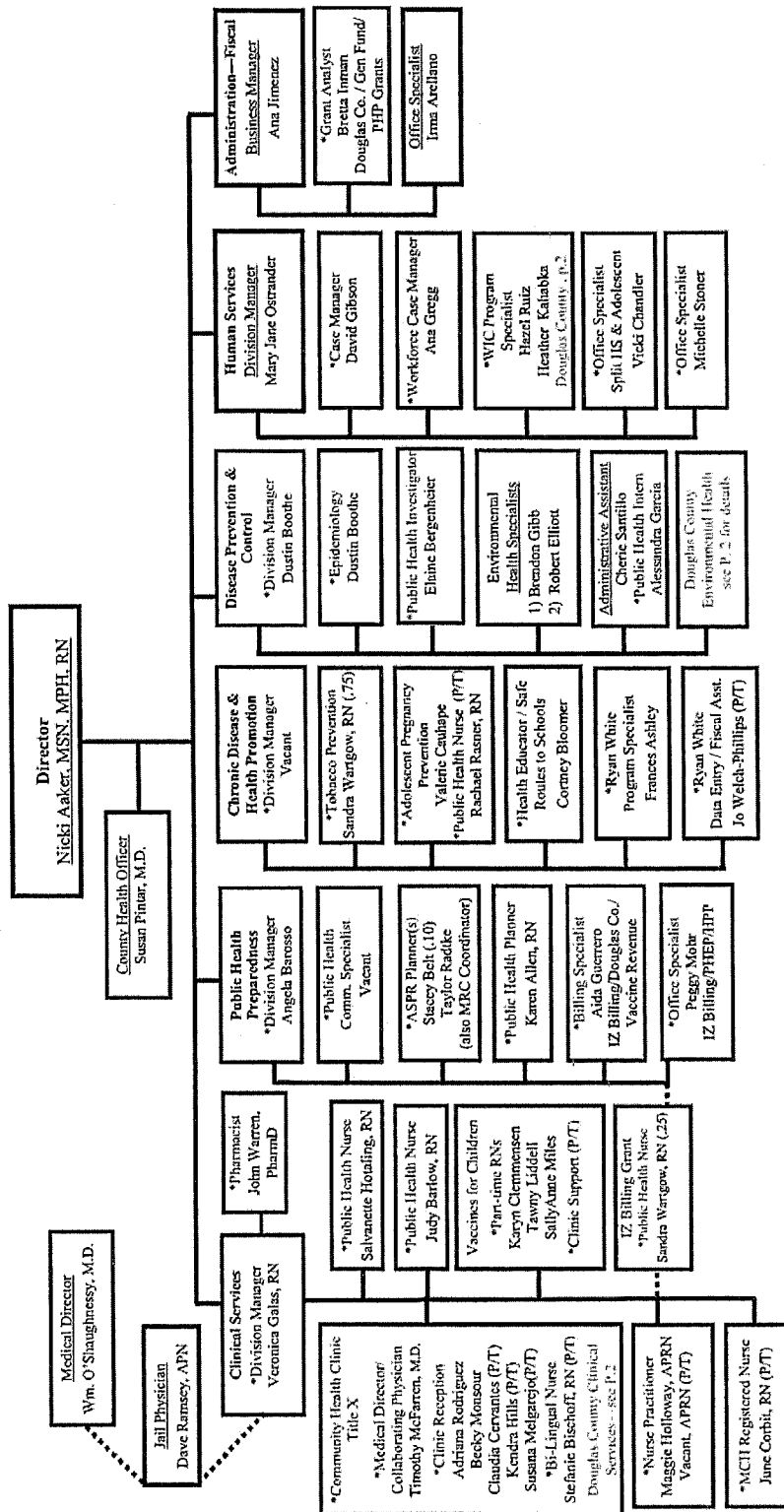
Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	NA
2	Proof of incorporation from Secretary of State (Certificate Only) Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	NA
3	Current Organization Chart with names of staff members	XXX
4	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 CSSG funds.]	NA
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	NA
6	Profit and Loss Statement and Balance Sheet	NA
7	Funding commitment letters and/or letters of support (if applicable)	XXX
8	Map of Bicycle and Pedestrian Crashes in Carson City	XXX

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.

 Signature of Authorized Official	3/11/15 Date
Nicki Aaker, Director Carson City Health and Human Services Typed Name and Title of Authorized Official	775-7704 Phone Number

Signature of President of Board of Directors	Date
Typed Name of President of Board of Directors	Phone Number

# Carson City Health & Human Services



"To protect and improve the quality of life for our community through disease prevention, education and support services."

\*ongoing grant funded



BRIAN SANDOVAL  
Governor

STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
1263 S. Stewart Street  
Carson City, Nevada 89712

RUDY MALFABON, P.E., Director

In Reply Refer to:

February 25, 2016

Ms. Nicki Aaker, Project Coordinator  
Carson City Health and Human Services  
900 E. Long St  
Carson City, NV 89706

**RE: Status of Bicycle and Pedestrian Safety Education Funding Application**

Ms. Nicki Aaker:

The Nevada Department of Transportation would like to acknowledge your interest in the Nevada Bicycle and Pedestrian Safety Education Funding Program. Since receiving your application the Department of Transportation and Nevada Bicycle & Pedestrian Advisory Board have reviewed your proposal. Based on this review, and applicable state laws, we are pleased to inform you that your application for funding is moving forward.

This notification is not a "Notice to Proceed" as the recommendations for funding must still be developed into fully executed legal agreements between the parties. Any expenditures made prior to issuance of a written Notice to Proceed will not be eligible for reimbursement. We estimate completion of this process by early May 2016.

In order to receive funding, all sub-recipients must be registered vendors with the state controller's office. If you are not registered please refer to the state controller's office website at [http://www.controller.nv.gov/VendorServices/Forms/KTLVEN-01\\_Registration\\_Substitute\\_IRS\\_Form-W-9.pdf](http://www.controller.nv.gov/VendorServices/Forms/KTLVEN-01_Registration_Substitute_IRS_Form-W-9.pdf)

If you have any questions, or if I can be of further assistance, please call me at (775) 888-7943.

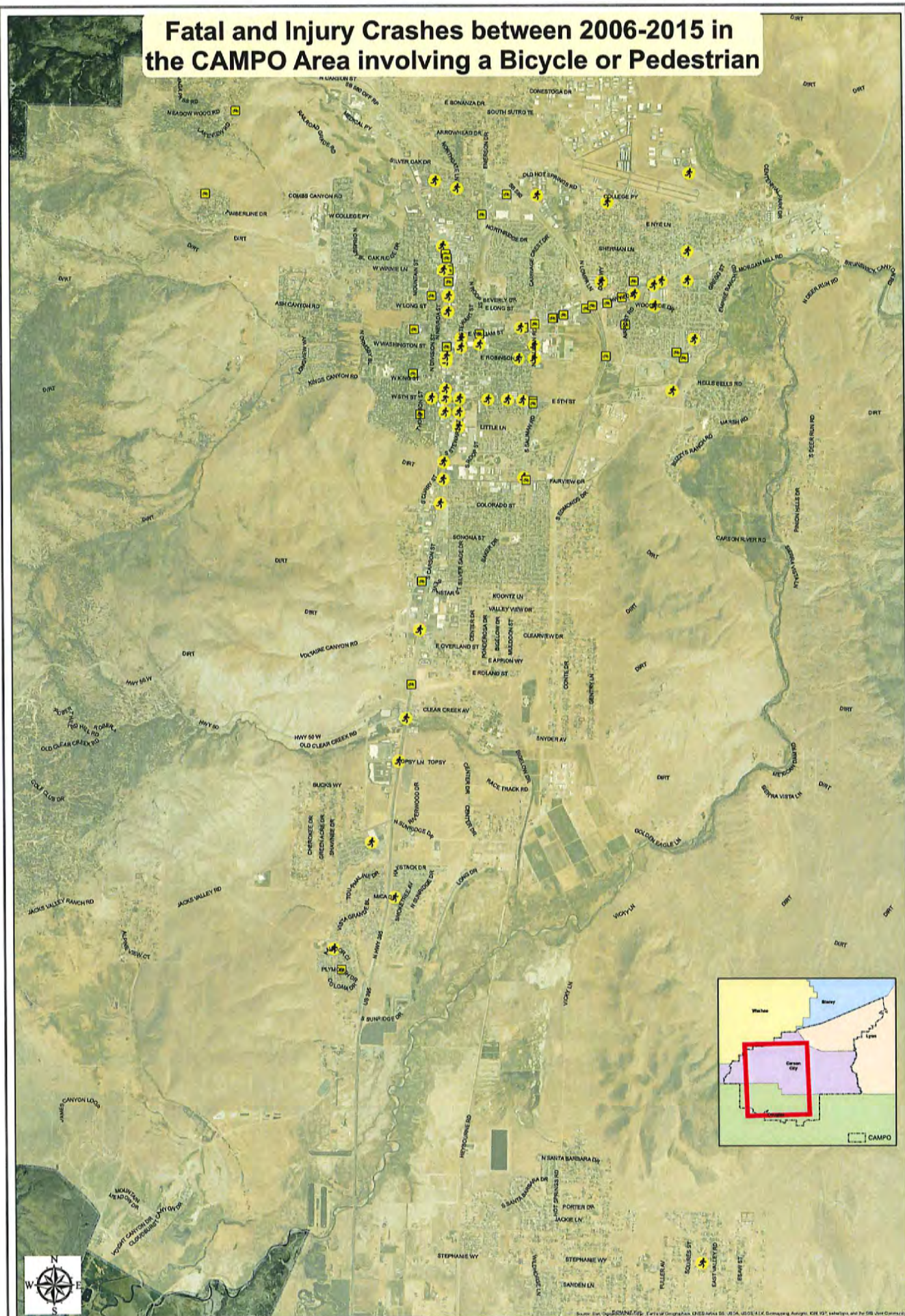
Sincerely

A handwritten signature in black ink, appearing to read "Albert Jacquez".

Albert Jacquez  
Education Coordinator  
Bicycle and Pedestrian Program  
NDOT – Planning Division



# Fatal and Injury Crashes between 2006-2015 in the CAMPO Area involving a Bicycle or Pedestrian



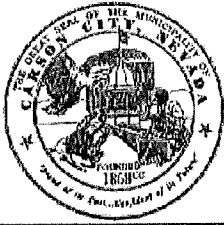
1 inch = 1,983.43 feet

- PEDAL CYCLE
- PEDESTRIAN
- CAMPO Boundary



Source: Data by SOURCEMAP, City of Camptonville, California GIS Department. Data by SOURCEMAP, City of Camptonville, California GIS Department. Data by SOURCEMAP, City of Camptonville, California GIS Department.





## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

**APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/essg>. PLEASE READ BEFORE COMPLETING.**

**APPLICATIONS ARE DUE\*:** MARCH 11, 2016, 4:00 P.M.

**PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:**

x

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/essg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

<b>Agency Name: St. Vincent de Paul Society – St. Teresa of Avila Conference</b>	
<b>Agency Mailing Address: : 3000 N. Lompa Lane</b>	
<b>Project Name: Supportive Services</b>	
<b>Project Address/Location: Carson City and surrounding areas</b>	
<b>Contact Person: Barbara Sweeting</b>	
<b>Phone Number: 775-461-0571</b>	<b>Email: : barbara.sweeting@att.net</b>
<b>Fax:</b>	<b>Website (if applicable):</b>

### PROJECT FUNDING

<b>Requested amount</b>	\$12,000.00
<b>Other funding</b>	\$47,781.00
<b>Total project cost</b>	\$59,781.00

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

Assistance to homeless and the elderly with temporary housing, medication, gas cards, automotive repairs, utilities, JAC and RTC passes, partial security deposits and eviction prevention rent payments. The number of clients has been up to 500 per year with approximately 10 assisted per week. Funds are solely based on donations and grants. The organization is volunteer based with no paid staff. Clients are generally met at their home or a location that convenient for them.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input checked="" type="checkbox"/> Other (specify) Supportive Services

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

The clients served are homeless and/or unemployed, without funds to meet their basic necessities. Many are elderly and single parents with children in need of medication, funds to keep utilities on, eviction prevention and transitional housing with motel charges. Approximately 10-12 call come in a day with varying needs.

Of these calls, we normally are only able to help perhaps 40-50% of the clients. Clients are served on a first come first served basis until funds are exhausted for that week. There is always a "shortfall" between our funds and the number of clients we serve per week.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

The supportive services provided are mainly in the Carson City area and are distributed based on the funds received from donations and a weekly donation from St. Teresa of Avila church poor box. The St. Vincent de Paul Society is a lay organization that serves the community regardless of race, ethnicity or religion. Calls for assistance come in through the St. Teresa of Avila main number and the calls are transferred to a private line where a message can be left. Calls are returned as promptly as possible with volunteers routing each day. Face to face meetings with two volunteers are scheduled with each client either at their home, a motel or at a location more convenient to them. An intake form is completed at that time as well as an assessment of their need and ability to provide assistance with the funds available. Some clients have multiple needs such as medication, fuel to get to work or needing diapers, eviction prevention and utilities. Many clients have needs in excess of what we can provide, such as rental or home eviction in the range of \$700-\$900.

All volunteers are unpaid, and pay for their own gas to make their calls.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Yes, this is a critical part of our work. St. Vincent de Paul works closely with other agencies such as FISH, Ron Woods, Salvation Army and Health and Human Services. Most clients are unemployed and referred to the "Work Force Program" through HHS.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

Poverty and homelessness is prevalent in Carson City and currently resources are low to assist individuals and families get back on their feet. The St. Vincent de Paul Society in Carson City has been in existence since 2009. St. Vincent de Paul is an international lay organization founded in Paris France in 1833. The organization's good works spread to the United States in 1845. Without the assistance provided by the St. Vincent de Paul Society of Carson City our clients would not be working towards self-sustainability. The homeless count in Carson City is high and it is difficult to project how long it will take for the economic and social changes to take place that would alleviate this situation.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes, however less individuals and families will receive assistance. The St. Vincent de Paul Society will continue with our ministry to serve the poor and homeless, partial funding would still allow additional services. With the current funding situation callers are taken on a first come first serve basis with assistance provided as long as funds are available. Usually funds are depleted before the week is out leaving clients to sleep in their cars or outside.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

95% of those served will be in Carson City  
5% of those served will be from neighboring communities

2. How do you plan to track clients served? **(Max Score: 5 points)**

Currently each client is processed with an intake form however ongoing monitoring of their success is difficult due to limited funds and volunteers. Many of those served call multiple times in one year, therefore our assistance has an annual limit so others can be helped.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

With the financial assistance provided clients work towards bettering their lives. Clients are encouraged to seek employment, obtain job skills, with an end of securing an apartment from transitional housing like a motel. A resource list is provided to every client and then counseled on the possibilities that they can achieve if they pursue employment and take advantage of the opportunities offered to them through the various agencies.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Supportive Services Such as Emergency housing, Medical, auto & bus fare, eviction prevention and employment assistance	Homeless, needy and unemployed	120
2	As above	as above	120
3	As above	As above	120
4	As above	As above	120

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

Not applicable

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Auto Repairs/Insurance	275.00	1,089.00		1,362.00
Bus Fares	98.00	392.00		490.00
Emergency Transitional Housing	5,155.00	20,530.00		25,685.00
Employment Assistance	22.00	86.00		108.00
Eviction Prevention	3,232.00	12,870.00		16,102.00
Food/Diapers	118.00	473.00		591.00
Fuel (Gas Cards)	856.00	3,411.00		4,267.00
Medicine/Doctor Co-pays	77.00	308.00		385.00
Utilities	1,607.00	6,401.00		8,009.00
Other Client Expenses	132.00	528.00		661.00
Operating Costs (Bank fees, Insurance, brochures, supplies, etc)	428.00	1,693.00		2,115.00
<b>TOTALS</b>	<b>12,000.00</b>	<b>47,781.00</b>		<b>59,781.00</b>

#### AGENCY ASSETS

Unrestricted cash	\$49,139.00
Restricted cash*	\$ 0.00
<b>Total cash on hand</b>	<b>\$ 1,358.00</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Auto Repairs/Insurance	\$ 1,362.00	Assistance with minor repairs and monthly insurance premiums.
Bus Fare	\$ 490.00	Bus passes for job interviews and getting to work.
Emergency Housing	\$ 25,685.00	Assistance to homeless individuals and families with short term housing.
Employment Assistance	\$ 108.00	Work boots, drug screenings, etc
Eviction Prevention	\$ 16,102.00	Partial rent assistance to prevent eviction and homelessness.
Food/Diapers	\$ 591.00	Toiletries, diapers, formula
Fuel	\$ 4,267.00	Gas cards to assist clients to get to work, medical appointments, job interviews.
Medical	\$ 385.00	Provide medication, office visits
Utilities	\$ 8,009.00	Assistance with shut off notices only
Other Client Cost	\$ 661.00	Day care, washer repair, etc.
Operating Costs	\$ 2,115.00	Bank fees, brochures, office supplies, liability insurance, dues
<b>Total</b>	<b>\$ 59,781.00</b>	



**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	<b>Barbara Sweeting</b>
<b>Title:</b>	<b>President</b>
<b>Address</b>	<b>3000 N. Lompa Lane, Carson City, NV 89703</b>
<b>Phone number:</b>	<b>775-461-0571</b>
<b>Email:</b>	<b>barbara.sweeting@att.net</b>

**PROJECT MANAGER**

<b>Name:</b>	<b>Barbara Sweeting</b>
<b>Title:</b>	<b>President</b>
<b>Address</b>	<b>3000 N. Lompa Lane, Carson City, NV 89703</b>
<b>Phone number:</b>	<b>775-461-0571</b>
<b>Email:</b>	<b>barbara.sweeting@att.net</b>

**FISCAL MANAGER**

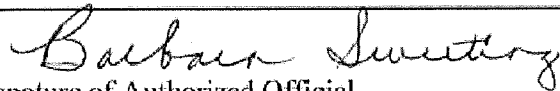
<b>Name:</b>	<b>Nancy Nizankiewicz</b>
<b>Title:</b>	<b>Treasurer</b>
<b>Address</b>	<b>3000 N. Lompa Lane, Carson City, NV 89703</b>
<b>Phone number:</b>	<b>775-297-3427</b>
<b>Email:</b>	<b>Nancynizan@yahoo.com</b>

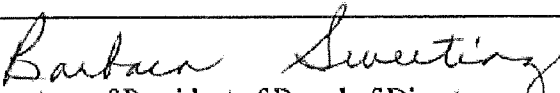
**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	<b>Not applicable</b>
<b>Title:</b>	
<b>Address</b>	
<b>Phone number:</b>	
<b>Email:</b>	



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.

 Signature of Authorized Official	Date 3-11-16
Barbara Sweeting Typed Name and Title of Authorized Official	775-461-0571 Phone Number

 Signature of President of Board of Directors	Date 3-11-16
Barbara Sweeting Typed Name of President of Board of Directors	775-461-0571 Phone Number



# SAINT TERESA OF AVILA CONFERENCE, SAINT VINCENT DE PAUL SOCIETY

Business Entity Information			
Status:	Active	File Date:	07/23/2010
Type:	Domestic Non-Profit Corporation	Entity Number:	E0371042010-0
Qualifying State:	NV	List of Officers Due:	07/31/2016
Managed By:		Expiration Date:	
Foreign Name:		On Admin Hold:	No
NV Business ID:	NV20101690663	Business License Exp:	

Charitable Solicitation Registration Statement Information	
<a href="#">Click here to view the Charitable Solicitation Registration Statement details associated with this company. (/businessSearch/charitable?corpId=QH4YDhfcBHHzvPPF2vUeU8w==)</a>	

Registered Agent Information			
Name:	REGISTERED AGENT INC.	Address 1:	788 BASQUE WAY SUITE 300
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89708
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

[View all business entities under this registered agent \(\)](#)

Officers				<input type="checkbox"/> Include Inactive Officers
<b>Director - MICHAEL NIZANKIEWICZ</b>				
Address 1:	3000 N LOOMPA LN	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89708	Country:	USA	
Status:	Active	Email:		
<b>Treasurer - NANCY NIZANKIEWICZ</b>				
Address 1:	3000 N LOOMPA LN	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89708	Country:	USA	
Status:	Active	Email:		
<b>Secretary - LINDA NOAH</b>				
Address 1:	3000 N LOOMPA LN	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89708	Country:	USA	
Status:	Active	Email:		
<b>President - BARBARA SWEETING</b>				
Address 1:	3000 N LOOMPA LN	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89708	Country:	USA	
Status:	Active	Email:		

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

DEPARTMENT OF THE TREASURY

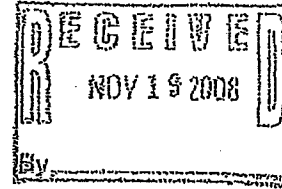
Date: NOV 1 4 2008

SOCIETY OF ST. VINCENT DE PAUL,  
COUNCIL OF THE UNITED STATES  
58 PROGRESS PKY  
MARYLAND HEIGHTS, MO 63043-3706

Employer Identification Number:  
13-5562362  
DLN:  
508154014  
Contact Person:  
JOY M McCOY  
Contact Telephone Number:  
(877) 829-5500

ID# 31495

Addendum Applies:  
Yes



Dear Applicant:

We have considered your application for a group exemption letter recognizing your subordinates as exempt from federal income tax under section 501(a) of the Internal Revenue Code as organizations of the type described in section 501(c)(3).


Our records show that you were recognized as exempt from federal income tax under section 501(c)(3) of the Code. Your exemption letter remains in effect.

Based on information you supplied, we recognize your subordinates whose names appear on the list you submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Additionally, we have classified the organizations that you operate, supervise, or control, and that are covered by your notification to us, as organizations that are not private foundations because they are organizations of the type described in section 509(a)(2) of the Code.

Donors may deduct contributions to your subordinates as provided in section 170 of the Code. Requests, legacies, devises, transfers, or gifts to your subordinates or for their use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Your Group Exemption Number is 5496. Your subordinates are required to include this number on each Form 990, Return of Organization Exempt From Income Tax, and Form 990-T, Exempt Organization Business Income Tax Return, that they file. Please advise your subordinates of this requirement and provide them with the Group Exemption Number.

  
Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure(s):  
Publication 4221-PC

**ST. VINCENT DE PAUL SOCIETY**  
**ST. TERESA OF AVILA CONFERENCE**

**ORGANIZATION CHART:**

**PRESIDENT:**

**Barbara Sweeting**  
**3051 Austin Lane**  
**Carson City, NV 89701**

**VICE-PRESIDENT:**

**Linda Rosie Noah**  
**P.O. Box 1513**  
**Minden, NV 89423**

**TREASURER:**

**Nancy Nizankiewicz**  
**1566 Robb Drive**  
**Carson City, NV 89703**

**SECRETARY:**

**Barbara Sweeting**  
**(as above)**

**All of the above are unpaid volunteers, we have no paid "staff" members.**

**Dated 4/22/16**

### Profit & Loss

October 1, 2015 through April 23, 2016

	<u>Oct 1, '15 - Apr 23, 16</u>
<b>Income</b>	
43400 · Direct Public Support	
43405 · Member Donations	191.20
43408 · Poor Box & Parishioner Donation	26,954.51
Total 43400 · Direct Public Support	<u>27,145.71</u>
43600 · Interest Income	0.41
<b>Total Income</b>	<u>27,146.12</u>
<b>Expense</b>	
62800 · Client Assistance Expenses	
62891 · Security Deposit Assistance	150.00
62860 · Auto Expenses/Repairs	517.32
62870 · Bus Fare	65.00
62855 · Clothing	51.34
62898 · Emergency Housing	9,923.00
62899 · Employment Assistance	22.25
62890 · Eviction Prevention	9,132.95
62841 · Food	40.94
62894 · Fuel	1,050.00
62840 · Medical Expenses	353.98
62875 · Storage	195.00
62842 · Utilities Expenses	
62843 · Gas/Propane	747.46
62850 · Electricity	2,861.74
62893 · Telephone	206.53
Total 62842 · Utilities Expenses	<u>3,815.73</u>
62895 · Other Client Expenses	58.25
<b>Total 62800 · Client Assistance Expenses</b>	<u>25,375.76</u>
65000 · Operations	
65005 · Bank Fees	13.00
65030 · Printing and Copying	35.45
65040 · Supplies	237.98
<b>Total 65000 · Operations</b>	<u>286.43</u>
65100 · Other Types of Expenses	
65150 · Memberships and Dues	154.00
65100 · Other Types of Expenses - Other	396.38
<b>Total 65100 · Other Types of Expenses</b>	<u>550.38</u>
68300 · Travel and Meetings	
68310 · Conference, Convention, Meeting	0.00
<b>Total 68300 · Travel and Meetings</b>	<u>0.00</u>
<b>Total Expense</b>	<u>26,212.57</u>
<b>Net Income</b>	<u>933.55</u>

**From:** Nancy Nizankiewicz [mailto:nancynizan@yahoo.com]

**Sent:** Sunday, April 24, 2016 1:40 PM

**To:** Barbara Sweeting

**Subject:** IRS Documentation

Hi Barbara

Below is a screen shot confirming our filing of the 990-N and also the screen shot from the IRS page on Who Must File. This should satisfy the review board.



## Confirmation

[Home](#) | [Security Profile](#)

e-Postcard Profile

Select EIN

Organization Details

Contact Information

Confirmation

Your Form 990-N(e-Postcard) has been submitted to the IRS

- **Organization Name:** SOCIETY OF ST VINCENT DE PAUL ST BENEDICT CONFERENCE
- **EIN:** 135562362
- **Tax Year:** 2014
- **Tax Year Start Date:** 10-01-2014
- **Tax Year End Date:** 09-30-2015
- **Submission ID:** 10065320161150144049
- **Filing Status Date:** 04-24-2016
- **Filing Status:** Pending





- Charitable Organizations
- Churches & Religious Organizations
- Political Organizations
- Private Foundations
- Other Non-Profits
- Contributors

**Charities & Non-Profits Topics**

- A-Z Index
- Search for Charities
- Calendar of Events
- Charity and Nonprofit Audits
- Free e-Newsletter
- Online Training
- Life Cycle
- Taxpayer Bill of Rights
- Tax Exempt and Government Entities

## Annual Electronic Filing Requirement for Small Exempt Organizations – Form 990-N (e-Postcard)

### How to file

To electronically submit Form 990-N, *Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ*, use the [Form 990-N Electronic Filing System \(e-Postcard\)](#).

- All organizations are required to register at [IRS.gov](#) prior to filing Form 990-N. You won't be asked to register again the next time you file.
- Form 990-N must be completed and filed electronically. There is no paper form.
- Form 990-N filers may choose to file a complete Form 990 or Form 990-EZ instead.
- Use the [Form 990-N Electronic Filing System \(e-Postcard\) User Guide](#) while registering and filing.
- For filing system and website issues, refer to the second question on the [How to File: Frequently Asked Questions](#) page.

**Prior to filing your form, please review the following information:**

### Who must file

Most small tax-exempt organizations whose annual gross receipts are normally \$50,000 or less can satisfy their annual reporting requirement by electronically submitting Form 990-N if they choose not to file Form 990 or Form 990-EZ instead.

Nancy Nizankiewicz  
[Nancynizan@yahoo.com](mailto:Nancynizan@yahoo.com)



# RON WOOD FAMILY RESOURCE CENTER

2621 Northgate Lane  
Suite 62  
Carson City, NV 89706  
(775) 884-2269 - Phone  
(775) 884-2730 - Fax  
www.carson-family.org

**BOARD OFFICERS**

Gere' Clark  
*Chairman*

Adrienne Murphy  
*Vice Chair*

Valeri Wood  
*Secretary/Treasurer*

**BOARD OF DIRECTORS**

Linda Allen

Ali Bannister

Trina Dahlin

Ken Furlong

Rick Redican

Paul Saucedo

Greg Wood

**EXECUTIVE DIRECTOR**

Joyce Buckingham

Promoting  
Healthy  
Family  
Relationships  
Through  
Education  
& Support Services

April 26, 2015

St. Vincent de Paul Society  
St. Teresa of Avila  
Attention: Barbara Sweeting  
3000 North Lompa Lane  
Carson City, Nevada 89706

To Whom It May Concern:

It is our pleasure to work with our community friends at St. Vincent de Paul Society - St. Teresa of Avila in Carson City.

As a long standing collaborative partner, this letter is to express Ron Wood Family Resource Center's support to St. Teresa of Avila and the work they provide our community. St. Teresa of Avila assists our community with support for housing, vehicle maintenance, bus passes, State ID costs, birth certificates and many other miscellaneous needs that our community partners cannot fund. St. Teresa of Avila's grant request for funds will continue to support their cause and programs and fills a gap of support in our community that only they provide.

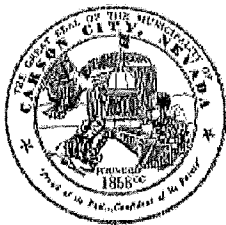
St. Teresa of Avila is supporting the community in accomplishing goals in breaking the cycle of homelessness and poverty.

We are proud to refer individuals and families to St. Teresa of Avila and will continue to work closely in assisting the most in-need.

If you have any questions, please feel free to contact me.

Respectfully submitted,

  
Joyce Buckingham  
Executive Director  
Ron Wood Family Resource Center



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 9 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: <b>RON WOOD FAMILY RESOURCE CENTER (RWFRC)</b>	
Agency Mailing Address: <b>2621 Northgate Lane #62, Carson City, NV 89706</b>	
Project Name: <b>Ron Wood Family Resource Center – Operational Grant (Youth Services)</b>	
Project Address/Location: <b>2621 Northgate Lane #62, Carson City, NV 89706</b>	
Contact Person: <b>Joyce Buckingham</b>	
Phone Number: <b>(775) 884-2269</b>	Email: <b>executive_director@carson-family.org</b>
Fax: <b>(775) 884-2730</b>	Website (if applicable): <b>www.carson-family.org</b>

### PROJECT FUNDING

Requested amount	25,000.00
Other funding	87,225.94
<b>Total project cost</b>	<b>112,225.94</b>

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

The RWFRC Operational Grant funds costs that not funded by other sources. These operational costs and services are essential in conducting needed direct services for our youth and community. RWFRC serves children, families and seniors. RWFRC will provide over 100,000 units of service annually to the residents of Carson City at the center and offsite.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

Ron Wood Family Resource Center (RWFRC) serves the residents of Carson City with 18 programs that are non-duplicative in our community. These are vital services that serve all of the critical areas with a priority of youth and families.

Critical Area – Youth Services – Carson City Priority Development Needs – 2014-2018 Consolidated Plan indicates Youth services are a high priority in our community. RWFRC youth services addresses youth and family needs by offering the following services; Reach Up! mental health services, cooperative parenting classes, supervised visitation for non-custodial parents, substance abuse prevention, truancy prevention, anger management, prevention of bullying program and our emergency food bank. Each of these services are vital and a resource to our community partners specifically Carson City School District, Carson City Juvenile Services, Carson City Court system and many other partnering agencies.

Functionality of youth and families depend on identifying deficits in areas such as mental health, substance abuse, environmental risks, social and emotional learning, food insecurity and academic success. Instilling protective capacity to strengthen families and youth success and reducing risk factors with evidence based strategies is the common thread in the youth programming offered at the center. RWFRC has been approached by Carson City School District to assist with programs such as Prevention of Bullying curriculum which is mandated under new legislation. This program along with truancy prevention services are frequently requested by CCSD however funds are not available to fund the oversight and execution these requests. Carson City Court system requested we provide supervised visitation to non-custodial parents to insure children are able to continue relationships with both parents once divorce or separation of family is eminent.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space.  
**(Max. Score 25 pts)**

RWFRC – Operational Grant is requesting grant funding to offset wages for the executive director, human resources manager, fiscal management, parenting instructor and office support. Unfortunately these youth and family programs fund only direct services to the youth and their families. Management, data collection, accounting functions and support services are considered indirect services but remain necessary to continue operating these programs.

Our accomplishments will include a holistic approach that incorporates the youth and family. Case managers identify barriers to family functionality and work with the family to offer education and resources to allow youth and family a comprehensive approach to improving protective capacity and flourish in a healthy family capacity.

Specific youth program targeted accomplishments:

Reach Up! – Offer youth individual and group psycho-education services and a triage format to receive mental health services and deal with bereavement, loss and dysfunctional issues. (300 individuals/800 group sessions)

Co-Parenting After and During Divorce – Parenting class that is offered to divorcing and estranged parenting partners to focus on improving communication for the benefit of the children in the family. (70 parents/300 youth)

Supervised Visitation – Offers the opportunity for non-custodial parents to have supervised visitations with their children. (190 sessions)

Prevention of Truancy – Referrals from all CCSD schools to address attendance issues which are a barrier to learning. (300+ youth)

Requests for Involvement – Referrals from all CCSD schools to address substance abuse, mental health issues, cutting, tobacco usage and other unhealthy behavior. (300+ youth)

F.I.R.E. – Youth anger management workshops that assist youth in responding to life in a thoughtful and less aggressive manner. (50 – 80 youth)

Prevention of Bullying – New classes that are targeting perpetrators and victims of bullying. (50 – 80 youth)

Food Insecurity – Our emergency food bank offers nutritious foods to youth and family to improve learning, decision making and offer everyday sustenance for a healthy quality of life. (10,000 youth + 10,000 adults)

These accomplishments will be accomplished by harnessing each youth and family's self-determination to improve family dynamics and build on strengths in each situation. Trained family advocate/case managers engage each youth and family to build a family goal worksheet and services to measure and document each unit of service and each methodical goal achieved.

RWFRC serves all individuals in a respectful manner. Services are offered both at the center as well as at the schools, juvenile services and tribal offices as requested. Youth are the primary focus of these services. RWFRC engages the entire family and empowers them to affect the change and favorable outcome. 78% of individuals served at the center, schools and partnering agencies are youth under 18 years of age.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Yes- Ron Wood Family Resource Center coordinates services with every partnering agency in our immediate community. RWFRC identifies needs and continues to build programming that incorporates our community partners.

Carson City School District – Services include both youth and family services. Requests for involvement, truancy – educational neglect, bullying issues, parenting classes, mental health counseling, substance abuse issues, hunger/clothing needs, anger management and family essential resources (housing, utilities, food, medical needs)

Carson City Juvenile Services - Services include both youth and family services. Request for involvement, truancy – educational neglect, bullying issues, parenting classes, mental health counseling, substance abuse issues, hunger/clothing needs, anger management and family essential resources (housing, utilities, food, medical needs) community service placements and bicycle donations.

Carson City Court System – Services include both youth and family services. Requests for involvement, truancy – educational neglect, bullying issues, parenting classes, mental health counseling, substance abuse issues, hunger/clothing needs, anger management and family essential resources (housing, utilities, food, medical needs) child abuse and neglect situations, domestic violence, child vehicle safety violations, supervised visitations.

Partnership Carson City, United Latino Community, Urban Indian Services, Washoe Tribal Colonies, State of Nevada Welfare, Department of Child and Family Services/Child Protective Services, Boys and Girls Club, FISH, Salvation Army, Carson City Health and Human Services, Carson Tahoe Hospital, Big Brothers/Big Sisters, ESL Program, Do Drop Inn and many other public and private partners - Services include both youth and family services. Requests for involvement, truancy – educational neglect, bullying issues, parenting classes, mental health counseling, substance abuse issues, hunger/clothing needs, anger management and family essential resources (housing, utilities, food, medical needs)

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

Fundraising efforts to attain non-restrictive funding have increased to include; Community Leaders (Youth and Adult) of the Year Benefit, Adopt a Family for the Holidays, Food Drives and many private sector partnerships that offer both goods and monetary donations. RWFRC's strategic plan identifies and monitors a five year plan that includes fee-for-service activities incorporating mental health services, youth and family counseling services and other projects that address gaps in services for our community. This plan is addressed annually and incorporates both short and long-term goals.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes - Ron Wood Family Resource Center appreciates the long positive relationship with Partnership Carson City and the City of Carson as well as the support we have realized over the past years. These funds mostly address management and fiscal responsibilities necessary to offer viable services and programs to the community. We are requesting funds representing a shortfall in balancing our budget. We would be grateful for any amount granted.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

95 – 98% of youth and families are Carson City residents

2. How do you plan to track clients served? (Max Score: 5 points)

Ron Wood Family Resource Center takes extraordinary care to collect data insuring outcomes for each grant are measured and evaluated. All RWFRC programs document activities through participant sign in sheets, customer satisfaction surveys, protective factors surveys, pre and post surveys and facilitator evaluations. Data is reported through electronic methods to the grantors and reported to the executive director on a monthly, quarterly and annual basis. Presently we have converted all fiscal accountability to electronic files with cloud-based back-up capability. We are in the process of installing HMIS/Clarity case management software to both reconcile and share information with the appropriate confidentiality systems in place. This is a nationwide case management software that has been donated to RWFRC for data collection.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

**Outputs:**

- ▶ 100,000+ - Fiscal Year 2016–2017 - Total center units of services
- ▶ 20,000+ - # Individuals Low-Moderate Income will utilize the food bank (Individuals may come for emergency food up to 12 times per year to receive 2-3 days of food – once per month)
- ▶ 38,000+ - # Individual referrals for services per year
- ▶ 3,000+ - # Ongoing Case management appointments

**Outcomes:**

- ▶ 80% to 90% of all individuals surveyed will indicate an above average to excellent satisfaction rating with their participation in services and programming at the Ron Wood Family Resource Center.
- ▶ 100% of Carson City residents that complete food request forms will receive quality and nutritious emergency food assistance as supplies are available.
- ▶ 100% of youth/individuals requesting services from Ron Wood (RWFRC) will receive quality services and a waiver of fees for appropriate services if needed.
- ▶ 100% of individuals in crisis will receive walk-in services without an appointment.

**Measurement:** All programs are documented through participant sign in sheets, customer satisfaction surveys, protective factors surveys, pre and post surveys and facilitator evaluations. Data is reported through electronic methods to the grantor and reported to the executive director on a monthly, quarterly and annual basis.

4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	<u>Fiscal Year 16-17</u> <u>Total center units of services;</u> <u>(unit of service = class, case</u> <u>management appointment,</u> <u>group session, emergency food</u> <u>basket)</u>	Youth Parents Grandparents Disabled individuals Seniors Guardians	100,000+ 25,000 – quarterly
2	<u>Fiscal Year 16-17</u> <u># Individuals Low-Moderate</u> <u>Income will utilize the food</u> <u>bank</u>	Youth Parents Grandparents Disabled individuals Seniors Guardians	20,000+ 5,000 – quarterly
3	<u>Fiscal Year 16-17</u> <u># Individual referrals for</u> <u>services provided both in</u> <u>house and to our partners</u>	Youth Parents Grandparents Disabled individuals Seniors Guardians	38,000+ 9,500 – quarterly
4	<u>Fiscal Year 16-17</u> <u># Ongoing Case management</u> <u>appointments</u>	Youth Parents Grandparents Disabled individuals Seniors Guardians	3,000+ 750 - quarterly

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

RWFRC – Operational Grant – Youth Services is an ongoing need.

Successes – Include continued growth and positive outcomes for all grants and programs conducted by the center. RWFRC identifying gaps in services and continues to focus on the needs of the community without duplication of services. RWFRC has a reputation of having a user-friendly approach, treating our community and our partners with respect and excellent customer service. We are available on a walk in basis, have exceeded outcomes for each program and continue to address needs and collaborate with all agencies to address healthy family relations and quality of life issues for all.

Challenges – Include identifying funding that allows for management, fiscal, human resource and office support. We have dedicated non-restrictive donations to needs such as food bank operations, birth certificates for children that need Medicaid and housing and infrastructure mandates such as A-133 annual audit costs. With the philosophy that every client receives services regardless of their ability to pay, non-restrictive expendable



donations and fee for service income is limited. Operational costs are an expense that is costly and underfunded.

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title: Operational Grant Youth Services	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Executive Director	7010.21	-0-	12,228.84 General Fund	19,239.05
Human Resources Manager/Registered Nurse	2268.51	-0-	6,927.10 General Fund	9195.61
Fiscal Manager	5439.23	-0-	-0-	5439.23
Accounting Specialist	1144.06	-0-	-0-	1144.06
Cooperative Parenting Instructor	3671.82	5,070.00 Fee for service variable	-0-	8741.82
Office Support	5466.17	-0-	-0-	5466.17
Reach Up – Direct Services only	-0-	30,000.00 CDBG	8,000.00 Professional Counseling donations	38,000.00
CCSD – Request for Involvement, Bullying, FIRE – Direct services only	-0-	25,000.00 CCSD	-0-	25,000.00
<b>TOTALS</b>	<b>25,000.00</b>	<b>60,070.00</b>	<b>27,155.94</b>	<b>112,225.94</b>

#### AGENCY ASSETS

Unrestricted cash	93,082.00 – General Fund 12/31/15
Restricted cash*	60,070.00 – see funding commitment – Attachments 7
Total cash on hand	153,152.00

\*If restricted cash, attach description and amount of restriction

Reach Up – CDBG Budget (included) – 30,000 awarded

Cooperative Parenting – self funded – no grant

FIRE/Requests of Involvement/Truancy and Bullying Prevention – 25,000.00 CCSD invoice

Supervised Visitation – self-funded on a fee-for-service basis only for LSW

Food Bank – self-funded by private donations

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

CDBG Grant for Reach Up program – 30,000 for Licensed Social Worker only

Previously we had applied for a food bank grant from the City of Carson – CSSG, however we are now self-sustaining in food bank operations. RWFRRC also receives free rent from the City of Carson since 2010. These funds were redirected into direct services for the community.

**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

<b>PROJECT EXPENSE</b>	<b>AMOUNT BUDGETED</b>	<b>JUSTIFICATION OF EXPENSE</b>
<b>Executive Director</b>	7010.21	Executive Director management of non-funded youth programs 193.76 hours @ 36.18 per hour 3.6 hours per week Includes benefits and fringe benefits
<b>Human Resources Manager/Registered Nurse</b>	2268.51	Human Resources management of non-funded youth programs 59.65 hours @ 38.03 per hour 1.2 hours per week Includes benefits and fringe benefits
<b>Fiscal Manager</b>	5439.23	Fiscal management of non-funded youth programs 142.5 hours @ 38.17 per hour 2.75 hours per week Includes fringe and benefits
<b>Accounting Specialist</b>	1144.06	Fiscal data entry and file maintenance of non-funded youth programs 77.35 hours @ 14.79 per hour 1.49 hours per week Includes fringe and benefits
<b>Cooperative Parenting Instructor/LSW</b>	3671.82	Cooperative Parent Instruction of non-funded youth programs 139.24 hours @ 26.37 per hour 2.7 hours per week Includes fringe and benefits
<b>Office Support</b>	5466.17	Reception and office support of non-funded youth programs 343.78 hours @ 15.90 per hour 6.6 hours per week Includes fringe and benefits

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Joyce Buckingham
<b>Title:</b>	Executive Director
<b>Address</b>	2621 Northgate Lane #62, Carson City, NV 89706
<b>Phone number:</b>	(775) 884-2269
<b>Email:</b>	Executive_director@carson-family.org

**PROJECT MANAGER**

<b>Name:</b>	Joyce Buckingham
<b>Title:</b>	Executive Director
<b>Address</b>	2621 Northgate Lane #62, Carson City, NV 89706
<b>Phone number:</b>	(775) 884-2269
<b>Email:</b>	Executive_director@carson-family.org

**FISCAL MANAGER**

<b>Name:</b>	William Maier
<b>Title:</b>	Fiscal Manager
<b>Address</b>	2621 Northgate Lane #62, Carson City, NV 89706
<b>Phone number:</b>	(775) 884-2269
<b>Email:</b>	Bill@carson-family.org

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Joyce Buckingham
<b>Title:</b>	Executive Director
<b>Address</b>	2621 Northgate Lane #62, Carson City, NV 89706
<b>Phone number:</b>	(775) 884-2269
<b>Email:</b>	Executive_director@carson-family.org

**AGENCY INFORMATION**

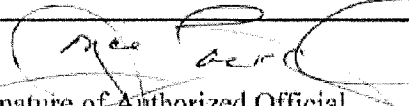
Date of incorporation	4-9-1997
Date of IRS certification	5-23-1997
Tax exempt number	IRS – 86-0865470 NV – RCE-012-907
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	867923401


Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

**INDEX OF ATTACHMENTS**

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	✓
2	Proof of incorporation from Secretary of State (Certificate Only) Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	Current Organization Chart with names of staff members	✓
4	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 CSSG funds.]	✓
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	✓
6	Profit and Loss Statement and Balance Sheet	✓
7	Funding commitment letters and/or letters of support (if applicable)	✓
8	CSSG Progress Report 2015-16 (7-1-15 to 12-31-15)	✓

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.

 Signature of Authorized Official	2-25-14 Date
Joyce Buckingham Typed Name and Title of Authorized Official	884-2269 Phone Number

 Signature of President of Board of Directors	Date 2/25/16
*Adrienne Murphy – Vice Chairperson Typed Name of President of Board of Directors	461-0348 Phone Number

- Gere' Clark – Chairperson is out of town so Adrienne Murphy Vice-Chairperson signed as approved by the Board of Directors

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

DEPARTMENT OF THE TREASURY

Date: MAY 23 1997

RON WOOD FAMILY RESOURCE CENTER  
637 S STEWART ST STE D  
CARSON CITY, NV 89701

Employer Identification Number:  
86-0865470

DLN:  
17053125159007

Contact Person:  
D. A. DOWNING

Contact Telephone Number:  
(513) 241-5199

Accounting Period Ending:  
June 30

Foundation Status Classification:  
509(a)(1)

Advance Ruling Period Begins:  
April 9, 1997

Advance Ruling Period Ends:  
June 30, 2001

Addendum Applies:  
No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

If we publish a notice in the Internal Revenue Bulletin stating that we

Letter 1045 (DO/CG)

John Starnes  
5-16-97  
DA 5123197

ATTACHMENT 1

RON WOOD FAMILY RESOURCE CENTER

will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Requests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If you are required to file a return you must file it by the 15th day of the fifth month after the end of your annual accounting period. We charge a penalty of \$10 a day when a return is filed late, unless there is reasonable

RON WOOD FAMILY RESOURCE CENTER

cause for the delay. However, the maximum penalty we charge cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. We may also charge this penalty if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

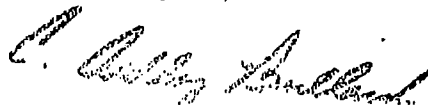
Since you have not indicated that you intend to finance your activities with the proceeds of tax exempt bond financing, in this letter, we have not determined the effect of such financing on your tax exempt status.

If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director

Enclosure(s):  
Form 872-C

Letter 1045 (DO/CG)





# RON WOOD FAMILY RESOURCE CENTER

Business Entity Information			
Status:	Active	File Date:	04/09/1997
Type:	Domestic Non-Profit Corporation	Entity Number:	C7621-1997
Qualifying State:	NV	List of Officers Due:	04/30/2017
Managed By:		Expiration Date:	
Foreign Name:		On Admin Hold:	No
NV Business ID:	NV19971148602	Business License Exp:	

Additional Information	
Central Index Key:	

**Charitable Solicitation Registration Statement Information**  
 Click here to view the Charitable Solicitation Registration Statement details associated with this company. (/businessSearch/charitable?corpId=cASaC8N4nPE\_fqQ\_KJCI-g==)

Registered Agent Information			
Name:	WILLIAM MAIER	Address 1:	18 CANYON DR
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		
View all business entities under this registered agent ()			

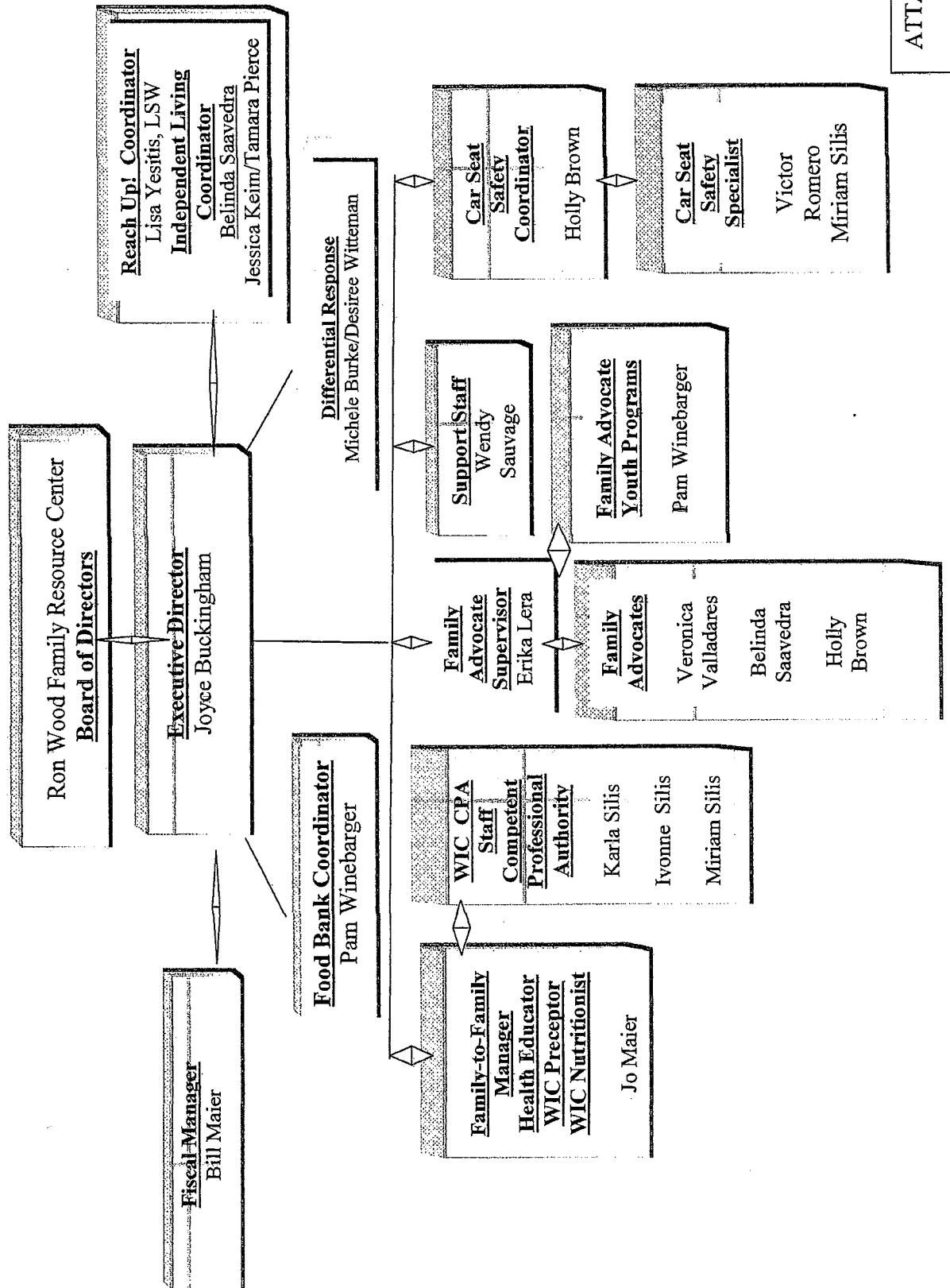
Officers				<input type="checkbox"/> Include Inactive Officers
<b>Director - JOYCE BUCKINGHAM</b>				
Address 1:	1321 KIM PLACE	Address 2:		
City:	MINDEN	State:	NV	
Zip Code:	89423	Country:	USA	
Status:	Active	Email:		
<b>President - GERE CLARK</b>				
Address 1:	2374 CHRISTMAS TREE DRIVE	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89703	Country:	USA	
Status:	Active	Email:		
<b>Secretary - VALERI WOOD</b>				
Address 1:	2618 ERIN COURT	Address 2:		
City:	MINDEN	State:	NV	
Zip Code:	89423	Country:	USA	
Status:	Active	Email:		
<b>Treasurer - VALERI WOOD</b>				
Address 1:	2618 ERIN COURT	Address 2:		
City:	MINDEN	State:	NV	
Zip Code:	89423	Country:	USA	
Status:	Active	Email:		

Actions/Amendments
<a href="#">Click here to view 28 actions/amendments associated with this company ()</a>

Disclaimer ()

# Ron Wood Family Resource Center Organizational Chart

2016 - 2017



ATTACHMENT 3

Ron Wood Family Resource Center  
Board of Directors – 2015 – 2017

Name	Work Address	Home Address	Numbers	Email Address	Terms of Office	COMMITTEE ASSIGNMENTS
<b>BOARD OFFICERS</b>						
Gere' Clark Chair Person	James Gaskets – Owner/Manager 37 Enterprise Dayton, NV 89403	Gere' Clark 2374 Christmas Tree Drive Carson City, NV 89703	(H) 246-3109 (W) 246-2220 (c) 721-8840	GClark@jamesgaskets.com	2015 – 2017	PUBLIC RELATIONS
Adrienne Murphy Vice Chairperson	N/A – Retired	Adrienne Murphy 2443 Hunt Circle Carson City, NV 89701	775-461-0348 Leave of Absence DND	Agmurphy2003@yahoo.com	2015 – 2017	FUND RAISING
Valeri Wood Secretary Treasurer	Valeri Wood - LCSW	Valeri Wood 2618 Erin Court Minden, NV, 89423	(C) 781-2468 (H) 267-3222	carsonprof@aol.com valgal0199@aol.com	2015 – 2017	FUND RAISING
<b>BOARD MEMBERS</b>						
Paul Saucedo	N/A - Retired	Paul Saucedo 1231 Chaparral Drive Carson City, NV. 89703	(H) 883-3626 (F) 883-7650 (C) 721-6882	psauce@sbcglobal.net	2015 – 2017	FUND RAISING
Rick Redican	N/A - Retired	Rick Redican 4257 Combs Canyon Rd Carson City, NV. 89703	(H) 882-6911 (C) 813-7087	Frannick@sbcglobal.net	2015 – 2017	POLICIES AND PROCEDURES FUND RAISING
Trina Dahlin	State of Nevada Deputy Attorney General Attorney General's Office	Trina Dahlin 330 Crystal Water Way Carson City, NV. 89701	(H) 887-0629 (C) 720-1552 (W) 684-1133	Tdahlin@ag.nv.gov	2015 – 2017	POLICIES AND PROCEDURES
Ali Bannister	Carson City Juvenile Services 7405 Saliman Carson City, NV 89701	Ali Bannister 1052 Chip Court Minden, NV 89423	(C) 316-0373 (W) 887-2033	abannister@carson.org	2015 – 2017	POLICIES AND PROCEDURES
Linda Allen	TRPA 128 Market Street Stalaine, NV	Linda Allen 1400 Kim Place Minden, NV 89423	(C) 450-2645 (W) 775-589-5264	lallen@trpa.org	2015-2017	FUND RAISING
Greg Wood	Self Employed 201 Portrush Court Dayton, NV 89403	Greg Wood 201 Portrush Court Dayton, NV 89403	(C) 315-2191 (H) 246-7500	gregatw@gmail.com	2015 – 2017	FUND RAISING
Ken Furlong	Ken Furlong - Sheriff Carson City Sheriff's Office 901 East Musser Street Carson City, NV. 89701	---	(W) 887-2020 ext. 41910 (C) 722-5856	kfurlong@carson.org	2015 - 2017	FUND RAISING
<b>VACANCY</b>						

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning Jul 1, 2013, and ending Jun 30, 2014

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: Ron Wood Family Resource Center. D Employer identification number: 86-0865470. E Telephone number: (775) 884-2269. F Name and address of principal officer: Joyce Buckingham 2621 Northgate Lane, Suite 62 Carson City NV 89706-1619. G Gross receipts: \$ 914,952. H(a) Is this a group return for subsidiaries? Yes No. H(b) Are all subsidiaries included? Yes No. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: X Corporation. L Year of formation: 1997. M State of legal domicile: NV.

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets of Fund Balances. Rows include mission statement, governance metrics, revenue breakdown, expenses, and net assets for prior and current years.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Joyce Buckingham, Executive Director. Date: [blank]. Paid Preparer Use Only: Print/Type preparer's name: Cory Wright, Preparer's signature: [Signature], Date: 05/12/15, Check self-employed: [checked], PTIN: P00150239. Firm's name: CORY WRIGHT AND ASSOCIATES, CPA. Firm's address: 5250 S VIRGINIA ST STE 220, RENO NV 89502. Firm's EIN: 88-0407788. Phone no.: (775) 322-8337.

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

The organization was created to provide a community-wide cooperative effort between the private sector
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4 a (Code: ) (Expenses \$ 895,474. including grants of \$ 845,955.) (Revenue \$ 905,514.)

Client Services:
Education, Training and Referral
Advocacy and Case Management
Food Programs
Other Services

4 b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 895,474.

**Ron Wood Family Resource Center  
Fiscal Report as of 12/31/15 (cash basis)**

Cash Balance at 12/31/15		Net Income: 7/1/15 to 12/31/15	
Checking Acct Balance	\$ 80,638	Receipts	\$ 494,728
Money Market Balance	\$ 2,815		
Savings Account Balance	\$ 328	Expenses	\$ 466,904
Paypal Account Balance	\$ 9,301		
<b>Total Cash Balance as of 10/30/15:</b>	<b>\$ 93,082</b>	<b>Balance:</b>	<b>\$ 27,824</b>

Activity To Date for Fiscal Year End 6/30/2016	FY 2016 Est. Budget	Posted 7/1/15- 12/31/15	Comments
Grant Income	\$ 787,383	\$ 456,675	
Other Income	\$ 17,880	\$ 7,948	Supv. Visits, Parenting, Car Seats, Other
Other Fundraising Donations	\$ 15,000	\$ 300	Board Fundraiser
Donations -RWFRC, Food Bank & Holiday Support	\$ 43,500	\$ 29,805	Direct Receipt and PayPal
<b>Total Income:</b>	<b>\$ 863,763</b>	<b>\$ 494,728</b>	
7000 · Grant & contract expense	\$ 96,153	\$ 32,437	Direct svc., car seats, birth certificates
7200 · Personnel Expense	\$ 607,590	\$ 375,378	
7500 · Contractual Services	\$ 23,731	\$ 6,188	Audit fee, Liability Insurance, IT Support Svc
8100 · Operating Expenses	\$ 89,683	\$ 29,794	
8200 · Occupancy Expenses	\$ 26,585	\$ 13,393	
8300 · Travel & meetings expenses	\$ 5,800	\$ 6,954	
8300 · Training - Staff Development	\$ 1,075	\$ 160	
8500 · Equipment	\$ -	\$ 2,600	WalMart Grant
8700 · Board Fundraiser	\$ 12,000	\$ -	
9000 · Indirect	\$ 1,146	\$ -	From Grants as Income offset/all exp.
<b>Total Expenses:</b>	<b>\$863,763</b>	<b>\$466,904</b>	

27,824

**Ron Wood Family Resource Center**  
**Income-Expense FY 2016 To Date**  
 July through December 2015

Jul - Dec 15

<b>Ordinary Income/Expense</b>		
<b>Income</b>		
4 • Contributed support		
45100 • Agency (government) grants		12,666.45
45301 • Family Resource Center		16,220.00
45303 • Title IV-B		83,969.78
45304 • WIC		22,218.87
45306 • Office of Traffic Safety		4,889.37
45306A • OTS-SN		30,000.00
453110 • Reach Up CCSupportSvcs		28,796.87
453111 • CTF		15,319.00
453113 • PCC Positive Action NHIPPS		73,830.00
453114 • Chaffee		69,520.15
453115 • Differential Response		10,742.00
453116 • Fafy		27,335.77
453117 • PCC FASTT		25,000.00
45404 • CCSchoolDistrict		10,000.00
45406 • Food Bank		26,166.93
45407 • PCC City Grant		456,675.19
<b>Total 45100 • Agency (government) grants</b>		<b>456,675.19</b>
<b>Total 4 • Contributed support</b>		<b>456,675.19</b>
5 • Earned revenues		
51800 • Program service fees		
4240 • Family Vehicle Safety Program		100.00
51802 • Car Seat - Income		3,001.00
51803 • Co-Parenting		466.90
51805 • Active Parenting		13.00
51811 • Energy Assistance Program		60.00
51812 • Supervised Visitation		4,290.00
51813 • Car Seat Donations		5.00
<b>Total 51800 • Program service fees</b>		<b>7,935.90</b>
5300 • Interest-savings/short-term inv		12.43
<b>Total 5 • Earned revenues</b>		<b>7,948.33</b>
5305 • Donations		29,805.00
5430 • Board Fundraising Event		300.00
<b>Total Income</b>		<b>494,728.52</b>
<b>Gross Profit</b>		<b>494,728.52</b>



**Ron Wood Family Resource Center  
Income-Expense FY 2016 To Date  
July through December 2015**

	Jul - Dec 15
<b>Expense</b>	
7000 · Grant & contract expense	
7018 · Car Seats Purchased	4,145.46
7021 · Birth Certificates	162.00
7000 · Grant & contract expense - Other	28,130.00
<b>Total: 7000 · Grant &amp; contract expense</b>	<b>32,437.46</b>
7200 · Personnel Expense	
7220 · Salaries & wages	282,930.17
7223 · Holiday	12,620.36
7245 · Health Benefit	40,502.35
7246 · Medicare	4,863.16
7247 · Social Security	20,794.10
7248 · Unemployment Expense	2,479.00
7300 · Workman's Comp	1,780.00
7400 · General Liability Insurance	9,409.00
<b>Total: 7200 · Personnel Expense</b>	<b>375,378.14</b>
7500 · Contractual Services	
7525 · Audit	4,000.00
7531 · IT Support	1,739.97
7560 · Fingerprinting	448.25
<b>Total: 7500 · Contractual Services</b>	<b>6,188.22</b>
8100 · Operating Expenses	
8110 · Supplies	263.58
8111 · Office Supplies	2,975.51
8112 · Program Supplies	
81122 · Food Bank supplies	8,540.00
81124 · Educational Enrichment	135.00
8112 · Program Supplies - Other	913.00
<b>Total 8112 · Program Supplies</b>	<b>9,588.00</b>
8113 · Incentives	4,293.95
8114 · Printing & copying	2,820.95
8117 · Postage, shipping, delivery	1,251.69
8130 · Telephone & telecommunications	5,184.71
8131 · Internet	251.00
8135 · Advertising expenses	439.53
8140 · Vehicle Registration	76.22
8160 · Equip rental & maintenance	961.81
8191 · Service Charge-Bank and Other	237.72
8590 · Other expenses	968.22
8100 · Operating Expenses - Other	440.80
<b>Total 8100 · Operating Expenses</b>	<b>29,753.69</b>

**Ron Wood Family Resource Center**  
**Income-Expense FY 2016 To Date**  
 July through December 2015

	Jul - Dec 15
8200 - Occupancy	
8281 - Utilities	7,069.51
8282 - Janitorial	3,500.00
8283 - Rent-Other	2,658.79
8287 - Garbage	10.00
8288 - Office Repair & Maintenance	154.97
<b>Total</b> 8200 - Occupancy	<b>13,393.27</b>
8300 - Travel & meetings expenses	
8310 - Mileage	6,039.91
8315 - Per Diem	575.00
8300 - Travel & meetings expenses - Other	339.57
<b>Total</b> 8300 - Travel & meetings expenses	<b>6,954.48</b>
8350 - Training-Staff Development	
8355 - Membership dues - organization	160.00
<b>Total</b> 8350 - Training-Staff Development	<b>160.00</b>
8500 - Equipment	2,600.00
8711 - Paypal Fee	38.60
9000 - Indirect	0.00
<b>Total Expense</b>	<b>466,903.86</b>
<b>Net Ordinary Income</b>	<b>27,824.66</b>
<b>Net Income</b>	<b>27,824.66</b>

**PROJECT BUDGET**

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CDBG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement, General Ledger, and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable.

<b>Project Title: <i>Reach Up!</i></b>	<b>Requested Amount</b>	<b>Other Funding</b>	<b>In-Kind</b>	<b>Total Funds</b>
<b>Project Expenses FY 2016-17</b>				
Personnel Costs	33,650.00	0	0	33,650.00
Office Supplies	400.00	0	0	400.00
Postage	100.00	0	0	100.00
Annual Audit/Tax Preparation	350.00	0	0	350.00
Utilities/Garbage/Water	0	650.00		650.00
Communications	0	590.00		590.00
Liability/Workers Comp	500.00	0	0	500.00
Professional Counseling Donation	0	0	8000.00	8000.00
<b>TOTALS</b>	<del>35,000.00</del> 30,000.00 <i>awarded to LSW only</i>	1240.00	8000.00	44,240.00

**AGENCY ASSETS**

<b>Unrestricted cash</b>	<b>93,082.00 – General Fund 12/31/15</b>
<b>Restricted cash*</b>	<b>0</b>
<b>Total cash on hand</b>	<b>93,082.00</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

Ron Wood receives grants from CSSG on an annual basis. This year we will not be applying for a grant for the food bank as it is now self-sustaining. RWFCR will be applying for an Operation Grant to defray indirect costs not allowed by grants. RWFCR also receives free rent from the City allowing us to focus more funding for client services.

# INVOICE

DATE: October 3, 2015

TO: Carson City School District  
Dr. Richard Stokes, Superintendent  
1402 West King Street  
Carson City, Nevada 89702

DESCRIPTION	AMOUNT
Operation of CCSD Request For Involvement and After School Programming - School Year 2015 - 2016 <ul style="list-style-type: none"><li>• Management of "Request for Involvement" Referrals</li><li>• Facilitation of Prevention of Bullying series</li><li>• Management of truancy notifications</li><li>• Facilitation of onsite and offsite youth and parenting programs</li><li>• Information and referrals including but not limited to: Reach Up!, Positive Action, F.I.R.E., individual student sessions, group sessions and other center programs</li><li>• Interaction and assistance with all CCSD schools</li><li>• Collection and accountability of data and statistics</li></ul>	\$25,000.00
<b>TOTAL</b>	\$25,000.00

FR: Ron Wood Family Resource Center  
2621 Northgate Lane ~ Suite 62  
Carson City, NV 89706  
EIN # 86-0865470



FIRST JUDICIAL DISTRICT COURT  
CARSON CITY & STOREY COUNTY  
STATE OF NEVADA

JAMES T. RUSSELL  
District Judge, Department One  
885 East Musser Street, Room 3061  
Carson City, Nevada 89701  
(775) 882-1996  
Fax: (775) 887-2272

JAMES E. WILSON, JR.  
District Judge, Department Two  
885 East Musser Street, Room 3057  
Carson City, Nevada 89701  
(775) 882-1619  
Fax: (775) 887-2296

February 20, 2015

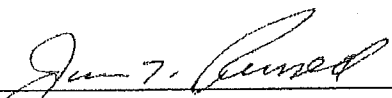
To Whom It May Concern:

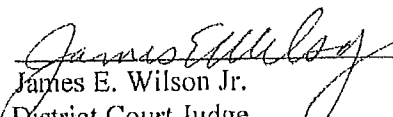
The Ron Wood Center (RWC) provides an invaluable service to the First Judicial District Court and to the community. RWC conducts parenting classes, supports families, and provides counseling services, financial assistance, and related supports for prevention of child abuse and neglect.

The RWC is an essential resource for the court. Without the resources of RWC educating parents, there would be more children suffering from neglect. This would have a lasting effect on children and future generations.

We are in support of RWC pursuing grant funding for the Prevention of Child Abuse and Neglect to support their continued operation and for conducting all of their essential services and the Positive Action Parent Class.

Sincerely,

  
James T. Russell  
District Court Judge

  
James E. Wilson Jr.  
District Court Judge

911 E Musser St.  
Carson City, NV 89701



Ken Furlong  
Sheriff

775-887-2500  
Fax: 775-887-2026

To: Joyce Buckingham  
Executive Director  
Ron Wood Family Resource Center  
2621 Northgate Lane #62  
Carson City, NV 89706

From: Sheriff Ken Furlong


Date: February 20, 2015

Subject: Support for Grant Opportunities

I am pleased to offer the support of the Carson City Sheriff's Office as grant opportunities are pursued, especially those pertaining to the Prevention of Child Abuse and Neglect – Parent Training and specifically for Positive Action Parenting Classes. The Ron Wood Family Resource Center has long been a positive and effective referral agency for many social and family challenges that we face in our community daily, and the center is one of our strongest allies.

As law enforcement engages in a variety of family issues daily, it is a tremendous advantage to have ready resources capable of educating, mentoring, and building prevention. These techniques have long been recognized as the most efficient and cost effective paths. Too often, front line first responders in America don't have the ready resource access. When options are not available, both children and adults suffer as they are left without the tools to make life corrections.

My highest support is offered to the Ron Wood Family Resource Center in its endeavors to build stronger families.

  
Ken Furlong  
Sheriff  
City-County of Carson City



## Carson High School

1111 NORTH SALIMAN ROAD • P.O. BOX 603 • CARSON CITY, NEVADA 89702 • (775) 283-1600  
FAX (775) 283-1790

February 23, 2015

To whom it may concern:

The Ron Wood Center is applying for a grant to support them in funding a parent class with the goal of preventing child abuse. This is the kind of program that is useful to those who deal with families who are struggling.

As a dean of students at Carson High School, I find partners like the Ron Wood Center critical to the work we do. Many times, I come into contact with families who are dealing with difficulties such as drug or alcohol abuse, grief, or depression. The Ron Wood Center supports these families by providing counseling that these families may not otherwise be able to afford.

Also in my role as dean, I interact with parents who are frustrated and finding it difficult to respond appropriately to their children's actions. I frequently refer families to the Ron Wood Center. A Positive Action Parent Class would suit these parents well and will assure that we can do our part in breaking the cycle of abuse.

In short, I highly recommend the Ron Wood Center for this grant.

Sincerely,

A handwritten signature in cursive script that reads 'Cheryl Macy'.

Cheryl Macy  
Dean of Students



Carson City, a Consolidated Municipality

## Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: Ron Wood Family Resource Center

Program/Project: Ron Wood Family Resource Center Operational Grant

Amount of Funds Received \$ 25,000.00

Contact Person: Joyce Buckingham

Mailing Address: 2621 Northgate Lane #62

City: Carson City State: Nevada Zip Code: 89706

Phone Number: (775) 884-2269 E-mail: executive\_director@carson-family.org

Date Submitted: 2-26-16

1. Please attach a financial income and expense statement that specifically explains how grant funds were used up to this date, including a comparison between your budgeted and your actual incomes and expenses. **See attached**
2. Evaluate your achievement of the measurable outcomes listed in your application:

- Outputs:**
1. 110,000+ - Fiscal Year 2015 – 2016 – Total RWFRC units of services
  2. 38,000+ - Individuals (LMI) Low-Moderate Income will utilize the food bank
  3. 38,000+ - Individual referrals for services per year
  4. 3,000+ - Ongoing Case management appointments

**Achievements:** First 6 months of the 2015 - 2016 fiscal year

1. 57,781 total units of service were provided which is 105% of 6 month goal
2. 22,871 Low to Moderate Income individuals utilized food bank which is 120% of 6 month goal
3. 25,749 Individual referrals for services which is 136% of goal
4. 1927 ongoing case management appointments which is 129% of 6 month goal

All combined services for the RWFRC have decreased – 8%

Services would have increased more significantly but 3 programs were discontinued by grantors; HUD Chronically Homeless Vouchering funding, WIC Nutritional Classes and WIC – Breastfeeding Peer Counseling Program. With

increased employment, Food Bank usage has decreased with an improving local economy.



3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

62930 individual services were realized. 95% or 59,784 units of service were provided to Carson City residents. Some individual benefits include; gratis services to individuals in need, assistance with food insecurity issues, child abuse and neglect counseling, housing, mental health/substance abuse prevention, social service referrals for in-house and partner services.

Ron Wood Family Resource Center has a documented 98% above average to excellent satisfaction rating. Evaluations, surveys and comment boxes offer opportunities for clients to voice comments (anonymously if they so chose).

4. What specific community benefit did your project provide Carson City?

Ron Wood has operated the family resource center for 21 years in Carson City. The need for services and programs are increasing as demand coincides with food insecurity, mental health issues, substance abuse, financial and family functionality issues. Ron Wood has taken the needs of the Consolidated Plan for Carson City to heart and provided much needed services to meet the need and fill service gaps.

6. Describe any challenges that impacted your program.

Funding is always a challenge.

Obtaining enough food for the food bank poses an ongoing challenge.

Office space is maxed out as our staff and internship program increases.

New programs such as FASTT, Prevention of Bullying, Truancy Prevention and the Carson City School District's Social Worker program have taken additional time, staff and infrastructure to integrate into center operations.

We are thankful for the ongoing support Carson City and Partnership Carson City provides -- THANK YOU!

## Ron Wood Family Resource Center RFF CITY GRANT

Date	Num	Source Name	Memo	Class	Original Amount	Paid Amount
7200 - Personnel Expense						
7220 - Salaries & wages						
07/17/2015	17195	Hixon, Alan G		PCC City Grant	31.95	31.95
07/17/2015	17199	Maier, William J		PCC City Grant	128.30	128.30
07/17/2015	17193	Buckingham, Joyce		PCC City Grant	58.16	58.16
07/17/2015	17193	Buckingham, Joyce		PCC City Grant	28.83	28.83
07/17/2015	17193	Buckingham, Joyce		PCC City Grant	50.81	50.81
07/31/2015	17237	Maier, Jo A		PCC City Grant	389.40	389.40
07/31/2015	17242	Sauvage, Wendy L		PCC City Grant	142.80	142.80
07/31/2015	17249	Yesitis, Lisa A		PCC City Grant	86.52	86.52
07/31/2015	17234	Hixon, Alan G		PCC City Grant	14.25	14.25
07/31/2015	17238	Maier, William J		PCC City Grant	64.75	64.75
07/31/2015	17238	Maier, William J		PCC City Grant	113.90	113.90
07/31/2015	17232	Buckingham, Joyce		PCC City Grant	30.61	30.61
08/14/2015	17274	Hixon, Alan G		PCC City Grant	15.15	15.15
08/14/2015	17277	Maier, Jo A		PCC City Grant	389.40	389.40
08/14/2015	17278	Maier, William J		PCC City Grant	189.35	189.35
08/14/2015	17282	Sauvage, Wendy L		PCC City Grant	130.90	130.90
08/14/2015	17282	Sauvage, Wendy L		PCC City Grant	14.64	14.64
08/14/2015	17289	Yesitis, Lisa A		PCC City Grant	86.52	86.52
08/14/2015	17289	Yesitis, Lisa A		PCC City Grant	32.88	32.88
08/14/2015	17272	Buckingham, Joyce		PCC City Grant	30.61	30.61
08/28/2015	17303	Buckingham, Joyce		PCC City Grant	29.39	29.39
08/28/2015	17303	Buckingham, Joyce		PCC City Grant	1.22	1.22
08/28/2015	17305	Hixon, Alan G		PCC City Grant	22.95	22.95
08/28/2015	17308	Maier, Jo A		PCC City Grant	389.40	389.40
08/28/2015	17308	Maier, Jo A		PCC City Grant	97.35	97.35
08/28/2015	17309	Maier, William J		PCC City Grant	295.40	295.40
08/28/2015	17312	Sauvage, Wendy L		PCC City Grant	130.90	130.90
08/28/2015	17312	Sauvage, Wendy L		PCC City Grant	14.64	14.64
08/28/2015	17319	Yesitis, Lisa A		PCC City Grant	86.52	86.52
09/11/2015	17358	Buckingham, Joyce		PCC City Grant	30.61	30.61
09/11/2015	17358	Hixon, Alan G		PCC City Grant	20.70	20.70
09/11/2015	17353	Maier, Jo A		PCC City Grant	389.40	389.40
09/11/2015	17353	Maier, Jo A		PCC City Grant	69.12	69.12
09/11/2015	17353	Maier, Jo A		PCC City Grant	33.75	33.75
09/11/2015	17352	Maier, William J		PCC City Grant	43.40	43.40
09/11/2015	17349	Sauvage, Wendy L		PCC City Grant	142.80	142.80
09/11/2015	17343	Yesitis, Lisa A		PCC City Grant	86.52	86.52
09/25/2015	17376	Buckingham, Joyce		PCC City Grant	27.55	27.55
09/25/2015	17376	Buckingham, Joyce		PCC City Grant	0.00	0.00
09/25/2015	17378	Hixon, Alan G		PCC City Grant	15.30	15.30
09/25/2015	17381	Maier, Jo A		PCC City Grant	389.40	389.40
09/25/2015	17382	Maier, William J		PCC City Grant	127.75	127.75
09/25/2015	17385	Sauvage, Wendy L		PCC City Grant	130.90	130.90
09/25/2015	17391	Yesitis, Lisa A		PCC City Grant	64.89	64.89
09/25/2015	17391	Yesitis, Lisa A		PCC City Grant	34.61	34.61
10/09/2015	17414	Hixon, Alan G		PCC City Grant	22.20	22.20
10/09/2015	17417	Maier, Jo A		PCC City Grant	283.94	283.94
10/09/2015	17417	Maier, Jo A		PCC City Grant	136.61	136.61
10/09/2015	17421	Sauvage, Wendy L		PCC City Grant	142.80	142.80
10/09/2015	17427	Yesitis, Lisa A		PCC City Grant	86.52	86.52
10/09/2015	17418	Maier, William J		PCC City Grant	26.60	26.60
10/09/2015	17412	Buckingham, Joyce		PCC City Grant	30.00	30.00
10/09/2015	17412	Buckingham, Joyce		PCC City Grant	0.92	0.92
10/23/2015	17450	Hixon, Alan G		PCC City Grant	16.20	16.20
10/23/2015	17453	Maier, Jo A		PCC City Grant	389.40	389.40
10/23/2015	17453	Maier, Jo A		PCC City Grant	43.16	43.16
10/23/2015	17457	Sauvage, Wendy L		PCC City Grant	142.80	142.80
10/23/2015	17483	Yesitis, Lisa A		PCC City Grant	64.89	64.89
10/23/2015	17483	Yesitis, Lisa A		PCC City Grant	134.75	134.75
10/23/2015	17448	Buckingham, Joyce		PCC City Grant	30.61	30.61
10/23/2015	17454	Maier, William J		PCC City Grant	109.20	109.20
11/06/2015	17494	Hixon, Alan G		PCC City Grant	10.80	10.80
11/06/2015	17491	Maier, Jo A		PCC City Grant	210.93	210.93
11/06/2015	17491	Maier, Jo A		PCC City Grant	29.21	29.21
11/06/2015	17491	Maier, Jo A		PCC City Grant	23.69	23.69
11/06/2015	17487	Sauvage, Wendy L		PCC City Grant	128.52	128.52
11/06/2015	17481	Yesitis, Lisa A		PCC City Grant	86.52	86.52
11/06/2015	17490	Maier, William J		PCC City Grant	53.55	53.55
11/06/2015	17496	Buckingham, Joyce		PCC City Grant	27.55	27.55
11/20/2015	17524	Hixon, Alan G		PCC City Grant	11.55	11.55
11/20/2015	17527	Maier, Jo A		PCC City Grant	64.90	64.90
11/20/2015	17527	Maier, Jo A		PCC City Grant	272.58	272.58
11/20/2015	17527	Maier, Jo A		PCC City Grant	0.00	0.00
11/20/2015	17531	Sauvage, Wendy L		PCC City Grant	119.00	119.00
11/20/2015	17537	Yesitis, Lisa A		PCC City Grant	86.52	86.52
11/20/2015	17537	Yesitis, Lisa A		PCC City Grant	9.30	9.30
11/20/2015	17522	Buckingham, Joyce		PCC City Grant	23.28	23.28
11/20/2015	17522	Buckingham, Joyce		PCC City Grant	4.29	4.29
11/20/2015	17528	Maier, William J		PCC City Grant	35.00	35.00
12/04/2015	17557	Hixon, Alan G		PCC City Grant	11.55	11.55
12/04/2015	17560	Maier, Jo A		PCC City Grant	389.40	389.40
12/04/2015	17564	Sauvage, Wendy L		PCC City Grant	107.10	107.10
12/04/2015	17570	Yesitis, Lisa A		PCC City Grant	86.52	86.52
12/04/2015	17570	Yesitis, Lisa A		PCC City Grant	6.49	6.49
12/04/2015	17561	Maier, William J		PCC City Grant	91.00	91.00
12/04/2015	17555	Buckingham, Joyce		PCC City Grant	24.49	24.49
12/18/2015	17585	Hixon, Alan G		PCC City Grant	18.50	18.50
12/18/2015	17588	Maier, Jo A		PCC City Grant	194.70	194.70
12/18/2015	17588	Maier, Jo A		PCC City Grant	115.20	115.20
12/18/2015	17592	Sauvage, Wendy L		PCC City Grant	130.90	130.90
12/18/2015	17592	Sauvage, Wendy L		PCC City Grant	3.09	3.09
12/18/2015	17598	Yesitis, Lisa A		PCC City Grant	86.52	86.52
12/18/2015	17589	Maier, William J		PCC City Grant	94.50	94.50
12/18/2015	17583	Buckingham, Joyce		PCC City Grant	30.61	30.61

## Ron Wood Family Resource Center RFF CITY GRANT

07/31/2015 17238	Malar, Willem J	PCC City Grant	113.90	113.90
Total 7220 - Salaries & wages				8,948.34
7223 - Holiday				
07/17/2015 17193	Buckingham, Joyce	PCC City Grant	19.28	19.28
09/25/2015 17381	Maier, Jo A	PCC City Grant	43.16	43.16
09/25/2015 17385	Sauvage, Wendy L	PCC City Grant	14.52	14.52
09/25/2015 17391	Yeslits, Lisa A	PCC City Grant	11.03	11.03
11/06/2015 17491	Maier, Jo A	PCC City Grant	29.21	29.21
11/06/2015 17487	Sauvage, Wendy L	PCC City Grant	14.28	14.28
11/06/2015 17481	Yeslits, Lisa A	PCC City Grant	9.52	9.52
11/20/2015 17527	Maier, Jo A	PCC City Grant	38.94	38.94
11/20/2015 17531	Sauvage, Wendy L	PCC City Grant	13.21	13.21
11/20/2015 17537	Yeslits, Lisa A	PCC City Grant	10.60	10.60
12/04/2015 17560	Maier, Jo A	PCC City Grant	97.35	97.35
12/04/2015 17564	Sauvage, Wendy L	PCC City Grant	26.78	26.78
12/04/2015 17570	Yeslits, Lisa A	PCC City Grant	23.36	23.36
12/04/2015 17565	Buckingham, Joyce	PCC City Grant	6.12	6.12
Total 7223 - Holiday				366.54
7245 - Health Benefit				
07/31/2015 17237	Maier, Jo A	PCC City Grant	75.00	75.00
07/31/2015 17242	Sauvage, Wendy L	PCC City Grant	75.00	75.00
07/31/2015 17249	Yeslits, Lisa A	PCC City Grant	25.00	25.00
07/31/2015 17232	Buckingham, Joyce	PCC City Grant	5.00	5.00
08/28/2015 17303	Buckingham, Joyce	PCC City Grant	6.00	6.00
08/28/2015 17308	Maier, Jo A	PCC City Grant	94.00	94.00
08/28/2015 17312	Sauvage, Wendy L	PCC City Grant	76.00	76.00
08/28/2015 17319	Yeslits, Lisa A	PCC City Grant	25.00	25.00
09/25/2015 17376	Buckingham, Joyce	PCC City Grant	6.00	6.00
09/25/2015 17381	Maier, Jo A	PCC City Grant	83.00	83.00
09/25/2015 17385	Sauvage, Wendy L	PCC City Grant	76.00	76.00
09/25/2015 17391	Yeslits, Lisa A	PCC City Grant	32.00	32.00
10/23/2015 17453	Maier, Jo A	PCC City Grant	83.00	83.00
10/23/2015 17457	Sauvage, Wendy L	PCC City Grant	74.00	74.00
10/23/2015 17463	Yeslits, Lisa A	PCC City Grant	58.00	58.00
10/23/2015 17448	Buckingham, Joyce	PCC City Grant	6.00	6.00
11/20/2015 17527	Maier, Jo A	PCC City Grant	75.00	75.00
11/20/2015 17531	Sauvage, Wendy L	PCC City Grant	69.00	69.00
11/20/2015 17537	Yeslits, Lisa A	PCC City Grant	31.00	31.00
11/20/2015 17522	Buckingham, Joyce	PCC City Grant	6.00	6.00
12/18/2015 17588	Maier, Jo A	PCC City Grant	60.00	60.00
12/18/2015 17592	Sauvage, Wendy L	PCC City Grant	71.00	71.00
12/18/2015 17598	Yeslits, Lisa A	PCC City Grant	25.00	25.00
12/18/2015 17583	Buckingham, Joyce	PCC City Grant	6.00	6.00
Total 7245 - Health Benefit				1,142.00
7246 - Medicare				
07/17/2015 17195	Hixon, Alan G	PCC City Grant	0.46	0.46
07/17/2015 17199	Maier, William J	PCC City Grant	1.86	1.86
07/17/2015 17193	Buckingham, Joyce	PCC City Grant	2.25	2.25
07/31/2015 17237	Maier, Jo A	PCC City Grant	6.73	6.73
07/31/2015 17242	Sauvage, Wendy L	PCC City Grant	3.16	3.16
07/31/2015 17249	Yeslits, Lisa A	PCC City Grant	1.62	1.62
07/31/2015 17234	Hixon, Alan G	PCC City Grant	0.21	0.21
07/31/2015 17238	Maier, William J	PCC City Grant	2.59	2.59
07/31/2015 17232	Buckingham, Joyce	PCC City Grant	0.52	0.52
08/14/2015 17274	Hixon, Alan G	PCC City Grant	0.22	0.22
08/14/2015 17277	Maier, Jo A	PCC City Grant	5.65	5.65
08/14/2015 17278	Maier, William J	PCC City Grant	2.75	2.75
08/14/2015 17282	Sauvage, Wendy L	PCC City Grant	2.11	2.11
08/14/2015 17289	Yeslits, Lisa A	PCC City Grant	1.73	1.73
08/14/2015 17272	Buckingham, Joyce	PCC City Grant	0.44	0.44
08/28/2015 17303	Buckingham, Joyce	PCC City Grant	0.53	0.53
08/28/2015 17305	Hixon, Alan G	PCC City Grant	0.33	0.33
08/28/2015 17308	Maier, Jo A	PCC City Grant	8.42	8.42
08/28/2015 17309	Maier, William J	PCC City Grant	4.28	4.28
08/28/2015 17312	Sauvage, Wendy L	PCC City Grant	3.21	3.21
08/28/2015 17319	Yeslits, Lisa A	PCC City Grant	1.62	1.62
09/11/2015 17358	Buckingham, Joyce	PCC City Grant	0.44	0.44
09/11/2015 17356	Hixon, Alan G	PCC City Grant	0.30	0.30
09/11/2015 17353	Maier, Jo A	PCC City Grant	7.14	7.14
09/11/2015 17352	Maier, William J	PCC City Grant	0.63	0.63
09/11/2015 17349	Sauvage, Wendy L	PCC City Grant	2.07	2.07
09/11/2015 17343	Yeslits, Lisa A	PCC City Grant	1.26	1.26
09/25/2015 17376	Buckingham, Joyce	PCC City Grant	0.53	0.53
09/25/2015 17378	Hixon, Alan G	PCC City Grant	0.22	0.22
09/25/2015 17381	Maier, Jo A	PCC City Grant	7.48	7.48
09/25/2015 17382	Maier, William J	PCC City Grant	1.85	1.85
09/25/2015 17385	Sauvage, Wendy L	PCC City Grant	3.21	3.21
09/25/2015 17391	Yeslits, Lisa A	PCC City Grant	2.07	2.07
10/09/2015 17414	Hixon, Alan G	PCC City Grant	0.32	0.32
10/09/2015 17417	Maier, Jo A	PCC City Grant	6.10	6.10
10/09/2015 17421	Sauvage, Wendy L	PCC City Grant	2.07	2.07
10/09/2015 17427	Yeslits, Lisa A	PCC City Grant	1.25	1.25
10/09/2015 17418	Maier, William J	PCC City Grant	0.39	0.39
10/09/2015 17412	Buckingham, Joyce	PCC City Grant	0.45	0.45
10/23/2015 17450	Hixon, Alan G	PCC City Grant	0.23	0.23
10/23/2015 17453	Maier, Jo A	PCC City Grant	7.48	7.48
10/23/2015 17457	Sauvage, Wendy L	PCC City Grant	3.14	3.14
10/23/2015 17463	Yeslits, Lisa A	PCC City Grant	3.74	3.74
10/23/2015 17448	Buckingham, Joyce	PCC City Grant	0.53	0.53
10/23/2015 17454	Maier, William J	PCC City Grant	1.58	1.58
11/06/2015 17484	Hixon, Alan G	PCC City Grant	0.16	0.16
11/06/2015 17491	Maier, Jo A	PCC City Grant	4.25	4.25
11/06/2015 17487	Sauvage, Wendy L	PCC City Grant	2.07	2.07
11/06/2015 17481	Yeslits, Lisa A	PCC City Grant	1.38	1.38
11/06/2015 17490	Maier, William J	PCC City Grant	0.78	0.78
11/06/2015 17496	Buckingham, Joyce	PCC City Grant	0.44	0.44
11/20/2015 17524	Hixon, Alan G	PCC City Grant	0.17	0.17
11/20/2015 17527	Maier, Jo A	PCC City Grant	6.55	6.55

## Ron Wood Family Resource Center RFF CITY GRANT

07/31/2015 17238	Maier, William J	PCC City Grant	113.80	113.80
11/20/2015 17531	Sauvage, Wendy L	PCC City Grant	2.92	2.92
11/20/2015 17537	Yesilis, Lisa A	PCC City Grant	1.99	1.99
11/20/2015 17522	Buckingham, Joyce	PCC City Grant	0.53	0.53
11/20/2015 17528	Maier, William J	PCC City Grant	0.51	0.51
12/04/2015 17557	Hixon, Alan G	PCC City Grant	0.17	0.17
12/04/2015 17560	Maier, Jo A	PCC City Grant	7.06	7.06
12/04/2015 17664	Sauvage, Wendy L	PCC City Grant	1.87	1.87
12/04/2015 17570	Yesilis, Lisa A	PCC City Grant	1.40	1.40
12/04/2015 17561	Maier, William J	PCC City Grant	1.32	1.32
12/04/2015 17555	Buckingham, Joyce	PCC City Grant	0.44	0.44
12/18/2015 17585	Hixon, Alan G	PCC City Grant	0.24	0.24
12/18/2015 17588	Maier, Jo A	PCC City Grant	5.36	5.36
12/18/2015 17592	Sauvage, Wendy L	PCC City Grant	2.97	2.97
12/18/2015 17598	Yesilis, Lisa A	PCC City Grant	1.62	1.62
12/18/2015 17589	Maier, William J	PCC City Grant	1.37	1.37
12/18/2015 17583	Buckingham, Joyce	PCC City Grant	0.53	0.53
Total 7246 - Medicare				151.28
7247 - Social Security				
07/17/2015 17185	Hixon, Alan G	PCC City Grant	1.98	1.98
07/17/2015 17199	Maier, William J	PCC City Grant	7.90	7.90
07/17/2015 17193	Buckingham, Joyce	PCC City Grant	9.60	9.60
07/31/2015 17237	Maier, Jo A	PCC City Grant	28.79	28.79
07/31/2015 17242	Sauvage, Wendy L	PCC City Grant	13.50	13.50
07/31/2015 17249	Yesilis, Lisa A	PCC City Grant	6.91	6.91
07/31/2015 17234	Hixon, Alan G	PCC City Grant	0.88	0.88
07/31/2015 17238	Maier, William J	PCC City Grant	11.08	11.08
07/31/2015 17232	Buckingham, Joyce	PCC City Grant	2.21	2.21
08/14/2015 17274	Hixon, Alan G	PCC City Grant	0.94	0.94
08/14/2015 17277	Maier, Jo A	PCC City Grant	24.14	24.14
08/14/2015 17278	Maier, William J	PCC City Grant	11.74	11.74
08/14/2015 17282	Sauvage, Wendy L	PCC City Grant	9.02	9.02
08/14/2015 17289	Yesilis, Lisa A	PCC City Grant	7.40	7.40
08/14/2015 17272	Buckingham, Joyce	PCC City Grant	1.90	1.90
08/28/2015 17303	Buckingham, Joyce	PCC City Grant	2.27	2.27
08/28/2015 17305	Hixon, Alan G	PCC City Grant	1.42	1.42
08/28/2015 17308	Maier, Jo A	PCC City Grant	36.01	36.01
08/28/2015 17309	Maier, William J	PCC City Grant	18.31	18.31
08/28/2015 17312	Sauvage, Wendy L	PCC City Grant	13.74	13.74
08/28/2015 17319	Yesilis, Lisa A	PCC City Grant	6.91	6.91
09/11/2015 17358	Buckingham, Joyce	PCC City Grant	1.90	1.90
09/11/2015 17356	Hixon, Alan G	PCC City Grant	1.28	1.28
09/11/2015 17353	Maier, Jo A	PCC City Grant	30.52	30.52
09/11/2015 17352	Maier, William J	PCC City Grant	2.69	2.69
09/11/2015 17349	Sauvage, Wendy L	PCC City Grant	8.85	8.85
09/11/2015 17343	Yesilis, Lisa A	PCC City Grant	5.36	5.36
09/25/2015 17378	Buckingham, Joyce	PCC City Grant	2.27	2.27
09/25/2015 17378	Hixon, Alan G	PCC City Grant	0.95	0.95
09/25/2015 17381	Maier, Jo A	PCC City Grant	31.97	31.97
09/25/2015 17382	Maier, William J	PCC City Grant	7.92	7.92
09/25/2015 17385	Sauvage, Wendy L	PCC City Grant	13.73	13.73
09/25/2015 17391	Yesilis, Lisa A	PCC City Grant	8.84	8.84
10/09/2015 17414	Hixon, Alan G	PCC City Grant	1.38	1.38
10/09/2015 17417	Maier, Jo A	PCC City Grant	26.07	26.07
17421	Sauvage, Wendy L	PCC City Grant		
10/09/2015 17427	Yesilis, Lisa A	PCC City Grant	5.36	5.36
10/09/2015 17418	Maier, William J	PCC City Grant	1.65	1.65
10/09/2015 17412	Buckingham, Joyce	PCC City Grant	1.92	1.92
10/23/2015 17450	Hixon, Alan G	PCC City Grant	1.00	1.00
10/23/2015 17453	Maier, Jo A	PCC City Grant	31.86	31.86
10/23/2015 17457	Sauvage, Wendy L	PCC City Grant	13.44	13.44
10/23/2015 17463	Yesilis, Lisa A	PCC City Grant	15.97	15.97
10/23/2015 17448	Buckingham, Joyce	PCC City Grant	2.27	2.27
10/23/2015 17454	Maier, William J	PCC City Grant	6.77	6.77
11/06/2015 17494	Hixon, Alan G	PCC City Grant	0.67	0.67
11/06/2015 17491	Maier, Jo A	PCC City Grant	18.17	18.17
11/06/2015 17487	Sauvage, Wendy L	PCC City Grant	8.85	8.85
11/06/2015 17481	Yesilis, Lisa A	PCC City Grant	5.95	5.95
11/06/2015 17490	Maier, William J	PCC City Grant	3.32	3.32
11/06/2015 17496	Buckingham, Joyce	PCC City Grant	1.90	1.90
11/20/2015 17524	Hixon, Alan G	PCC City Grant	0.72	0.72
11/20/2015 17527	Maier, Jo A	PCC City Grant	27.99	27.99
11/20/2015 17531	Sauvage, Wendy L	PCC City Grant	12.47	12.47
11/20/2015 17537	Yesilis, Lisa A	PCC City Grant	8.52	8.52
11/20/2015 17522	Buckingham, Joyce	PCC City Grant	2.27	2.27
11/20/2015 17528	Maier, William J	PCC City Grant	2.17	2.17
12/04/2015 17557	Hixon, Alan G	PCC City Grant	0.72	0.72
12/04/2015 17560	Maier, Jo A	PCC City Grant	30.18	30.18

## Ron Wood Family Resource Center RFF CITY GRANT

07/31/2015	17238	Maier, William J		PCC City Grant	113.80	113.80
12/04/2015	17564	Sauvage, Wendy L		PCC City Grant	8.00	8.00
12/04/2015	17570	Yesills, Lisa A		PCC City Grant	5.98	5.98
12/04/2015	17581	Maier, William J		PCC City Grant	5.84	5.84
12/04/2015	17555	Buckingham, Joyce		PCC City Grant	1.80	1.80
12/18/2015	17585	Hixon, Alan G		PCC City Grant	1.02	1.02
12/18/2015	17588	Malar, Jo A		PCC City Grant	22.84	22.84
12/18/2015	17592	Sauvage, Wendy L		PCC City Grant	12.71	12.71
12/18/2015	17598	Yesills, Lisa A		PCC City Grant	6.91	6.91
12/18/2015	17589	Maier, William J		PCC City Grant	5.86	5.86
12/18/2015	17583	Buckingham, Joyce		PCC City Grant	2.27	2.27
Total 7247 - Social Security						<u>637.91</u>
Total 7200 - Personnel Expense						11,248.07
7500 - Contractual Services						
7631 - IT Support						
12/14/2015	17605	Carson Valley Computer	12/8/15 checked backups and Kaspersky licensing 12/8/15 Scrubbed Bill's laptop. Upg win 10. Installed updates, drivers, Kaspersky, etc.	PCC City Grant	6.18	6.18
12/17/2015	17617	Carson Valley Computer		PCC City Grant	18.48	<u>18.48</u>
Total 7531 - IT Support						<u>24.62</u>
Total 7500 - Contractual Services						24.62
8100 - Operating Expenses						
8111 - Office Supplies						
09/03/2015	17336	Office Depot Credit Plan	08292015 General Office Supplies	PCC City Grant	8.00	8.00
09/22/2015	17400	Office Depot Credit Plan	08252015 General Office Supplies	PCC City Grant	28.92	<u>28.92</u>
Total 8111 - Office Supplies						36.92
8130 - Telephone & telecommunications						
07/24/2015	17227	Verizon Wireless	Joyce B cell phone 775.434.4075 6/16/15 to 7/15/15 charges + basic svc charge 7/16/15- 8/15/15 Office Phone and Fax lines	PCC City Grant	0.71	0.71
07/24/2015	17288	Utility Telephone		PCC City Grant	13.86	13.86
09/03/2015	17338	Verizon Wireless	Joyce B cell phone 775.434.4075	PCC City Grant	9.40	9.40
09/03/2015	17339	GreatAmerica Financial Svcs	Toshiba CIX Phone System 9/15/15 invoice due date 7/16/15 to 8/15/15 charges + basic svc charge 8/16/15- 9/15/15 Office Phone and Fax lines	PCC City Grant	21.00	21.00
09/03/2015	17340	Utility Telephone		PCC City Grant	21.00	21.00
09/22/2015	17401	Verizon Wireless	Joyce B cell phone 775.434.4075 8/16/15 to 10/15/15 charges + basic svc charge 8/17/15- 9/15/15 Office Phone and Fax lines	PCC City Grant	8.98	8.98
09/29/2015	17405	Utility Telephone		PCC City Grant	21.17	21.17
10/27/2015	17480	Utility Telephone		PCC City Grant	21.74	21.74
11/03/2015	17503	Verizon Wireless	Joyce B cell phone 775.434.4075	PCC City Grant	8.56	8.56
11/23/2015	17545	Verizon Wireless	Joyce B cell phone 775.434.4075 11/16/15 to 12/15/15 charges + basic svc charge 11/17/15- 12/15/15 Office Phone and Fax lines	PCC City Grant	8.39	8.39
12/14/2015	17610	Utility Telephone		PCC City Grant	21.85	21.85
12/21/2015	17623	Utility Telephone		PCC City Grant	22.24	22.24
12/21/2015	17624	Verizon Wireless	Joyce B cell phone 775.434.4075	PCC City Grant	8.62	<u>8.62</u>
Total 8130 - Telephone & telecommunications						<u>187.52</u>
Total 8100 - Operating Expenses						<u>224.44</u>
TOTAL						<u>11,496.13</u>

**Partnership Carson City  
Youth Community Support Services Grant (CCSG)**

**Semi Annual Report  
July 1, 2015 – December 31, 2015**

Please send report to Hannah McDonald at Partnership Carson City by email:

[Hannah@partnershipcarsoncity.org](mailto:Hannah@partnershipcarsoncity.org)

Report due by: January 15<sup>th</sup> 2016

1. Per your project proposal what goals, outputs, and outcomes have you met? Please use the chart below, if needed please refer back to your project proposal for your deliverables.

Proposed Goals	Outputs (Numbers served, low-to-moderate income served, demographics served)	Outcomes Achieved (Results of surveys, areas of improvement, increased knowledge, etc.)
110,000+ - Fiscal Year 2015–2016 - Total center units of services	57,781 Total Center Units of service have been provided for the first 6 months of the fiscal year.	<u>105% of goal has been attained for the first 6 months.</u>
80% to 90% of all individuals surveyed will indicate an above average to excellent satisfaction rating with their participation in services and programming at the Ron Wood Family Resource Center.	95-100% of all individuals surveyed have indicated a satisfactory to above satisfactory rating for program services received. Comment forms are also included in rating.  All individuals served are considered LMI – Low to moderate income. 95% of all individuals served are Carson City residents.	<u>125% +/- of goal has been attained for the first 6 months.</u>  <u>Areas of Improvement</u> – continue assessing the needs in services without duplicating services. <u>Increased knowledge</u> – With an improvement in the local economy, many services offered by RWFC are still needed and considered vital by our local community. The favorable satisfaction rating is a key issue in favorable results for the community we serve.
38,000+ - # Individuals Low-Moderate Income will utilize the food bank (Individuals may come for emergency food up to 12 times per year to receive 2-3 days of food – once per month)	22,871 individuals have utilized the food bank services for the first 6 months of the fiscal year.  50% - youth 0 – 18 25% - seniors or disabled	<u>120% of goal has been attained.</u>
100% of Carson City residents	100% of Carson City residents	<u>100% of goal has been attained for</u>

that complete food request forms will receive quality and nutritious emergency food assistance as supplies are available.

completed a food request form and received food and needed services through the center and food bank.

the first 6 months.

**Areas of Improvement** – We have reduced the hours of our emergency food bank to 25 per week instead of 40 per week. The purpose of reducing hours was to reduce the overhead of operating a food bank, address the needs of the community by offering morning and afternoon hours and assisting individuals with emergency food individually when the food bank is closed to the public. We also reduced our operating costs by retiring 2 old vehicles and acquiring a new 2015 Ford Transit Van from the Walmart Foundation. This acquisition has reduced maintenance, fuel and insurance costs. We also continue to deliver food to homebound individuals when needed.

**Increased knowledge** – With an improvement in the local economy, many services offered by RWFC are still needed and considered vital by our local community. The favorable satisfaction rating is a key issue in favorable results for the community we serve.

38,000+ - # Individual referrals for services per year

25,749 individual referrals for service were provided for the first 6 months of this fiscal year.

136% of goal has been attained for the first 6 months.

100% of individuals requesting services from Ron Wood (RWFC) will receive quality services and a waiver of fees for appropriate services if needed.

100% of individuals requesting services from Ron Wood (RWFC) received quality services regardless of their ability to pay for services that request a fee.

100% of goal has been attained for the first 6 months.

**Areas of Improvement** - continue assessing the needs in services without duplicating services.

**Increased knowledge** – With an improvement in the local economy, many services offered by RWFC are still needed and considered vital by our local community. The favorable satisfaction rating is a key issue in favorable results for the community we serve.

3,000+ - # Ongoing Case management appointments

1927 ongoing case management appointments

129% of goal has been attained for the first 6 months.

were provided for the first 6 months of this fiscal year.

100% of individuals in crisis will receive walk-in services without an appointment.

100% of individuals in crisis received walk-in services without an appointment.

100% of goal has been attained for the first 6 months.

Areas of Improvement - continue assessing the needs in services without duplicating services.  
Increased knowledge - With an improvement in the local economy, many services offered by RWFC are still needed and considered vital by our local community. The favorable satisfaction rating is a key issue in favorable results for the community we serve.

2. How was the data collected to validate your outputs and outcomes? (Please attach an example of your data)

Ron Wood Family Resource Center takes extraordinary efforts in capturing and tracking data for the 17 grants we manage. Every grant has specific measurable outputs and outcomes. Each staff member reports to the grantors on a monthly, quarterly and annual basis. All reporting must be in no later than the 15<sup>th</sup> of each month. In addition, each staff member reports to the supervisor and executive director by the 8<sup>th</sup> of each month. The executive director reconciles all data and forwards the information to the grantors and to the board of directors.

In addition to tracking information that is grant-specific, each staff member is also tasked with providing additional information for the center. This additional information is also tracked utilizing spreadsheets to determine areas of success, areas for improvement and to address the viability of offering each service. Fiscal concerns are also analyzed to measure productivity/community needs versus cost per unit to deliver each service. If a program/grant is deemed unneeded or if the grant costs more to deliver than the funding available, the program is evaluated by the executive director and board of directors before discontinuance.

Data tracking will soon become more streamlined. RWFC has been offered the Clarity/HMIS case management software program. Since RWFC assists HUD/NV Rural Housing in screening for Chronically Homeless Voucher Program, HUD has decided to offer the HMIS Database program at no cost to RWFC. (The cost for most agencies is \$40,000 per year) This will enable RWFC to streamline data collection and share information statewide once a confidential release is provided by the individual in need. We begin training and installation of the new HMIS Database in January – February 2016. RWFC is also paralleling paper records with electronic recordkeeping. Our fiscal department has transferred to electronic records since fiscal year 2013-14. Our executive director has also converted HR records, operational records and non-profit business records to electronic files.

Data back-up is performed daily. Fiscal records are backed up with an external hard drive and all agency computers are using a cloud-based back-up system for security.

3. When analyzing your data, what information have you discovered to help in improving your project/program?



Operation and fiscal data is analyzed monthly. Program effectiveness, program need, program trends, effective fiscal accountability in programming, seasonal influences and community-driven needs are analyzed.

Various program trends are driven by the economy, new legislative changes and in some cases staffing changes. (Monthly Board Report – July 2015 – December 2015 is included)

**Examples:**

WIC services are down 15.5% for the year. This coincides with national trends and an improving economy.

FASTT services are increasing as the program gains more verifiable success in addressing the need to reduce recidivism in dual diagnoses of individuals that have mental health and substance abuse issues that have been incarcerated.

Truancy Programs; the funding has dwindled from previous funding sources but RWFRC feels that the program needs to be managed and services offered to the families and youth in need. The referrals have decreased over the past 2 years. As funding decreases, RWFRC has integrated prevention of truancy services into other youth-funded programs such as our after school programming for bullying, requests for involvement and anger management. RWFRC will continue servicing these families addressing educational neglect.

4. Please describe any successes your program has had in the last 6 months? How has this success benefited your program?

This City Grant is an operational grant to assist with some of the indirect costs that are not funded by the grantors. Salaries for the executive director, fiscal manager, Co-Parenting instructor and office support staff are deemed “indirect” services and in some cases are considered “in-kind” or “match” for various grantors. Operations oversight and fiscal management are crucial requirements for all center services.

**Program Successes: (first 6 months)**

- Food Bank Volunteering is up 12.7%
- Ongoing case management services are up 2.7%
- Child Car Seat Safety Program is up 24.7%
- Family to Family Connection (Infant – toddler) programs are up 40.7%
- Informational referrals are up 8.9%
- Foster Youth Services are up 20.9%
- Cribs for Kids program is up 37.5%
- Food Bank Emergency Food Support is down 18.7%

**How have these successes benefited the overall programming at RWFRC?**

- Food Bank Volunteering – we have put more emphasis on volunteers running the food bank during regular operating hours and on weekends. This has allowed us to work smarter, spend less on Food Bank Coordinator wages, less on operational costs and we also feel that the food bank is on the path to self-sufficiency.

- Ongoing Case Management Services – With the assistance of family advocates, individuals are assisted in developing family goal worksheets that incorporate a holistic approach toward identifying areas that will assist in each family toward their own success. Our success stems from accessibility, great customer service and excellence in center programming and referrals to local partners in a seamless manner.
- Child Car Seat Safety Program – RWFC is the only nationally certified fitting station in Carson City. In insuring that children are transported safely, RWFC conducts car seat remotes, checkpoints and educational sessions to insure each family has the capacity to safely restrain their children in vehicles. AAA of California, Nevada and Utah has awarded RWFC \$5600.00 in free car seats and booster seats to insure the safety of our children. Additionally both AAA and Office of Traffic Safety fund our efforts by allowing us to provide child safety restraints free of charge. The added AAA car seats are shared with local families on Facebook and in community social media to local families. More children are transported safely as a result.
- Family to Family Connection – A cornerstone program brings parents and caregivers of infants and toddlers to parenting classes, toddler classes and infant workshops. This valuable program celebrates child rearing by working with young families to provide tools and appropriate methods in caring, nurturing and responding to the needs of babies and toddlers. This program remains popular highlighting such programs as Infant CPR, Baby Calming, Appropriate discipline, etc.
- Informational referrals – RWFC remains the “go-to” family resource center to get information, resources and referrals. Many individuals from a variety of cultures, socio-economic backgrounds and income levels utilize RWFC as the hub for timely and accurate information. This process enables families to utilize center services and help themselves to needed information to effect the change they need.
- Foster Youth Services – Considered the model program for foster youth services in Nevada, RWFC has contracted with the State of Nevada to work with all foster youth 14 – 21 in developing educational, life and career goals. Foster youth exiting out of care have a family advocate to work beside them in making life-changing decisions. Since our program has been so successful over the past 8 years, the State of Nevada Child and Family Services asked our agency to oversee the additional needs of youth 14 – 18. Increasing staff and services have resulted in more successful outcomes for these at-risk foster youth.
- Cribs for Kids – SIDS (Sudden Infant Death Syndrome) prevention is an overwhelming educational need for parents. This funded program through the State of Nevada offers training and portable cribs for parents of infants thereby reducing the number of infant deaths through sleeping with parents.
- Food Bank Emergency Food support is declining over the past 2-3 years. RWFC deems this a success as the economy is slowly growing stronger. Additionally, individuals that are food insecure are working with family advocates to address issues related to budgeting therefore increasing income for food.

5. What challenges have you encountered? How do you plan to overcome these challenges going forward?

Challenges are always present and having diverse funding streams increases our fiscal and programmatic health.

This past year, unemployment insurance as a RWFCR liability has become a primary concern at RWFCR. RWFCR is a reimbursable non-profit employer. Over the past 10 years, turnover at the center has remained minimal. However we are concerned that if a one of our grant-funded programs sunsets, we will be mandated to pay unemployment insurance without a grant funding source to assume this liability. We are in negotiations with several non-profit trust funded organizations to pay into an unemployment account (or insurance policy) that will absorb any liability should a grant-funded program end. In the past, the RWFCR general fund would need to reimburse the state for any unemployment benefits. This new trust account is scheduled to start by Spring 2016.

Bullying and Truancy involvement - New legislation in the State of Nevada mandates school districts to offer responsible action to victims and perpetrators of bullying in the school system. Taking the lead in this new legislation, we are working with Carson City School District and have structured 3 programs that are age specific as resources for schools, families and youth as educational supports. Updating our current truancy programming is underway with the Carson City School District. Our executive director is on the State Attendance Review Board and working with the district on revamping the truancy program. The rollout date is Fall 2016. School Resource Officers (SROs) have been funded by CCSO and Department of Justice to place 3 officers on school grounds at the 2 middle schools and the high school. Our executive director is on the advisory board to offer input and cohesion in assisting SROs with youth and family issues.

Board of Directors – 2 board members have retired and 2 new board members have assumed center responsibilities.

Fund raising – Currently our Community Leader of the Year signature fund raiser is being revamped. We are attempting to increase our non-restricted funding from fund raising and will be honoring an adult community leader as well as youth community leaders. Scholarships will be given to 3 deserving youth at the fund raiser in June 2016.

Thank you to Partnership Carson City and the City of Carson for their partnership, continued funding, and support in serving the youth and families in our community!



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

<b>Agency Name:</b> Boys & Girls Clubs of Western Nevada	
<b>Agency Mailing Address:</b> 1870 Russell Way, Carson City, NV 89706	
<b>Project Name:</b> Teen Center Programming and Staff Support	
<b>Project Address/Location:</b> 1870 Russell Way, Carson City, NV 89706	
<b>Contact Person:</b> Katie Leao	
<b>Phone Number:</b> 775-882-8820	<b>Email:</b> <a href="mailto:kattiel@bgcwn.org">kattiel@bgcwn.org</a>
<b>Fax:</b> 775-882-0250	<b>Website (if applicable):</b> <a href="http://bgcwn.org">bgcwn.org</a>

### PROJECT FUNDING

<b>Requested amount</b>	\$26,794
<b>Other funding</b>	\$41,630, General operating funds, Taco Bell Grant
<b>Total project cost</b>	\$68,424

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

This project aims to provide Boys & Girls Clubs of Western Nevada (BGCWN) the staff support required to implement Youth Services through our Teen Center Programming, and help to fund some of the logistical costs of programs. These programs focus on priority areas such as education, health and life-skills, fitness, and arts and technology, and will take place in the brand new state of the art Teen Center located next to BGCWN's operating headquarters in Carson City. Teen Center programming will target all Club members age 13-18, creating a safe place for teens to develop into active and engaged citizens within their communities.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)

According to the Afterschool Alliance (<http://www.afterschoolalliance.org>), nearly one quarter of all school-aged youth are responsible for taking care of themselves after school. Without proper guidance, this can open the door to youth getting involved in dangerous and potentially illegal activities. Teens age 13-18 are at a critical point in their developmental process, where they may be more susceptible to fall victim to illicit behaviors and activities without proper education and guidance. Socio-economically disadvantaged populations are at an increased risk for these behaviors as evidenced by numerous studies. While the Boys & Girls Clubs believes proper guidance begins in the home, studies show that families alone, especially single-parent households (from which 700 club participants come) are not able to meet the developmental needs of youth (An Outcome Evaluation of Across Ages: An intergenerational Mentoring Approach to Drug Prevention. The Center of Intergenerational Learning, Temple University).

According to Carson City School District's School Accountability Report (<http://www.carsoncityschools.com>), their two goals for 2018 and beyond are to achieve an academic success rate of 90% and for 86% of twelfth graders to graduate high school. The current graduation rate for Carson City Schools is 77%. Bringing up the graduation rate requires a commitment not only by students and educators, but by the community as a whole. As the only program of its kind in the Carson City area, Boys & Girls Clubs provides a safe space for after school educational programming, dedicated time for homework, and a sense of belonging to a community focused on achieving the common goal of scholastic improvement.

According to the Carson City School District, more than 50% of students qualify for the free or reduced snack program, and state-wide statistics show more than one quarter of residents experience food insecurity. Every day Club members have access to free healthy snacks to help ensure they receive nutritional benefit while participating in club programs.

This proposal addresses the critical need of providing effective Youth Services to local teens in the Carson City community with an emphasis on engaging socio-economically disadvantaged populations that require the most support.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. (Max. Score 25 pts)

For the last twenty two years, BGCWN has been in the forefront of youth development, working with school-aged youth from all segments of Carson City, with a special effort to reach those from disadvantaged socioeconomic circumstances. We actively seek to enrich the lives of youth from our community through nationally recognized programming that has been unequivocally proven to have a positive impact on youth development. BGCWN is dedicated to ensuring the youth of our community have greater access to quality programs and services that will enhance their lives and shape their futures. BGCWN is requesting funds to allow for expanded programming offered to teen participants (age 13-18). With the upcoming completion of the new stand-alone Teen Center, we will have increased capacity to provide effective and engaging programming that will support our five core program areas of Education, Leadership, Health and Life Skills, Fitness and Recreation, and the Arts and Technology.

Additional staffing support will be required to coordinate new and expanded programming at the Teen Center. The center is the only one of its kind in our service area, supporting programs that will empower local teens to become active citizens within their community and serve as mentors for the younger members of the club. This funding will allow a full-time coordinator to oversee the planning and implementation of programming at this new state of the art facility, dedicated to the under-served teen population of our community. The full-time coordinator serves an integral role in the development of the teen participants.

Programs at the Teen Center will give participants a solid foundation for continued growth as they develop into responsible young adults by providing the necessary tools to pursue a college education, become financially literate, build job and life skills, grow and learn in a safe environment, and provide leadership within the club.

Through a variety of community partnerships, the Teen Center Coordinator will implement several programs that focus on bringing up the graduation rate of our high-school members, introducing members to the college process, teaching them financial literacy and business plan development, and educating our teen members on substance abuse prevention practices. All teen participants, age 16-18, will participate in the BE READY and On CAMPus program which will focus on giving teens the tools and support they need to graduate high school, take free college prep courses, complete college applications, and schedule college campus visits. We anticipate that 99% of teens participating in the program will successfully graduate high school, and all graduates will complete a minimum of 1 college application. In the first year, 30 Club members will participate in the Young Entrepreneurs program, where they will learn financial literacy, develop their own business plan, and learn about successful business strategies. We anticipate all 30 members successfully completing this 6-week course, and expect with each successive year, the number of participants in the program increasing. All Club members will receive a free healthy snack every day they participate in programs.

There are 281 active Club members that are, or will be, between the age of 13-18 over the next year, and all 281 will participate in teen programming. We anticipate, with the completion of the new Teen Center, that membership of this key demographic will increase to between 300 and 350 teens, and will continue to grow in subsequent years.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

Currently, Boys & Girls Club partners with a variety of community organizations and third party grant programs to successfully implement our youth services programming. The Teen Center will allow for increased capacity to partner with other organizations to provide valuable teen programming. Listed below are some of the new and existing community partnerships specifically focused on teen programming:

- Adams Hub will be providing curriculum for a 6 week Young Entrepreneurs program that will teach youth about financial literacy, developing business plans, and how to be successful in business.
- Be Ready and on Campus is a Boys & Girls Clubs of America (BGCA) program in partnership with Taco Bell in which all teens will participate in curriculum focused on introduction to the college process, scheduling college visits, free college prep classes and scholarship opportunities, and completing college applications. The Club anticipates forming partnerships through this program with University of Nevada Reno, and Western Nevada College to provide staff mentors and additional campus resources.
- The State Prevention Infrastructure Grant program administered through Partnership Carson City provides funding for the Club to implement BGCA's nationally-accredited substance abuse/prevention curriculum. Through a new partnership with the Carson City Sheriff's Office, we plan to augment this curriculum through programming provided by the Sheriff aimed at substance abuse deterrence and prevention.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

In order to keep our programming affordable for all participants, we charge a nominal \$30 annual membership fee. This fee goes toward programming, however, it makes up only a small portion of funds required for program implementation. Due to our efforts to ensure membership is not cost prohibitive, our programs will always rely on 3rd party funding to sustain themselves. The BGCWN Board of Directors is committed to ensuring the long-term viability of our programming through individual and corporate fundraising, in addition to grant and foundation proposals. Through increased partnerships with organizations such as Adams Hub, the Sheriffs Department, Carson City School District, University of Nevada Reno, and Western Nevada College, the long-term sustainability of programming will become less reliant on grant funding.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Teen programming is critical to our role of providing youth services to community members, and a full-time Teen Center Coordinator will ensure these programs can be properly implemented. If awarded partial funding, the programs will continue, however, there may need to be cuts to the types of programs offered, the frequency and quantity of program availability, or to the ability for the Teen Center Coordinator to move into a full-time role.

BGCWN is committed to ensuring the Teen Center is adequately staffed, and will work with the Board of Directors, and alternative resources within the community to allocate sufficient funds, or we will work to develop a program curriculum and staffing structure that fits within any potential funding short-falls.

## PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

100% of our teens that will participate in Teen Center programming are comprised of students enrolled in Carson City schools and reside in Carson City.

2. How do you plan to track clients served? (Max Score: 5 points)

Member attendance for programming is tracked through an on-line portal called Kid Trax. Kid Trax records the number and frequency of member attendance, the ages and key demographic information of all members, and the programs in which they participate. Reports are generated through Kid Trax filtering for any appropriate information.

We also collect demographic information of all non-club members that attend BGCWN events and are engaged in some positive manner with the Club.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

In addition to providing the funding for the necessary staff to implement the Teen programs, there are three programmatic outcomes ensuring successful completion by participants.

99% of high school seniors that participate in the BE READY and On CAMPus program will graduate high school, and will complete a minimum of 1 college application. Teens will benefit from one-on-one attention from trained staff in completing assignments and achieving scholastic goals following a proven curriculum.

In the first year of the Young Entrepreneurs program, 30 teens will participate in a 6 week curriculum with Adams Hub where they will learn financial literacy, business plan development, and tools to be successful in business. Student participation and progress through the Young Entrepreneurs program and Financial Literacy programs will be monitored using testing exercises, and regular one-on-one check-ins by program staff throughout the six week course. A certificate of completion will be awarded to each teen at the conclusion of each section of the 6 week course.

100% of members age 13-18 will participate in the variety of teen programming, and will receive free healthy food during the day in a community where more than one quarter of the population is food insecure, and more than 50% of children qualify for free and reduced snack programs through the school district.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What outputs will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	BE READY and On CAMPus HS Graduation, College Prep	Teens age 16-18	70
2	BE READY and On CAMPus HS Graduation, College Prep	Teens age 16-18	70
3	Young Entrepreneurs Financial Literacy, Business Plan	Teens age 13-18	30
4	BE Ready and On CAMPus, Young Entrepreneurs	Teens age 13-18	100

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

For the last 22 years, BGCWN has successfully implemented Youth Services focused on teen development through the Life Skills curriculum, High School graduation and college prep programming, and Substance Abuse Prevention and Treatment programming. We have seen proven success through the implementation of these programs by the number of teen participants that see marked scholastic improvement, successfully graduate high school, enroll in college programs, and achieve gainful employment. During their time with the club, many of our teens are elected to participate in the club's Junior Staff Program as paid employees that work year-round. The Junior Staff Program teaches teens peer leadership skills, responsibility, self-confidence, and conflict resolution. The new Teen Center will allow for these successful programs to reach a larger audience of local teens broadening the positive community impact.

We've experienced challenges associated with ensuring programming remains relevant and engaging with teens, as many of them are exposed to some variation of these specific programs from the time they join the club as 6-7 year olds, until they graduate high school. In order to keep programs unique and engaging for teens, we have developed new partnerships as described above to introduce new elements to the curriculum, and offer new experiences for the teens.

The single greatest challenge in implementing teen programs over the years has been a lack of dedicated teen space. This has created challenges with regard to the number of teens able to participate in programming due to capacity limitations, and consistency in delivering program materials due to changes in the locations of the programs within the Club. With the opening of the new Teen Center, this challenge will be significantly mitigated by providing a large state-of-the-art facility with the capacity to engage a larger audience. Club members will have unfettered access to the materials and equipment needed to participate in the type of programming that teens will find not only useful, but fun.



**PROJECT BUDGET**

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

<b>Project Title: Teen Center Programming</b>	<b>Requested Amount</b>	<b>Other Funding</b>	<b>In-Kind</b>	<b>Total Funds</b>
<b>Project Expenses FY 2016-17</b>				
FT Teen Center Coordinator (Salary, Benefits)	\$25,994	\$8,664		\$34,658
PT Teen Center Staff Support (Salary, Benefits)		\$13,390		\$13,390
PT Teen Center Staff Support (Salary, Benefits)		\$13,390		\$13,390
Operating Costs/Supplies	\$800	\$6,186		\$6,986
<b>TOTALS</b>	<b>\$26,794</b>	<b>\$41,630</b>		<b>\$68,424</b>

<b>AGENCY ASSETS</b>	
Unrestricted cash	\$474,994.20
Restricted cash*	\$894,845.36
<b>Total cash on hand</b>	<b>\$1,369,839.56</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

Yes. Boys & Girls Clubs has applied for the Community Support Services Grant program in the past to help fund staff support for our teen programming. The Club has also received Quality of Life funding from the Question 18 Bond program for facility maintenance.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Teen Center Coordinator (FT)	\$25,994	75% of Teen Center Coordinator Salary/Benefits: \$34,658 X 0.75 = \$25,994. Remaining salary will be paid through other funding sources
Operating Expenses	\$800	Partially fund operating expenses for programs: supplies, equipment, field trips such as National Night out through Sheriff's Dept, and Ecology Projects at Fulstone Wetlands Park.  The majority of operating costs will be paid through other funding sources.

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Katie Leao
<b>Title:</b>	Executive Director
<b>Address</b>	1870 Russell Way, Carson City, NV 89706
<b>Phone number:</b>	775-882-8820
<b>Email:</b>	katiel@bgcwn.org

**PROJECT MANAGER**

<b>Name:</b>	Matt Sampson
<b>Title:</b>	Program Director
<b>Address</b>	1870 Russell Way, Carson City, NV 89706
<b>Phone number:</b>	775-882-8820
<b>Email:</b>	matts@bgcwn.org

**FISCAL MANAGER**

<b>Name:</b>	Wayne Nelson
<b>Title:</b>	IS Manager
<b>Address</b>	1870 Russell Way, Carson City, NV 89706
<b>Phone number:</b>	775-882-8820
<b>Email:</b>	waynen@bgcwn.org

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Daniel Dilegame
<b>Title:</b>	Teen Coordinator
<b>Address</b>	1870 Russell Way, Carson City, NV 89706
<b>Phone number:</b>	775-882-8820
<b>Email:</b>	danield@bgcwn.org

### AGENCY INFORMATION

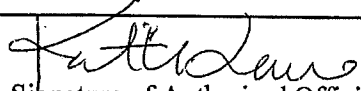
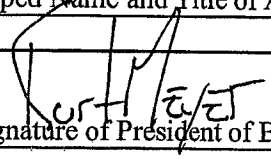
Date of incorporation	March, 1991
Date of IRS certification	April, 1992
Tax exempt number	88-0269139
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	797910460

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	X
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	X
3	<b>Current Organization Chart with names of staff members</b>	X
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	X
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	X
6	<b>Profit and Loss Statement and Balance Sheet</b>	X
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	
8	<b>Restricted Cash Detail</b>	X
9	<b>CSSG 2015 Semi-Annual Report (July 1-Dec. 31, 2015)</b>	X

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.

 Signature of Authorized Official	3/10/2016 Date
Katie Leao Typed Name and Title of Authorized Official	775-882-8820 Phone Number
 Signature of President of Board of Directors	3/10/2016 Date
Kurt Meyer Typed Name of President of Board of Directors	775-350-0359 Phone Number

Attachment 1



BRIAN SANDOVAL  
Governor

ROBERT R BARENGO  
Chair, Nevada Tax Commission

WILLIAM CHISEL  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <http://tax.state.nv.us>  
1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada, 89101  
Phone (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 887-9899  
Fax: (775) 6881303

HENDERSON OFFICE  
2550 Paseo Verda Parkway Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

May 14, 2012

Account Number: RCE-003-573

Exp date: May 14, 2017

**BOYS AND GIRLS CLUB OF WESTERN NEVADA**  
1870 RUSSELL WAY  
CARSON CITY NV 89706

Pursuant to NRS 372.3261 and related statutes, BOYS AND GIRLS CLUB OF WESTERN NEVADA has been granted sales/use tax exempt status as an educational organization. Direct purchases or sales of tangible personal property made by or to BOYS AND GIRLS CLUB OF WESTERN NEVADA are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to BOYS AND GIRLS CLUB OF WESTERN NEVADA are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

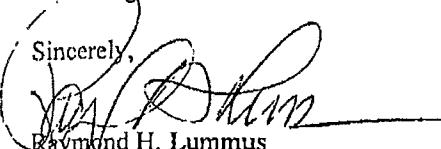
This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

  
Raymond H. Lummus  
Tax Manager

DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91755-7406

DEPARTMENT OF THE TREASURY

Date: JUN 20 1996

BOYS AND GIRLS CLUBS OF WESTERN  
CATHY BLANKENSHIP  
PO BOX 1836  
CARSON CITY, NV 89702-1836

Employer Identification Number:  
88-0269139  
Case Number:  
956138002  
Contact Person:  
TYRONE THOMAS  
Contact Telephone Number:  
(213) 894-2289  
Our Letter Dated:  
April 1992  
Addendum Applies:  
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

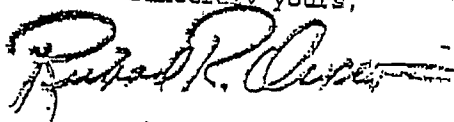
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Richard R. Orosco  
District Director

Letter 1050 (DO/CG)

## Attachment 2

## BOYS & GIRLS CLUBS OF WESTERN NEVADA, INC.

Business Entity Information			
Status:	Active	File Date:	3/20/1991
Type:	Dom Non-Profit Coop Corp w/o stock	Entity Number:	C2261-1991
Qualifying State:	NV	List of Officers Due:	3/31/2016
Managed By:		Expiration Date:	3/20/2041
NV Business ID:	NV19911010014	Business License Exp:	Exempt - 002

Additional Information	
Name Consent Date:	03/20/1991

Registered Agent Information			
Name:	ALLISON MACKENZIE, LTD.	Address 1:	402 NORTH DIVISION STREET
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:	P O BOX 646	Mailing Address 2:	
Mailing City:	CARSON CITY	Mailing State:	NV
Mailing Zip Code:	89702		
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

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

Officers				<input type="checkbox"/> Include Inactive Officers
<b>Treasurer - DREW AGUILAR</b>				
Address 1:	1664 US HWY 395N	Address 2:		
City:	MINDEN	State:	NV	
Zip Code:	89423	Country:		
Status:	Active	Email:		
<b>Director - KURT MEYER</b>				
Address 1:	1870 RUSSELL WAY	Address 2:		
City:	CARSON CITY	State:	NV	
Zip Code:	89701	Country:		



## Attachment 2

Status:	Active	Email:	
<b>President - JOANTHAN OLIVAS</b>			
Address 1:	1870 RUSSELL WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89706	Country:	
Status:	Active	Email:	
<b>Secretary - ANDIE WILSON</b>			
Address 1:	1870 RUSSELL WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	
Status:	Active	Email:	

Actions/Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C2261-1991-001	# of Pages:	9
File Date:	3/19/1991	Effective Date:	
(No notes for this action)			
Action Type:	Amendment		
Document Number:	C2261-1991-003	# of Pages:	1
File Date:	4/8/1992	Effective Date:	
CERTIFICATE OF AMENDMENT ADDING IRS LANGUAGE. DMF			
Action Type:	Registered Agent Change		
Document Number:	C2261-1991-004	# of Pages:	1
File Date:	3/16/1995	Effective Date:	
STEPHEN D. HARTMAN			
402 N. DIVISION STREET CARSON CITY NV 89703 ALH			
Action Type:	Annual List		
Document Number:	C2261-1991-008	# of Pages:	6
File Date:	3/18/1998	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C2261-1991-007	# of Pages:	2
File Date:	4/16/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C2261-1991-009	# of Pages:	1
File Date:	3/3/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C2261-1991-010	# of Pages:	7
File Date:	3/28/2001	Effective Date:	

Attachment 2

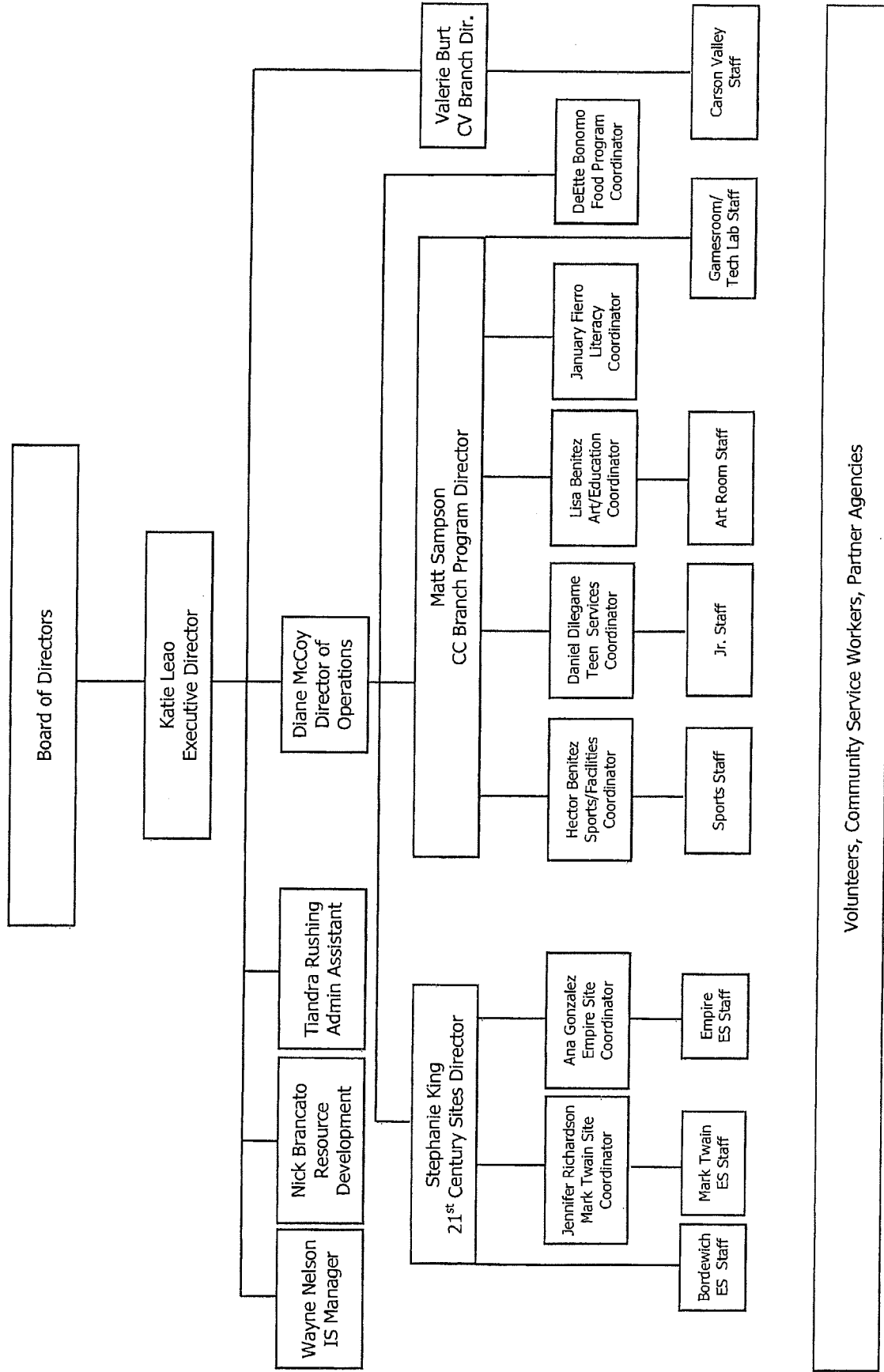
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Action Type:	Annual List		
Document Number:	C2261-1991-005	# of Pages:	4
File Date:	5/9/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C2261-1991-002	# of Pages:	4
File Date:	5/18/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Annual List		
Document Number:	20050055906-22	# of Pages:	2
File Date:	2/22/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060457796-26	# of Pages:	4
File Date:	7/18/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070108332-56	# of Pages:	5
File Date:	2/14/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080032376-81	# of Pages:	1
File Date:	1/16/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090082727-07	# of Pages:	2
File Date:	1/26/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100149671-81	# of Pages:	1
File Date:	2/22/2010	Effective Date:	
(No notes for this action)			
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Document Number:	20110125835-88	# of Pages:	5
File Date:	2/18/2011	Effective Date:	
11/12			

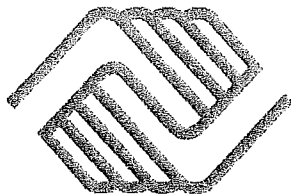
## Attachment 2

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20120194125-67	<b># of Pages:</b>	2
<b>File Date:</b>	3/19/2012	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20130203893-81	<b># of Pages:</b>	2
<b>File Date:</b>	3/20/2013	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20140333827-53	<b># of Pages:</b>	3
<b>File Date:</b>	3/31/2014	<b>Effective Date:</b>	
2014/2015			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20150113423-32	<b># of Pages:</b>	3
<b>File Date:</b>	3/12/2015	<b>Effective Date:</b>	
(No notes for this action)			



# Organizational Chart





## **BOYS & GIRLS CLUBS OF WESTERN NEVADA**

### **BGCWN 2016 Board of Directors**

**Drew Aguilar**

**Treasurer**

Carson Valley Accounting  
1663 US Hwy. 395 N. Ste 201  
Minden, NV 89423  
[aguidr@aol.com](mailto:aguidr@aol.com)  
Cell: 775.901.6038      Wk: 775.782.7874

**Tonya Champa**

Nevada Appeal  
580 Mallory Way  
Carson City, NV 89701  
[tonyachampa@nevadaappeal.com](mailto:tonyachampa@nevadaappeal.com)  
Wk: 775.881.1277      Cell: 775.721.1420

**Ron Bankofier**

Edward Jones  
1389-2 Lampe Dr.  
Gardnerville, NV 89410  
[rlbanks34@gmail.com](mailto:rlbanks34@gmail.com)  
Cell: 775.790.0587      Wk: 775.782.9102

**Sherry Dilly**

2981 San Fernando St.  
Minden, NV 89423  
[sherrydilley@charter.net](mailto:sherrydilley@charter.net)  
Cell: 775.267.7560      Hm: 775.267.3784

**Frank Beglin**

Beglin Orthodontics  
525 W. Washington St.  
Carson City, NV 89703  
[fbeglin@sbcglobal.net](mailto:fbeglin@sbcglobal.net)  
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**Kenny Furlong**

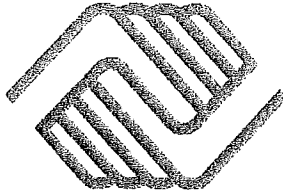
Carson City Sheriff  
911 E. Musser St.  
Carson City, NV 89701  
[kfurlong@carson.org](mailto:kfurlong@carson.org)  
Cell: 775.722.5856      Wk: 775.283-7800

**Michael Bennett, P.E.**

Lumos & Associates  
800 E. College Pkwy.  
Carson City, NV 89706  
[mbennett@lumosinc.com](mailto:mbennett@lumosinc.com)  
Wk: 775.883.7077

**Juan F. Guzman**

420 Diorite Rd.  
Gardnerville, NV 89460  
[juanguzman@aol.com](mailto:juanguzman@aol.com)  
Cell: 775.690.7671      Hm: 775.265.5010



## BOYS & GIRLS CLUBS OF WESTERN NEVADA

### BGCWN 2016 Board of Directors

**Lori Haney**

City National Bank  
1811 E. College Pkwy.  
Carson City, NV 89706  
[lori.haney@cnb.com](mailto:lori.haney@cnb.com)

Wk: 775.885.1230      Cell: 775.315.1846  
Hm: 775.885.7459

**Kim Murphy**

GE Bently Nevada  
1730 Chaparral Dr.  
Carson City, NV 89703  
[kimberly.murphy@ge.com](mailto:kimberly.murphy@ge.com)  
[kimct31@msn.com](mailto:kimct31@msn.com)

Cell: 267.337.0738      Wk: 775.215.1073

**Jeri Johnson**

2691 Skyline Dr.  
Minden, NV 89423  
[jeri.johnson@cnb.com](mailto:jeri.johnson@cnb.com)  
Cell: 775.771.6432

**Jonathon Olivas**

***Immediate Past President***  
New York Life Insurance  
201 W. Liberty #207  
Reno, NV 89501  
[johnnyolivas@gmail.com](mailto:johnnyolivas@gmail.com)

Cell: 775.690.7322      Wk: 775.325.2276

**Kurt Meyer**

***President & Chief Volunteer Officer***  
400 N Richmond Ave.  
Carson City NV 89703  
[kurtmeyer1966@gmail.com](mailto:kurtmeyer1966@gmail.com)  
Cell: 775.350.0359

**Dr. Mary Pierczynski**

7040 Franktown Rd.  
Carson City, NV 89704  
[mpconsulting47@gmail.com](mailto:mpconsulting47@gmail.com)  
Cell: .775.720.9692

**Susie Messina**

1866 Wellington East  
Carson City, NV 89703  
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Cell: 775.315.0139

**Brenda Robertson**

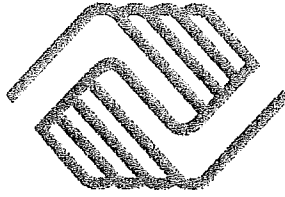
3541 Mont Blanc Ct.  
Carson City, NV 89705-7023  
[brenda@ramac.com](mailto:brenda@ramac.com)  
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**Bill Miles**

Miles Construction  
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[wdmiles@milesconst.com](mailto:wdmiles@milesconst.com)  
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**Ryan Russell**

Allison, MacKenzie, Russell, et al  
402 N. Division St.  
Carson City, NV 89703  
[rrussell@allisonmackenzie.com](mailto:rrussell@allisonmackenzie.com)  
Cell: 775.721.7922      Wk: 775.687.0202



**BOYS & GIRLS CLUBS  
OF WESTERN NEVADA**

**BGCWN 2016 Board of Directors**

**Cliff Sorensen**  
1240 Camballeria Dr.  
Carson City, NV 89701-8655  
[cliff@untamedllc.com](mailto:cliff@untamedllc.com)  
Cell: 775.720.4283      Wk: 775.882.8211

**Judge Tod Young**  
District Court  
P.O. Box 218  
Minden, NV 89403  
[ntyoung@douglas.nv.gov](mailto:ntyoung@douglas.nv.gov)  
Cell: 775.450.6115      Wk: 775.782.9961

**Roxanne Spring**  
**Board Secretary**  
Click Bond  
2151 Lockheed Way  
Carson City, NV 89706  
[rspring@clickbond.com](mailto:rspring@clickbond.com)  
Cell: 775.771.9201      Wk: 775.885.8000

**Jeff Vathayanon**  
VT Williams & Associates  
3470 G.S. Richards Blvd.  
Carson City, NV 89703  
[Jeff.V@VTA-CPA.com](mailto:Jeff.V@VTA-CPA.com)  
Wk: 775.283.4911

**Andie Wilson**  
**Board Vice President**  
NAI Alliance  
P.O. Box 21295  
Carson City, NV 89721  
[brandie.llc@prodigy.net](mailto:brandie.llc@prodigy.net)  
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**Jason Woodbury**  
Carson City District Attorney  
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Cell: 775.301.0187      Wk: 775.283.7677

# Attachment 5

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2014**

Department of the Treasury  
 Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning                      and ending                     

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **Boys and Girls Clubs of Western Nevada**  
 Doing business as:                       
 Number and street (or P.O. box if mail is not delivered to street address): **1870 Russell Way**  
 Room/suite:                       
 City or town, state or province, county, and ZIP or foreign postal code: **Carson City NV 89706**

**D** Employer identification number: **88-0269139**

**E** Telephone number:                     

**F** Name and address of principal officer:  
**Jonathon Olivas**  
**1870 Russell Way**  
**Carson City NV 89706**

**G** Gross receipts \$: **1,597,467**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **www.bgcwn.org**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1993** **M** State of legal domicile: **NV**

Summary		Prior Year	Current Year
<b>1</b> Briefly describe the organization's mission or most significant activities: To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens.			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		3	24
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		4	24
<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	79
<b>6</b> Total number of volunteers (estimate if necessary)		6	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34		7b	0
<b>8</b> Contributions and grants (Part VIII, line 1h)		980,531	985,996
<b>9</b> Program service revenue (Part VIII, line 2g)		166,648	147,084
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,220	20,006
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		183,160	378,485
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,347,559	1,531,571
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		942,475	942,055
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	42,878		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		519,890	560,239
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,462,365	1,502,294
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-114,806	29,277
<b>20</b> Total assets (Part X, line 16)		Beginning of Current Year 4,821,989	End of Year 4,772,447
<b>21</b> Total liabilities (Part X, line 26)		492,150	427,680
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		4,329,839	4,344,767

**Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: Jonathon Olivas Date:                       
 Type or print name and title: President

**Paid Preparer Use Only**

Print/Type preparer's name: Jonathan S. Steele, CPA Preparer's signature: Jonathan S. Steele, CPA Date: 11/15/15 Check  self-employed  PTIN: P01362786

Firm's name: Steele & Associates, LLC Firm's EIN: 88-0479248

Firm's address: 611 N Nevada St Carson City, NV 89703-3968 Phone no.: 775-862-7198

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



Attachment 5

Form 990 (2014) Boys And Girls Clubs

88-026-139

Page 2

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible, and caring citizens.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,203,295 including grants of \$ ) (Revenue \$ )
Summer & School programs during the summer months, the organization offers a summer program that provides club members with summer recreation, field trips, lunch, and snacks throughtout the day. After-school programs provide homework assistance and tutoring and access to the club's amenities and activities which include video games, art programs, and a computer center. Track-break programming is also provided for students on Multi-track and year-round school programs.

4b (Code: ) (Expenses \$ 11,935 including grants of \$ ) (Revenue \$ )
Mentoring program - the mentor center is a free program offered by the organization and is supported by federal and state grants. Mentors go through extensive background checks and interview process before being matched with a student. The metor center is the community's original youth mentoring program. It was established in 1999 and currently has nearly 100 actie matches in the community the program intends to prevent and reduce delinquent behavior and victimization.

4c (Code: ) (Expenses \$ 51,687 including grants of \$ ) (Revenue \$ )
Smartmoves Program - the smartmoves program is designed to provide education about drug and alcohol abuse, about saying "NO" to drugs, peer pressure, and other harmful activities. It is a program for all members of the club.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 1,266,917

## Boys &amp; Girls Clubs of Western Nevada

## Income Statement

December 2015

	2015		2014		Budget		
	Dec '15	YTD '15	Dec '14	YTD '14	Dec '15	YTD '15	2015
<b>Income</b>							
<b>Foundation Grants</b>							
0421 · United Way	62.60	2,808.77	195.12	3,285.62	178	3,000	3,000
0422 · Service Clubs	1,523.50	14,343.50	44.00	8,295.28	61	11,500	11,500
0450 · May Foundation	-	50,000.00	-	100,000.00	-	50,000	50,000
0497 · Foundation - Restricted	6,777.25	682,741.49	-	55,000.00	-	2,500	2,500
0498 · Foundation - Unrestricted	-	1,622.45	1,000.00	23,690.00	644	15,250	15,250
0499 · Foundation - In-Kind	-	-	-	-	-	-	-
Other Grants	-	-	-	-	3,125	37,500	37,500
<b>Total Foundation Grants</b>	<b>8,363.35</b>	<b>751,516.21</b>	<b>1,239.12</b>	<b>190,270.90</b>	<b>4,008</b>	<b>119,750</b>	<b>119,750</b>
<b>Corporate Grants</b>							
0447 · Corporate - Restricted	5,800.00	5,800.00	7,000.00	7,000.00	500	500	500
0448 · Corporate - Unrestricted	347.66	37,476.97	11,384.26	20,784.41	15,336	28,000	28,000
0449 · Corporate - In-Kind	2,409.58	27,749.13	3,288.33	6,955.00	1,500	4,500	4,500
<b>Total Corporate Grants</b>	<b>8,557.24</b>	<b>71,026.10</b>	<b>21,672.59</b>	<b>34,739.41</b>	<b>17,336</b>	<b>33,000</b>	<b>33,000</b>
<b>Government Grants</b>							
0400 · Carson City	-	120,000.00	-	120,000.00	-	120,000	120,000
0451 · DOE - Food Programs	4,352.88	44,178.24	3,208.66	34,943.58	4,132	45,000	45,000
0455 · Children's Cabinet	6,908.28	79,140.72	7,356.78	61,591.25	8,361	70,000	70,000
0461 · BADA	7,883.00	70,711.00	8,207.00	71,908.00	7,989	70,000	70,000
0462 · Mentor Center	-	-	-	-	-	-	-
0471 · CCSD	11,000.00	93,000.00	8,000.00	120,805.14	5,298	80,000	80,000
0474 · CCOY	-	25,183.00	-	33,028.49	-	35,000	35,000
0484 · OJP	-	-	24,000.00	24,000.00	-	-	-
0486 · Douglas County	-	5,125.00	-	15,000.00	-	10,000	10,000
0472 · Rent In-Kind - WNCC	-	-	-	1,350.00	-	-	-
0489 · Government - In-Kind	1,611.11	56,500.00	490.17	55,379.06	1,629	74,500	74,500
<b>Total Government Grants</b>	<b>31,755.27</b>	<b>493,837.96</b>	<b>51,262.61</b>	<b>538,005.52</b>	<b>27,409</b>	<b>504,500</b>	<b>504,500</b>
<b>Individual Gifts</b>							
0410 · Annual Giving	32,775.00	104,452.00	380.00	101,129.16	752	200,000	200,000
0440 · Board Member Dues	-	1,150.00	-	1,350.00	-	1,350	1,350
0468 · Building Campaign	-	431,426.83	-	-	-	-	-
0407 · Individual - Restricted	3,500.00	5,045.00	2,495.00	11,695.00	533	2,500	2,500
0408 · Individual - Unrestricted	3,845.00	21,121.42	66,126.42	102,585.89	48,345	75,000	75,000
0409 · Individual - In-Kind	-	-	-	-	-	-	-
<b>Total Individual Gifts</b>	<b>40,120.00</b>	<b>563,195.25</b>	<b>69,001.42</b>	<b>216,760.05</b>	<b>49,630</b>	<b>278,850</b>	<b>278,850</b>
<b>Special Event Income</b>							
0411 · Golf Tournament	-	129,586.00	630.00	131,686.00	718	150,000	150,000
0412 · Dinner Auction	-	265,975.00	1,214.00	281,932.00	1,292	300,000	300,000
0413 · Dinner Auction - In-Kind	-	-	-	-	-	-	-
0416 · Youth Awards	-	-	-	-	-	-	-
0428 · Carnival	-	-	-	-	-	-	-
0419 · Other Fundraising Events	5,300.00	7,850.00	20.00	25,694.75	6	8,000	8,000
<b>Total Special Event Income</b>	<b>5,300.00</b>	<b>403,411.00</b>	<b>1,864.00</b>	<b>439,312.75</b>	<b>2,016</b>	<b>458,000</b>	<b>458,000</b>
<b>Earned Income</b>							
0430 · Membership Dues	1,130.00	32,385.00	205.00	31,679.00	207	32,000	32,000
0431 · Field Trips	-	20,837.00	(60.00)	16,587.60	-	17,000	17,000
0432 · Counter Sales	132.00	3,866.00	104.00	1,781.00	193	3,300	3,300
0433 · Vending	560.62	8,071.14	256.00	11,384.50	382	17,000	17,000
0434 · Summer Fees	10.00	67,282.76	-	61,484.04	-	77,000	77,000
0435 · Co-Marketing	-	-	-	22,816.96	-	-	-
0436 · CV Executive Oversight	-	-	2,463.33	12,208.51	-	-	-
0439 · Other Program Fees	190.00	247.00	-	-	-	-	-
0441 · Track Break Fees	-	-	-	-	-	-	-
<b>Total Earned Income</b>	<b>2,022.62</b>	<b>132,688.90</b>	<b>2,968.33</b>	<b>157,941.61</b>	<b>782</b>	<b>146,300</b>	<b>146,300</b>

**Boys & Girls Clubs of Western Nevada  
Income Statement**

December 2015

	2015		2014		Budget		
	Dec '15	YTD '15	Dec '14	YTD '14	Dec '15	YTD '15	2015
<b>Endowment/Bequest/Investments</b>							
0418 · Bequests/Memorials	25.00	1,560.00	150.00	8,921.00	-	-	-
0426 · Investment Income	1,284.59	15,331.13	2,819.84	18,331.50	-	-	-
0444 · Gain/Loss on Asset Disposal	-	-	(5,068.07)	(5,068.07)	-	-	-
0445 · Unrealized Gain/Loss	(9,313.91)	(27,119.20)	(14,057.36)	(14,349.05)	-	-	-
0446 · Gain on Sale of Assets	2,259.55	1,898.62	6,471.06	6,742.20	-	-	-
0427 · Planned Gifts	-	45,000.00	-	-	-	-	-
<b>Total Endowment/Bequest/Investments</b>	<b>(5,744.77)</b>	<b>36,670.55</b>	<b>(9,684.53)</b>	<b>14,577.58</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Income</b>	<b>90,373.71</b>	<b>2,452,345.97</b>	<b>138,323.54</b>	<b>1,591,607.82</b>	<b>101,181</b>	<b>1,540,400</b>	<b>1,540,400</b>
<b>Expense</b>							
<b>Facility Expenses</b>							
0520 · Rent - In Kind	-	-	-	1,350.00	-	-	-
0521 · Bldg. Repairs & Maintenance	-	-	-	-	-	-	-
0522 · Insurance	4,042.26	53,044.90	3,914.33	47,722.50	4,019	49,000	49,000
0525 · Janitorial Supplies	1,109.76	8,665.91	1,140.12	6,683.52	853	5,000	5,000
0526 · Janitorial Service / Staff	8,949.47	17,803.10	6,977.32	11,181.38	7,488	12,000	12,000
0527 · Facility Renovation	1,126.62	6,372.97	58.31	8,739.88	50	7,500	7,500
0531 · Grounds Maintenance	-	350.00	-	2,010.00	-	3,000	3,000
0532 · Utilities	2,632.41	34,676.78	2,146.24	37,623.88	1,997	35,000	35,000
0539 · Other Facility Expenses	174.99	4,412.79	545.00	7,313.18	149	2,000	2,000
<b>Total Facility Expenses</b>	<b>18,035.51</b>	<b>125,326.45</b>	<b>14,781.32</b>	<b>122,624.34</b>	<b>14,556</b>	<b>113,500</b>	<b>113,500</b>
<b>Fundraising Expenses</b>							
0561 · Golf Tournament	-	6,160.96	-	4,141.80	-	300	300
0562 · Dinner Auction	-	19,033.75	239.52	18,803.75	255	20,000	20,000
0569 · Other Fundraising Expenses	-	834.63	-	-	83	1,000	1,000
<b>Total Fundraising Expenses</b>	<b>-</b>	<b>26,029.34</b>	<b>239.52</b>	<b>22,945.55</b>	<b>338</b>	<b>21,300</b>	<b>21,300</b>
<b>General &amp; Admin</b>							
0600 · Accounting & Legal	-	45.00	-	25.00	-	25	25
0602 · Advertising & Marketing	495.00	1,110.00	770.00	2,450.87	943	3,000	3,000
0603 · Advertising - In-Kind	333.33	4,000.00	3,288.33	6,955.00	1,500	4,500	4,500
0604 · Audit	1,500.00	11,000.00	1,500.00	11,000.00	1,295	9,500	9,500
0606 · Awards	-	509.63	300.00	612.10	245	500	500
0610 · National Dues	-	6,731.00	-	6,731.00	-	7,200	7,200
0611 · Credit Card Fees	71.76	2,720.65	520.43	2,310.40	586	2,600	2,600
0612 · Dues & Subscriptions	79.47	4,343.99	125.42	10,559.94	119	10,000	10,000
0613 · State Alliance Dues	-	1,033.90	-	1,170.00	-	1,250	1,250
0614 · Oversight Expense	-	-	2,463.33	12,208.51	-	-	-
0615 · Education/Training - Board	-	830.30	-	1,121.89	-	1,000	1,000
0616 · Education/Training - Staff	-	3,404.28	101.78	5,926.99	46	2,650	2,650
0621 · Office Equipment Rent/Lease	697.34	7,028.29	(1,531.89)	4,352.01	-	6,200	6,200
0625 · Food	336.52	2,330.67	-	1,237.46	-	500	500
0626 · Food - In-Kind	-	-	-	-	-	-	-
0630 · Liability Insurance - D & O	187.58	2,359.50	223.75	2,685.00	208	2,500	2,500
0632 · Member Medical Insurance	-	-	-	2,780.60	-	2,500	2,500
0640 · Office Supplies	504.88	5,767.29	33.38	3,159.08	31	2,950	2,950
0641 · Office Supplies - In-Kind	-	-	-	-	-	-	-
0645 · Personnel Recruitment	-	-	-	-	42	500	500
0646 · Direct Donor Benefits	-	29,390.00	-	37,882.00	-	37,000	37,000
0648 · Printing	112.26	3,223.63	-	851.21	-	950	950
0649 · Postage	288.79	2,122.47	364.00	1,677.05	336	1,550	1,550
0651 · Staff Uniforms	549.86	5,459.26	-	1,404.10	-	4,000	4,000
0652 · Board Uniforms	-	85.50	-	616.25	-	1,000	1,000
0660 · Telephone	1,612.07	12,934.40	985.99	11,894.16	846	10,200	10,200
0690 · Other G & A	198.15	2,139.79	810.93	8,882.73	53	600	600
<b>Total General &amp; Admin</b>	<b>6,967.01</b>	<b>108,569.55</b>	<b>9,955.45</b>	<b>138,493.35</b>	<b>6,250</b>	<b>112,675</b>	<b>112,675</b>

**Boys & Girls Clubs of Western Nevada**  
**Income Statement**  
December 2015

	2015		2014		Budget		
	Dec '15	YTD '15	Dec '14	YTD '14	Dec '15	YTD '15	2015
<b>Personnel Expense</b>							
0500 · Executive Director	9,808.87	77,847.36	9,692.31	86,057.68	10,038	90,346	90,346
0501 · Unit Director	7,696.22	62,339.51	3,661.53	45,703.80	7,250	65,250	65,250
0502 · Athletic Director	3,240.28	28,797.66	2,800.00	25,482.00	2,900	26,100	26,100
0503 · Teen Services Director	1,682.05	16,033.30	1,553.75	21,712.35	1,755	20,000	20,000
0504 · Program Staff	41,043.47	352,571.84	28,076.13	319,952.67	26,959	307,220	307,220
0505 · Office Manager	3,336.38	23,307.59	2,688.00	19,725.31	2,784	25,056	25,056
0506 · Mentor Center Director	-	-	-	14,448.57	-	-	-
0507 · Mentor Center Staff	-	-	-	-	-	-	-
0508 · Contract Services	-	-	-	500.00	-	-	-
0509 · Director of Operations	6,630.04	58,749.90	6,192.31	54,996.87	6,413	57,721	57,721
0510 · Payroll Taxes	8,347.36	72,704.35	6,916.32	69,127.79	7,510	73,906	73,906
0511 · SII5	1,388.58	12,071.13	615.96	5,655.98	790	7,775	7,775
0512 · Medical Insurance	7,161.91	85,826.83	10,086.06	74,848.17	10,982	81,500	81,500
0513 · Pension Expense	1,845.89	18,050.73	1,917.87	20,755.08	2,300	26,208	26,208
0514 · Education Director	3,363.16	29,742.68	2,916.31	25,720.19	3,020	27,184	27,184
0515 · CCSD Site Directors	8,586.57	62,483.74	3,661.53	36,853.92	5,880	52,923	52,923
0516 · Middle School Coordinator	-	-	-	-	-	-	-
0517 · Computer Lab Instructor	1,449.56	14,431.06	1,413.50	15,654.88	1,580	18,000	18,000
0518 · IS Manager	5,251.35	45,777.42	4,630.78	42,199.11	5,019	45,173	45,173
0519 · Res. Devel. Director	-	-	-	-	5,577	50,192	50,192
0530 · Outreach Special Events Coordinator	-	30,459.18	4,222.06	22,316.62	4,373	39,356	39,356
0540 · Program Director	2,660.28	22,768.28	2,688.00	21,112.50	2,784	25,056	25,056
0541 · Learning Center Director	2,776.28	24,120.28	2,576.00	14,812.00	2,668	24,012	24,012
0700 · Payroll Expenses	491.00	5,214.65	435.15	4,918.60	416	4,700	4,700
<b>Total Personnel Expense</b>	<b>116,759.25</b>	<b>1,043,297.49</b>	<b>96,743.57</b>	<b>942,554.09</b>	<b>110,998</b>	<b>1,067,678</b>	<b>1,067,678</b>
<b>Program Expenses</b>							
0575 · Program Equip & Supplies	12,010.65	37,753.12	10,958.03	43,218.26	8,937	35,247	35,247
0593 · Program Equip & Supplies - In-Kind	-	-	-	-	-	-	-
0576 · Computer Equipment & Supplies	1,216.30	3,579.44	-	1,671.32	-	4,000	4,000
0577 · Field Trips	140.00	15,841.57	121.25	13,979.50	147	17,000	17,000
0579 · Program Awards	337.84	1,990.13	3,506.19	5,675.88	2,780	4,500	4,500
0580 · Program Food	6,649.07	64,676.23	6,424.06	52,391.38	4,672	38,100	38,100
0594 · Program Food - In-Kind	-	42,000.00	(1,140.94)	40,859.06	-	60,000	60,000
0583 · Counter Sales	314.93	2,589.87	295.14	5,253.21	281	5,000	5,000
0584 · Prog - Staff Training	-	5,710.97	-	5,883.15	-	5,700	5,700
0586 · Auto & Travel Expense	846.50	20,139.32	2,232.42	24,843.89	1,797	20,000	20,000
0595 · Auto & Travel - In-Kind	1,611.11	14,500.00	1,631.11	14,520.00	1,629	14,500	14,500
0596 · School Transportation	-	8,465.40	-	8,465.40	-	8,500	8,500
0587 · Youth Training	-	783.42	-	569.46	-	1,000	1,000
0588 · Vending Expense	177.20	4,864.87	426.83	8,002.85	400	7,500	7,500
0589 · Background Checks	7.18	893.84	90.29	1,755.44	113	2,200	2,200
0592 · Capital Expense - Vehicle	-	-	-	-	-	-	-
0592 · Capital Expense - Equipment	-	2,369.31	(18,812.08)	-	-	-	-
0597 · Capital Expense - Construction	113,623.45	236,400.79	(20,000.00)	-	-	-	-
0599 · Other Program Expenses	-	3,148.09	-	1,950.00	-	2,000	2,000
<b>Total Program Expenses</b>	<b>136,934.23</b>	<b>465,706.37</b>	<b>(14,267.70)</b>	<b>229,038.80</b>	<b>20,756</b>	<b>225,247</b>	<b>225,247</b>
0810 · Depreciation	-	-	121,027.26	121,027.26	-	-	-
<b>Total Expense</b>	<b>278,696.00</b>	<b>1,768,929.20</b>	<b>228,479.42</b>	<b>1,576,683.39</b>	<b>152,898</b>	<b>1,540,400</b>	<b>1,540,400</b>
<b>Net Income</b>	<b>(188,322.29)</b>	<b>683,416.77</b>	<b>(90,155.88)</b>	<b>14,924.43</b>	<b>(51,717)</b>	<b>-</b>	<b>-</b>

## Boys &amp; Girls Clubs of Western Nevada

## Balance Sheet

December 2015

	Last Month			YTD		Last Year	
	Dec '15	Nov '15	\$ Diff	Dec '14	\$ Diff	Dec '14	\$Diff
<b>ASSETS</b>							
<b>Current Assets</b>							
<b>Checking/Savings</b>							
City - Operating	4,209.05	19,978.20	(15,769.15)	135,830.28	(131,621.23)	135,830.28	(131,621.23)
City - Building Escrow	-	-	-	-	-	-	-
City - Endowment Fund	-	-	-	-	-	-	-
City - Group Clubs	-	-	-	-	-	-	-
City - Program	53,554.44	101,047.17	(47,492.73)	145,943.87	(92,389.43)	145,943.87	(92,389.43)
City - Carson Valley	-	-	-	-	-	-	-
City - Teen Center Const Acct	811,857.51	926,269.71	(114,412.20)	-	811,857.51	-	811,857.51
0111 - City - Desert Area Council	9,857.20	9,856.95	0.25	8,054.37	1,802.83	8,054.37	1,802.83
0112 - City - CDs	101,523.50	101,523.50	-	101,523.50	-	101,523.50	-
Paypal	-	-	-	-	-	-	-
0100 - Petty Cash	126.56	240.01	(113.45)	7.46	119.10	7.46	119.10
0117 - Petty Cash - CV	200.00	200.00	-	23.39	176.61	23.39	176.61
0133 - Edward Jones	316,218.06	320,843.22	(4,625.16)	324,040.08	(7,822.02)	324,040.08	(7,822.02)
0118 - Edward Jones - Carson Valley	72,293.24	73,448.83	(1,155.59)	73,748.99	(1,455.75)	73,748.99	(1,455.75)
<b>Total Checking/Savings</b>	<b>1,369,839.56</b>	<b>1,553,407.59</b>	<b>(183,568.03)</b>	<b>789,171.94</b>	<b>580,667.62</b>	<b>789,171.94</b>	<b>580,667.62</b>
<b>Accounts Receivable</b>							
0120 - Accounts Receivable	4,000.00	-	4,000.00	5,000.00	(1,000.00)	5,000.00	(1,000.00)
0129 - Accounts Receivable - Auction	-	-	-	9,110.00	(9,110.00)	9,110.00	(9,110.00)
0131 - Accounts Receivable - Grants	55,516.51	63,413.48	(7,896.97)	40,722.60	14,793.91	40,722.60	14,793.91
<b>Total Accounts Receivable</b>	<b>59,516.51</b>	<b>63,413.48</b>	<b>(3,896.97)</b>	<b>54,832.60</b>	<b>4,683.91</b>	<b>54,832.60</b>	<b>4,683.91</b>
<b>Other Current Assets</b>							
<b>Prepaid Expenses</b>							
0140 - Prepaid Insurance	7,635.89	6,812.13	823.76	12,414.25	(4,778.36)	12,414.25	(4,778.36)
0145 - Prepaid Unemployment Insurance	17,273.68	18,100.96	(827.28)	17,631.77	(358.09)	17,631.77	(358.09)
0150 - Workman's Comp Prepaid	277.45	1,633.79	(1,356.34)	1,668.00	(1,390.55)	1,668.00	(1,390.55)
0129 - Payroll Prepaid	-	-	-	2,376.24	(2,376.24)	2,376.24	(2,376.24)
0139 - Prepaid Expenses - Other	3,729.60	-	3,729.60	511.09	3,218.51	511.09	3,218.51
<b>Total Prepaid Expenses</b>	<b>28,916.62</b>	<b>26,546.88</b>	<b>2,369.74</b>	<b>34,601.35</b>	<b>(5,684.73)</b>	<b>34,601.35</b>	<b>(5,684.73)</b>
Auction Startup Cash	-	-	-	-	-	-	-
0132 - Accounts Receivable - CV	-	-	-	-	-	-	-
0134 - Accrued Interest Receivable	1,103.90	1,103.90	-	1,103.90	-	1,103.90	-
<b>Total Other Current Assets</b>	<b>30,020.52</b>	<b>27,650.78</b>	<b>2,369.74</b>	<b>35,705.25</b>	<b>(5,684.73)</b>	<b>35,705.25</b>	<b>(5,684.73)</b>
<b>Total Current Assets</b>	<b>1,459,376.59</b>	<b>1,644,471.85</b>	<b>(185,095.26)</b>	<b>879,709.79</b>	<b>579,666.80</b>	<b>879,709.79</b>	<b>579,666.80</b>
<b>Fixed Assets</b>							
0159 - Construction in Progress	-	-	-	20,000.00	(20,000.00)	20,000.00	(20,000.00)
0172 - Sports Fields	288,750.17	288,750.17	-	288,750.17	-	288,750.17	-
0166 - Cleaning equipment	8,218.60	8,218.60	-	8,218.60	-	8,218.60	-
0173 - Paving	169,630.08	169,630.08	-	169,630.08	-	169,630.08	-
0174 - Storage shed	3,275.00	3,275.00	-	3,275.00	-	3,275.00	-
0171 - Fencing	50,095.00	50,095.00	-	50,095.00	-	50,095.00	-
0160 - Furniture & Fixtures	33,189.20	33,189.20	-	33,189.20	-	33,189.20	-
0161 - Land - Lompa Lane	262,595.32	262,595.32	-	262,595.32	-	262,595.32	-
0164 - Building	3,641,426.00	3,641,426.00	-	3,641,426.00	-	3,641,426.00	-
0165 - Office Equipment	84,801.56	84,801.56	-	84,801.56	-	84,801.56	-
0167 - Recreation Equipment	36,836.21	36,836.21	-	36,836.21	-	36,836.21	-
0175 - Transportation Equipment	104,469.50	104,469.50	-	35,469.50	69,000.00	35,469.50	69,000.00
0176 - Portable Trailer	45,374.00	45,374.00	-	45,374.00	-	45,374.00	-
0179 - Shade Structure	47,308.82	47,308.82	-	-	47,308.82	-	47,308.82
0177 - Accumulated Depreciation	(797,539.90)	(797,539.90)	-	(797,539.90)	-	(797,539.90)	-
<b>Total Fixed Assets</b>	<b>3,978,429.56</b>	<b>3,978,429.56</b>	<b>-</b>	<b>3,882,120.74</b>	<b>96,308.82</b>	<b>3,882,120.74</b>	<b>96,308.82</b>
<b>Other Assets</b>							
0168 - Software	10,615.75	10,615.75	-	10,615.75	-	10,615.75	-
<b>Total Other Assets</b>	<b>10,615.75</b>	<b>10,615.75</b>	<b>-</b>	<b>10,615.75</b>	<b>-</b>	<b>10,615.75</b>	<b>-</b>
<b>TOTAL ASSETS</b>	<b>5,448,421.90</b>	<b>5,633,517.16</b>	<b>(185,095.26)</b>	<b>4,772,446.28</b>	<b>675,975.62</b>	<b>4,772,446.28</b>	<b>675,975.62</b>

**Boys & Girls Clubs of Western Nevada**  
**Balance Sheet**  
December 2015

	Last Month			YTD		Last Year	
	Dec '15	Nov '15	\$ Diff	Dec '14	\$ Diff	Dec '14	\$Diff
<b>LIABILITIES &amp; EQUITY</b>							
<b>Liabilities</b>							
<b>Current Liabilities</b>							
<b>Accounts Payable</b>							
0200 · Accounts Payable	16,344.84	17,252.06	(907.22)	24,016.89	(7,672.05)	24,016.89	(7,672.05)
0201 · Accounts Payable Bldg Escrow	-	-	-	-	-	-	-
<b>Total Accounts Payable</b>	<b>16,344.84</b>	<b>17,252.06</b>	<b>(907.22)</b>	<b>24,016.89</b>	<b>(7,672.05)</b>	<b>24,016.89</b>	<b>(7,672.05)</b>
<b>Credit Cards</b>							
BofA	2,082.49	1,723.98	358.51	4,536.21	(2,453.72)	4,536.21	(2,453.72)
Costco	-	623.58	(623.58)	1,554.38	(1,554.38)	1,554.38	(1,554.38)
Wal-Mart	2,299.15	478.14	1,821.01	2,468.70	(169.55)	2,468.70	(169.55)
<b>Total Credit Cards</b>	<b>4,381.64</b>	<b>2,825.70</b>	<b>1,555.94</b>	<b>8,559.29</b>	<b>(4,177.65)</b>	<b>8,559.29</b>	<b>(4,177.65)</b>
<b>Other Current Liabilities</b>							
0215 · Accrued Payroll	2,285.97	-	2,285.97	-	2,285.97	-	2,285.97
0202 · Accounts Payable - CV	-	-	-	-	-	-	-
0203 · Accounts Payable - Audit	-	-	-	-	-	-	-
0225 · Medical Liability	(115.60)	(180.92)	65.32	(208.58)	92.98	(208.58)	92.98
0210 · Accrued Payroll Taxes	226.77	-	226.77	-	226.77	-	226.77
0220 · Accrued Vacation	-	-	-	-	-	-	-
0250 · Deferred Revenue	-	-	-	-	-	-	-
0270 · Current Lease Obligation	2,651.50	2,651.50	-	2,651.50	-	2,651.50	-
<b>Total Other Current Liabilities</b>	<b>5,048.64</b>	<b>2,470.58</b>	<b>2,578.06</b>	<b>2,442.92</b>	<b>2,605.72</b>	<b>2,442.92</b>	<b>2,605.72</b>
<b>Total Current Liabilities</b>	<b>25,775.12</b>	<b>22,548.34</b>	<b>3,226.78</b>	<b>35,019.10</b>	<b>(9,243.98)</b>	<b>35,019.10</b>	<b>(9,243.98)</b>
<b>Long Term Liabilities</b>							
0282 · Lease Obligation	9,608.29	9,608.29	-	9,608.29	-	9,608.29	-
0283 · Joint Use Agreement	-	-	-	375,000.00	(375,000.00)	375,000.00	(375,000.00)
0281 · Desert Area Council	9,857.20	9,856.95	0.25	8,054.37	1,802.83	8,054.37	1,802.83
<b>Total Long Term Liabilities</b>	<b>19,465.49</b>	<b>19,465.24</b>	<b>0.25</b>	<b>392,662.66</b>	<b>(373,197.17)</b>	<b>392,662.66</b>	<b>(373,197.17)</b>
<b>Total Liabilities</b>	<b>45,240.61</b>	<b>42,013.58</b>	<b>3,227.03</b>	<b>427,681.76</b>	<b>(382,441.15)</b>	<b>427,681.76</b>	<b>(382,441.15)</b>
<b>Equity</b>							
<b>0390 · Unrestricted Net Assets</b>							
0391 · Fixed Assets	3,989,045.31	3,989,045.31	-	3,892,736.49	96,308.82	3,892,736.49	96,308.82
0392 · Group Clubs	3,156.07	3,040.06	116.01	2,481.85	674.22	2,481.85	674.22
0394 · Undesignated	442,489.31	485,167.54	(42,678.23)	294,521.95	147,967.36	294,521.95	147,967.36
<b>Total 0390 · Unrestricted Net Assets</b>	<b>4,434,690.69</b>	<b>4,477,252.91</b>	<b>(42,562.22)</b>	<b>4,189,740.29</b>	<b>244,950.40</b>	<b>4,189,740.29</b>	<b>244,950.40</b>
<b>0395 · Temp Restricted Net Assets</b>							
0396 · Grants	65,027.85	79,931.40	(14,903.55)	-	65,027.85	-	65,027.85
0397 · Capital Improvements	811,857.51	923,404.71	(111,547.20)	24,000.00	787,857.51	24,000.00	787,857.51
0398 · Carson Valley	73,375.24	92,684.56	(19,309.32)	111,794.23	(38,418.99)	111,794.23	(38,418.99)
0399 · Other	18,230.00	18,230.00	-	19,230.00	(1,000.00)	19,230.00	(1,000.00)
<b>Total 0395 · Temp Restricted Net Assets</b>	<b>968,490.60</b>	<b>1,114,250.67</b>	<b>(145,760.07)</b>	<b>155,024.23</b>	<b>813,466.37</b>	<b>155,024.23</b>	<b>813,466.37</b>
<b>Total Equity</b>	<b>5,403,181.29</b>	<b>5,591,503.58</b>	<b>(188,322.29)</b>	<b>4,344,764.52</b>	<b>1,058,416.77</b>	<b>4,344,764.52</b>	<b>1,058,416.77</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>5,448,421.90</b>	<b>5,633,517.16</b>	<b>(185,095.26)</b>	<b>4,772,446.28</b>	<b>675,975.62</b>	<b>4,772,446.28</b>	<b>675,975.62</b>

**Attachment 8**

Restricted Cash Detail

**Boys & Girls Clubs of Western Nevada  
2015-2016 Restricted Cash**

<b>Restriction</b>	<b>Amount</b>
Facility Maintenance	\$ 65,027.85
Teen Center Construction	\$ 811,587.51
Scholarship Fund	\$ 18,230.00
<b>Total</b>	<b>\$ 894,845.36</b>

## Partnership Carson City Youth Community Support Services Grant (CCSG)

### Semi Annual Report July 1, 2015 – December 31, 2015

Please send report to Hannah McDonald at Partnership Carson City by email:

[Hannah@partnershipcarsoncity.org](mailto:Hannah@partnershipcarsoncity.org)

Report due by: January 15<sup>th</sup> 2016

1. Per your project proposal what goals, outputs, and outcomes have you met? Please use the chart below, if needed please refer back to your project proposal for your deliverables.

Proposed Goals	Outputs (Numbers served, low-to-moderate income served, demographics served)	Outcomes Achieved (Results of surveys, areas of improvement, increased knowledge, etc.)
To expand enrollment using new outreach techniques and building on already existing programs (i.e. Goals to Graduation, Jr. Staff, LIT, etc...)	We served a total of 169 (unduplicated) teens from July 1 <sup>st</sup> -Dec. 31 <sup>st</sup> . (13-14 Year olds=111) (15-18 year olds=58). 77% of this total qualified for Free/Reduced Lunch	In this reporting period, we increased the frequency of which we hosted Teen Outreach Nights. We hosted a total of 3 teen nights during this reporting period and the biggest was our Halloween Teen Night which served 112 teens (12 of which became first time club members)
To increase membership and participation in our key Career Development programs (Leaders In Training and Jr. Staff)	In this reporting period we had a total of 30 teens enrolled and consistently serving with these two programs	In this reporting period, we have had a total of 8 teens who completed the requirements and graduated from the L.I.T. program. Providing them with vital job skills and responsibility training.
To continue to grow, enhance and improve our Goals to Graduation program	We want to have a consistent attendance of 75 members or more participating and gaining tools from our Goals to Graduation program	We have started a very close partnership with the New E Network (Entrepreneurship program). This program is run by Jeff Glass and provides club members with tools needed to



Attachment 9

		succeed both in school and in the business/working world
<b>To promote, encourage and influence academic success</b>	With the upcoming opening of our brand new teen center, we hope to draw a larger and fresh crowd into teen programming to allow them to be influenced by our education programs such as Power Hour, tutoring and the Goals to Graduation program	We are using our Goals to Graduation program as well as the Entrepreneurship club to teach and encourage teens to set goals for their future, both academically and professionally.

2. How was the data collected to validate your outputs and outcomes? (Please attach an example of your data) **At the Boys & Girls Club, we use our KidTrax system to run reports on teen programs/success. This member management system allows us to run anywhere from broad attendance reports to very focused reports on success, demographics, etc... (we have included our Teen Attendance Report for July 1-December 31; broken down by age). We also track the frequency, consistency and volunteer hours of our L.I.T. members. This allows us to track their progress, attendance and also how much/how they are giving back to the club. (Attached is a example of our L.I.T. tracking report)**

Attachment 9

3. When analyzing your data, what information have you discovered to help in improving your project/program? **Data is often hard to decipher/predict but we have found a couple of ways to look at it that help us strategize our programming. We look at what days of the week our programs are most frequently attended during the week. This allows us to schedule the more impactful programs on those higher attendance days, allowing us to reach more youth. We have also created a Teens Need Assessment that we will get out to the high school as well as our teen members to discover the needs for the new teen center we are building on our property.**
  
4. Please describe any successes your program has had in the last 6 months? How has this success benefited your program? **Success for the club can in one way be defined by our enrollment, attendance and participation. One success we have had in this reporting period is our Halloween Teen Outreach event which we held here at the club. This teen night had a total of 112 teens attend and out of that 112, we had 10 kids enroll as new members. Another success for our teen programming has been the successful completion of our Capital Campaign. As a whole club, with the help of The Pennington Foundation, we raised \$1.7 Million to build a new 6,500 Sq. Foot teen center (adjacent to the current club building). Lastly, because of word of mouth and the hype stemming from the building of our new teen center, teen membership is growing each week.**
  
5. What challenges have you encountered? How do you plan to overcome these challenges going forward? **One significant challenge that we have faced as a teen program has been keeping the teen groups consistent from program start to finish. It is incredibly difficult when you have a group of say 20 teens that start a program but then dwindle off or have other priorities throughout the months and then by the time the program ends, you only have 5. We plan to overcome this challenge by reaching out to the "fringe" groups to keep**

Attachment 9

**them more consistent. We will do this by offering incentives and going to the high school to talk to groups of teens that we may not have targeted yet.**



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016–2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: Big Brothers Big Sisters of Northern Nevada	
Agency Mailing Address: 1300 Foster Dr. suite 210, Reno, NV 89509	
Project Name: Carson City Mentoring	
Project Address/Location: Carson City	
Contact Person: Wendy Firestone	
Phone Number: 775-473-4597	Email: <a href="mailto:wfirestone@bbbsnn.org">wfirestone@bbbsnn.org</a>
Fax: 775-322-8898	Website (if applicable):

### PROJECT FUNDING

Requested amount	\$20,000
Other funding	\$20,000
<b>Total project cost</b>	<b>\$40,000</b>

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

Working with the Boys and Girls Club of Western Nevada and staff in the Carson City School District, we will identify children living in poverty who need and want a mentor. We will recruit, screen and train caring adult volunteers to meet weekly for a year or more in a one-on-one mentor relationship with an identified and enrolled child. Volunteers will be supported by professional case managers throughout the mentor relationship.

### PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

The US Census reported that 20.5 percent of Carson City's population of 54,522 were under the age of 18 in 2014. City-Data reported that in 2013 21 percent of children in Carson City were living below the poverty level. That means that roughly 2,300 children are living under the poverty threshold in Carson City. Data shows that these children have poorer graduations rates, are more likely to be involved in the juvenile justice system and are less likely to go to college than children who are not living in poverty. Mentor programs like Big Brothers Big Sister, which follow nationally-recognized best practices in mentoring, can have a real and lasting impact on children living in poverty. BBBS has been the most extensively examined mentoring program and is recognized as a model program by the Office of Juvenile Justice Delinquency and Prevention (OJJDP) through the Blueprints for Violence Prevention initiative and subsequently deemed an evidence-based program. BBBS has been identified as an effective intervention for elementary to high school age youth.

Data from our Northern Nevada chapter has echoed these positive impacts including an 86% graduation rate for age-eligible children in our program.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

This project is an expansion of our on-going Carson City Mentor Program. This funding will assist us in supporting 20 current matches (there were 22 active matches when this was written) and 20 new matches. Funding allows us to recruit caring stable adults who are able to commit to meeting weekly with a child for a minimum of 12 months. Each potential new Big (adult mentor) is carefully screened through personal reference checks, DMV record review, multi-layered background checks and a child abuse/sex offender registry check. An extensive personal interview is conducted by a trained professional, and then before being matched with a Little (a youth being mentored) Bigs must attend a training to learn proven methods in building strong relationships with their Little, to review important child safety standards and become familiar with program rules. To ensure on-going success of the match and the safety of the child, our professional staff monitor matches closely, providing coaching for our Bigs when needed, and ensure the matches are thriving through frequent contact with both Bigs and Littles and the Little's parents/guardians.

Research shows that these friendships can help a child living in poverty do better in school, increase their educational expectations and avoid risky behaviors like using drugs, alcohol and tobacco products. As adults, Littles report that having a Big as a child played an important role in who they are today by positively influencing their self-confidence, providing stability, changing their perspective on life and pushing them to set higher goals than they would have.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

Currently, we are collaborating with the Boys and Girls Club of Western Nevada to help us identify children for the program, provide space for us to interview potential Bigs and provide a place Bigs to meet with their Littles. Please find a letter of support from BGCWN's Executive Director, Katie Leao.

We are working with Father Jeff Paul, of St. Peter's Episcopal Church, to partner with Capital City C.I.R.C.L.E.S. to help identify children whose families live in poverty. We know that mentors can be key in helping to break the cycle of poverty in the next generation and feel that a Big Brother or Big Sister would complement the work Community Allies are doing with families.

Also, Superintendent Richard Stokes fully supports BBBSNN and had us present at his principals' meeting last fall. Since then we have been to 2 elementary schools and one middle school to present to teachers.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

All of our programs are free to the participating youth and volunteers. Toward that end, we aggressively pursue a diversified funding strategy to fund as many matches as possible each year. Our major revenue streams are government, corporate and foundation grants, event fundraisers, individual giving and the Donation Center, a social enterprise operation that supports BBBSNN.

As we grow the program in Carson City, it will be easier to solicit corporate sponsorship and individual giving requests directly to businesses and citizens in the area.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

Yes. We will continue to raise funds through government, corporate and foundation grants, event fundraisers, individual giving and the Donation Center in an effort to raise the funds needed to support the Carson City Mentoring program.

When BBBS first opened an office in northern Nevada, we were under the umbrella of Big Brothers Big Sisters of Nevada, headquartered in Las Vegas. Through the support of our community, we were able to grow the program to the point of financial independence from the Southern Nevada chapter. We consider the matches in Carson City as important as any of the other matches we have in northern Nevada, and fully support growing the number of children served to the fullest capacity that funding allows.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

100%

2. How do you plan to track clients served? (Max Score: 5 points)

The Youth Outcome Survey is collected before a youth (age nine and older) is matched with a volunteer. It is collected again at the end of the school year for youth in our school-based (SB) program and every 12 months in our community based (CB) program. We refer to these two time points as the baseline and follow-up. The baseline represents the youth's well-being before they are matched with a volunteer and the follow-up represents the youth's well-being after they are matched with a volunteer for a school year (SB) or 12 months (CB). Data collected from January 1 to December 31 is evaluated and reported on in our Annual Report. For more information on Big Brothers Big Sisters' national Youth Outcome Surveys visit <http://is.gd/2013YOSReport> or request the PDF from Wendy Firestone.

BBBSNN also utilizes a national data tracking system, Agency Information Management (AIM), used by most BBBS agencies nation-wide. This system allows us to track all volunteers, youth served and their families. Information in AIM can be separated by zip code allowing us to track children living in Carson City separately from the rest of the children in our mentor program. BBBSNN tracks all contacts made with our participants (volunteers, youth, and families). By tracking our contacts, we can ensure that the match is progressing as intended, mentors can receive coaching, families can receive referrals as needed, and that no child safety rules are being compromised. BBBSNN employs the 100+ year history of Big Brothers Big Sisters' youth mentor program, and keeping children safe from potential predators, by upholding the high standards of BBBS, tracking our matches closely and recording data in our Agency Information Management system. Together, these systems ensure that each child receives a high quality mentor experience that can truly change their life for the better, forever.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

As the nation's oldest and largest mentoring organization, Big Brothers Big Sisters can play an active role in solving the issues facing children living in poverty. We hold ourselves accountable for each child in our program developing a positive mentor relationship that results in positive effects in these outcome areas:

1. Higher aspirations, greater confidence and better relationships;
2. Avoidance of risky behaviors; and
3. Educational success.

Anticipated outcomes for the 16/17 Fiscal Year include:

- 85% or more of Littles will maintain or improve their educational expectations
- 90% or more of Littles will maintain or improve their scholastic competence
- 80% or more of Littles will maintain or improve their grades
- 90% or more of Littles will maintain or improve their feelings of social acceptance
- 90% or more of Littles will maintain or improve their attitudes toward risky behavior
- 90% or more of Littles will maintain or improve their trust in their parents

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Professionally supported mentor program. Children meet weekly with a screened, trained and supported adult volunteer mentor for 12 or more months.	Children ages 6-19 living in poverty in Carson City	20
2	Professionally supported mentor program. Children meet weekly with a screened, trained and supported adult volunteer mentor for 12 or more months.	Children ages 6-19 living in poverty in Carson City	30
3	Professionally supported mentor program. Children meet weekly with a screened, trained and supported adult volunteer mentor for 12 or more months.	Children ages 6-19 living in poverty in Carson City	35
4	Professionally supported mentor program. Children meet weekly with a screened, trained and supported adult volunteer mentor for 12 or more months.	Children ages 6-19 living in poverty in Carson City	40

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

Both our local data and national research shows that BBBS mentor programs can have a real and lasting impact on the lives of children living in poverty. Short term outcomes, after a year of mentoring, shows children in our mentor program improve or maintain their educational success, avoidance and reduction of risky behaviors and social-emotional competencies. A long term study\* showed adults who were Littles in a BBBS program are more likely than their peers who were not in the program to have a college education, have incomes of \$75,000 or greater, report life satisfaction and volunteer in their communities.

The biggest challenge of most mentor program continues to be recruiting qualified mentors. Research has shown that mentor relationships have the best outcomes when they last a year or more. Finding volunteers to commit to mentoring a child weekly for a year or more, especially men, takes a great amount of time and resources. We have recently hired a new Carson City Mentoring program Match Support Specialist who grew up in Carson in hopes that her connections in the community will help us reach new potential volunteers. We have also made this a full-time position to cut down on turnover. Big Brothers Big Sisters of Northern Nevada is committed to serving children living in poverty in Carson City. Although the program has not grown as quickly as we would like, we believe that with perseverance this program can be successful. The benefits, including the positive benefits of volunteering on our mentors, can help transform how children in poverty grow up in Carson City.

\*Adult Little Research conducted by Harris Interactive, March 3 – April 16, 2016,  
<http://files.givewell.org/files/unitedstates/BBBS/harrisexecsummary.pdf>



### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Personnel, Taxes & Fringe Benefits	\$16,000	\$16,000		\$32,000
<b>Operations</b>				
Background checks	\$0	\$316		\$316
Professional fees	\$1,697	\$1,698		\$3,395
Supplies	\$183	\$183		\$366
Phone/Internet/Fax/	\$55	\$56		\$111
Postage & Delivery	\$41	\$42		\$83
Travel	\$190	\$0		\$190
Printing & Publications	\$47	\$0		\$47
Match activity expense	\$387	\$305		\$692
<b>Overhead</b>				
Occupancy, Equipment, Insurance, BBBSA membership, IT Services	\$1,400	\$1,400		\$2,800
<b>TOTALS</b>	<b>\$20,000.00</b>	<b>\$20,000</b>		<b>\$40,000</b>

#### AGENCY ASSETS

Unrestricted cash	\$8,916.30
Restricted cash*	\$0
<b>Total cash on hand</b>	<b>\$8,916.30</b>

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

In July of 2015 we were awarded a \$10,000 grant from Partnership Carson City and received \$5,000 of that grant in July and the second \$5,000 is on its way, per Hannah McDonald.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Personnel, Taxes and Fringe Benefits	\$32,000	Includes staff time needed to enroll children, recruit, screen and train volunteers, support matches, collect, record and disseminate information and data on matches, oversight of the program, payroll taxes and employee benefits.
Operations Professional fees Supplies Phone/Internet/Fax/ & Postage Travel	\$1,697 \$183 \$96 \$190	Fees associated with CPA and IT support General office supplies associated with supporting Carson City matches. Associated with supporting CC matches Will help reimburse staff as they drive to different schools and to meet with volunteers and families.
Operations cont. Printing and Publications Match Activities	\$47 \$387	Collateral to recruit Bigs, general info, handouts to families and volunteers. Group match activities increase match length by easing the burden of weekly activities and providing peer support.
Overhead Occupancy, Equipment, Insurance, BBBSA membership, IT Services	\$1,400	Includes the portion of occupancy, equipment, insurance, Big Brothers Big Sisters of America membership and information technology associated with Carson City matches.

**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	Liza Maupin
<b>Title:</b>	CEO
<b>Address</b>	1300 Foster Dr., Suite 210, Reno, NV 89509
<b>Phone number:</b>	775-473-4599
<b>Email:</b>	lmaupin@bbbsnn.org

**PROJECT MANAGER**

<b>Name:</b>	Beth Osborne
<b>Title:</b>	Program Director
<b>Address</b>	1300 Foster Dr., Reno, NV 89509
<b>Phone number:</b>	775-360-7607
<b>Email:</b>	bosborne@bbbsnn.org

**FISCAL MANAGER**

<b>Name:</b>	Lauren Sankovich
<b>Title:</b>	Certified Public Accountant, Eide Bailly
<b>Address</b>	300 E. 2nd St., Ste. 1320, Reno, NV 89501-1586
<b>Phone number:</b>	775.686.3200
<b>Email:</b>	lbashista@eidebailly.com

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Wendy Firestone
<b>Title:</b>	Fund Development Director
<b>Address</b>	1300 Foster Dr., Reno, NV 89509
<b>Phone number:</b>	775-473-4597
<b>Email:</b>	wfirestone@bbbsnn.org

### AGENCY INFORMATION


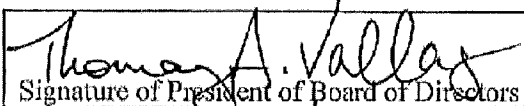
Date of incorporation	March 22, 2005
Date of IRS certification	June 2005
Tax exempt number	32-0147198
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	602546496

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	✓
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	<b>Current Organization Chart with names of staff members</b>	✓
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	✓
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	✓
6	<b>Profit and Loss Statement and Balance Sheet</b>	✓
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	✓

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.

 Signature of Authorized Official	Date 3-8-16
<b>Liza Maupin</b> Typed Name and Title of Authorized Official	775 473 4599 Phone Number
 Signature of President of Board of Directors	Date 3/7/16
<b>Tom Vallas</b> Typed Name of President of Board of Directors	775-786-8000 Phone Number



BRIAN SANDOVAL  
Governor

ROBERT R BARENGO  
Chair, Nevada Tax Commission

DEONNE E CONTINE  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <http://tax.nv.gov>

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada, 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kletzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 6881303

HENDERSON OFFICE  
2550 Paseo Verde Parkway Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

September 30, 2015

Account Number: **RCE-012-916**

Exp date: **September 30, 2020**

**BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA**  
**1300 FOSTER DR., STE. 210**  
**RENO NV 89509**

Pursuant to NRS 372.3261 and related statutes, BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA has been granted sales/use tax exempt status as a charitable organization. Direct purchases or sales of tangible personal property made by or to BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

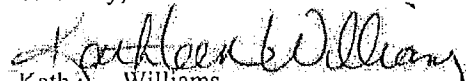
This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

  
Kathleen Williams  
Tax Program Supervisor II



ATLANTA GA 39901-0001

In reply refer to: 0752264594  
July 08, 2014 LTR 4168C 0  
32-0147198 000000 00  
00073923  
BODC: TE

BIG BROTHERS BIG SISTERS OF  
NORTHERN NEVADA  
% PAT FLING PRES  
1300 FOSTER DR STE 210  
RENO NV 89509



057902

Employer Identification Number: 32-0147198  
Person to Contact: Customer Service  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 26, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JUNE 2005.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

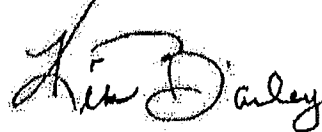
Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0752264594  
July 08, 2014 LTR 4168C 0  
32-0147198 000000 00  
00073924

BIG BROTHERS BIG SISTERS OF  
NORTHERN NEVADA  
% PAT FLING PRES  
1300 FOSTER DR STE 210  
RENO NV 89509

If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



Kim D. Bailey  
Operations Manager, AM Operations 3



# BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA, INC.

Business Entity Information			
Status:	Active	File Date:	4/21/2005
Type:	Dom Non-Profit Coop Corp w/o stock	Entity Number:	E0231172005-7
Qualifying State:	NV	List of Officers Due:	4/30/2016
Managed By:		Expiration Date:	
NV Business ID:	NV20051138491	Business License Exp:	Exempt - 002

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	BIG BROTHERS BIG SISTERS AT NORTHERN NEVADA	Address 1:	745 W MOANA LANE
Address 2:	#200	City:	RENO
State:	NV	Zip Code:	89509
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
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	
<b>President - RICHARD JAMES</b>			
Address 1:	1965 ANGEL RIDGE DR	Address 2:	
City:	RENO	State:	NV
Zip Code:	89521	Country:	USA
Status:	Active	Email:	
<b>Secretary - MEGAN LANDON</b>			
Address 1:	300 EAST 2ND STE 1300	Address 2:	
City:	RENO	State:	NV

Zip Code:	89501	Country:	USA
Status:	Active	Email:	
<b>Director - ROBERT LEVY</b>			
Address 1:	100 W LIBERTY ST STE 890	Address 2:	
City:	RENO	State:	NV
Zip Code:	89501	Country:	USA
Status:	Active	Email:	
<b>Treasurer - ROBERT STECKER</b>			
Address 1:	9295 PROTOTYPE DRIVE	Address 2:	
City:	RENO	State:	NV
Zip Code:	89521	Country:	USA
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	20050140279-30	# of Pages:	13
File Date:	4/21/2005	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20050168487-31	# of Pages:	1
File Date:	5/5/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060216716-61	# of Pages:	1
File Date:	4/3/2006	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Name Change		
Document Number:	20070033329-19	# of Pages:	29
File Date:	1/11/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070184515-63	# of Pages:	1
File Date:	3/14/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080265541-23	# of Pages:	2
File Date:	4/17/2008	Effective Date:	
08-09			
Action Type:	Registered Agent Change		

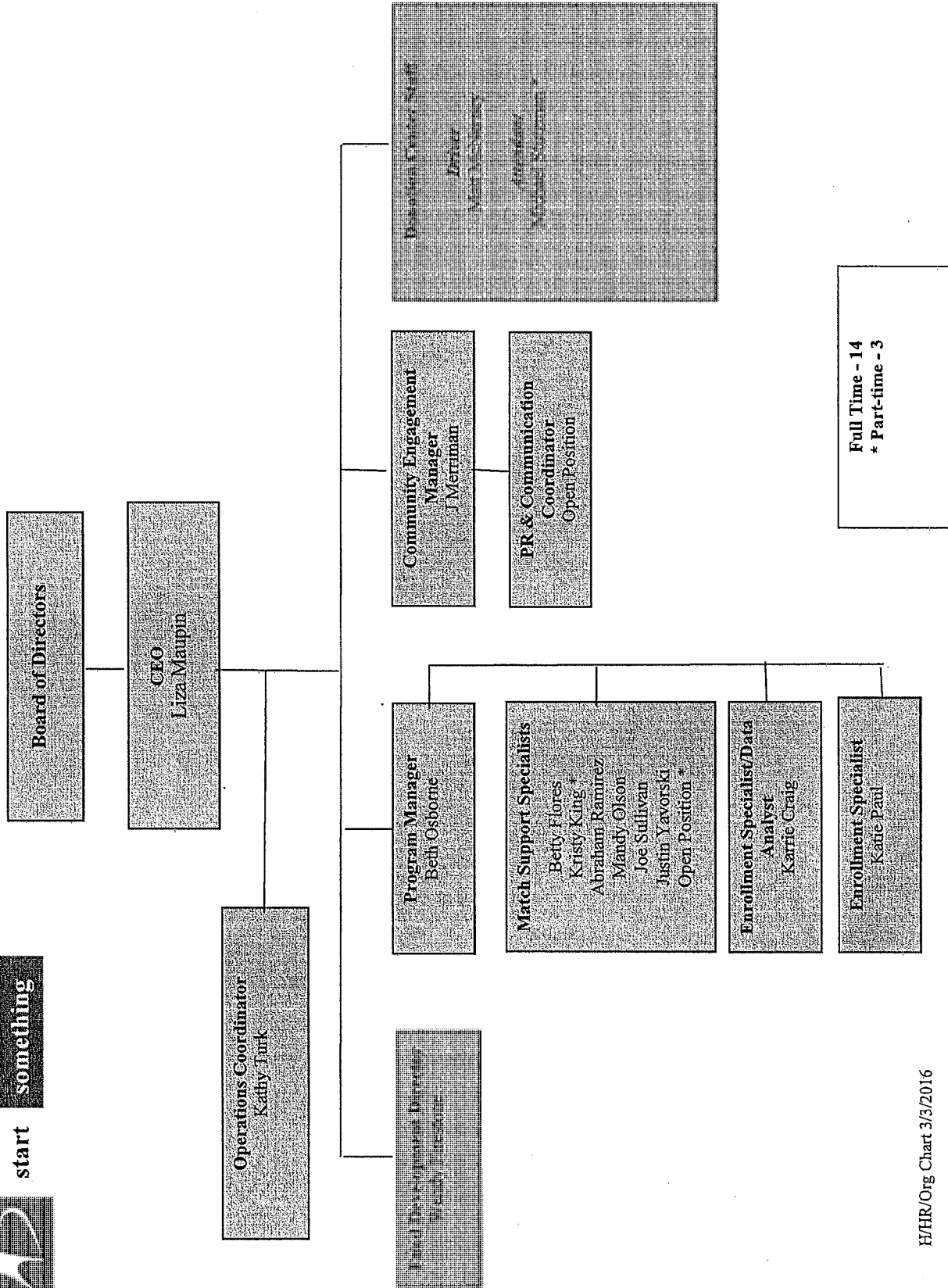
Document Number:	20080273415-62	# of Pages:	1
File Date:	4/21/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090277552-29	# of Pages:	1
File Date:	3/23/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100161546-26	# of Pages:	1
File Date:	3/16/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110301601-05	# of Pages:	1
File Date:	4/22/2011	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Change		
Document Number:	20110456106-76	# of Pages:	1
File Date:	6/20/2011	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20110454848-07	# of Pages:	1
File Date:	6/20/2011	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120329121-93	# of Pages:	1
File Date:	5/9/2012	Effective Date:	
12/13			
Action Type:	Annual List		
Document Number:	20130257919-29	# of Pages:	1
File Date:	4/18/2013	Effective Date:	
ALO2013-2014 EXEMPT 002			
Action Type:	Annual List		
Document Number:	20140147709-75	# of Pages:	1
File Date:	2/27/2014	Effective Date:	
14-15			
Action Type:	Annual List		
Document Number:	20150223764-82	# of Pages:	1
File Date:	5/18/2015	Effective Date:	
(No notes for this action)			



Big Brothers Big Sisters

start something

# Organization Chart



H/HR/Org Chart 3/3/2016

3. Current Organization Chart

**Big Brothers Big Sisters of Northern Nevada  
Board of Directors  
March 1, 2016**

**Ron Anderson** (term start 7/15)  
Big Brother  
VP of Sales – National MM Retail  
Ceridian  
2229 Placerwood Tr  
Reno, NV 89523  
O. 775-448-6362  
C. 925-683-2714  
[Ron.anderson@ceridian.com](mailto:Ron.anderson@ceridian.com)

**Drew Ballingham** (term Start 7/14)  
Relationship Manager, Private Client Banking  
US Bank  
One East Liberty St., 2<sup>nd</sup> Floor  
Reno, NV 89501  
P. 775-688-6677  
C. 775-338-1943  
[Drew.ballingham@usbank.com](mailto:Drew.ballingham@usbank.com)

**Zeina Barkawi** (Term Start 5/14)  
Big Sister  
Sr. VP Home Staffing Manager II  
Bank of America  
401 S. Virginia St.  
Reno, NV 89501  
P. 775-376-8378  
C. 415-407-9493  
[zbar3@yahoo.com](mailto:zbar3@yahoo.com)

**Barbara Burgat** (Term Start 5/14)  
VP Senior Private Client Advisor  
Bank of the West  
4950 Kietzke Ln.  
Reno, NV 89511  
P. 775-332-6269  
C. 916-549-6953  
[Barbara.burgat@bankofthewest.com](mailto:Barbara.burgat@bankofthewest.com)

**Torrey Crawford** (Term Start 3/16)  
3639 Silver Vista Dr  
Reno, NV 89511  
H. 775-770-0187  
C. 775-342-7576  
[torreycrawford@hotmail.com](mailto:torreycrawford@hotmail.com)

**David Gamble – YPC Chair** (ex-officio)  
Big Brother  
Deputy Alternate Public Defender  
Washoe County  
350 S Center St #6  
Reno, NV 89501  
O. 775-337-4800  
[davidgamblejr@gmail.com](mailto:davidgamblejr@gmail.com)

**Laura Ebert** (Term Start 9/15)  
VP, Personal Risk Advisor  
Willis Personal Lines, LLC  
1755 E. Plumb Ln., Ste. 269  
Reno, NV 89502  
O. 775-323-1656 x15  
C. 602-614-6185  
[Laura.ebert@willis.com](mailto:Laura.ebert@willis.com)

**Rick Greenthal** (Term Start 5/15)  
Retired, Sentex Systems, Inc.  
20507 Bordeaux Dr.  
Reno, NV 89511  
C. 760-898-6869  
H. 775-409-4181  
[rgreenthal@gmail.com](mailto:rgreenthal@gmail.com)

**John Kadlic** (Term Start 7/14)  
Big Brother  
Retired, City of Reno Attorney  
PO Box 2477  
Reno, NV 89505-2477  
C. 775-233-1874  
[jjkattorneyatlaw@yahoo.com](mailto:jjkattorneyatlaw@yahoo.com)

**Big Brothers Big Sisters of Northern Nevada  
Board of Directors  
March 1, 2016**

**Megan Landon - Secretary** (Term Start 8/14)

Director of Contracting  
Renown Health  
1155 Mill St. Z-4  
Reno, NV 89502  
P. 775-982-5709  
C. 775-233-9821  
[mlandon@renown.org](mailto:mlandon@renown.org)

**Robert Levy** (Term Start 7/12)

Vice President, Portfolio Management  
Whittier Trust Company  
100 W. Liberty St. Ste. 890  
Reno, NV 89501  
P. 775-686-5400 ext. 105  
[rlevy@whittiertrust.com](mailto:rlevy@whittiertrust.com)

**Tom Vallas - Chair** (Term Start 5/14)

Partner  
Hoy Chrissinger Kimmel Vallas, PC  
50 W. Liberty St., Ste. 840  
Reno, NV 89501  
P. 775-785-3470  
[tvallas@nevadalaw.com](mailto:tvallas@nevadalaw.com)

**Kent Vaughan - Treasurer** (Term Start 8/14)

Sr. VP of Hotel Operations  
Grand Sierra Resort  
2500 East Second St.  
Reno, NV 89595  
P. 775-789-2105  
C. 775-691-5281  
[Kent.vaughan@grandsierraresort.com](mailto:Kent.vaughan@grandsierraresort.com)

**Rachel Yelley** (Term Start 5/14)

Big Sister  
Marketing & Communications Manager  
United Construction  
5300 Mill St.  
Reno, NV 89502  
P. 775-398-1739  
C. 530-448-9499  
[ryelley@unitedconstruction.com](mailto:ryelley@unitedconstruction.com)

**Maureen Zupon - Member at Large**

(Term Start 1/13)  
1040 Whites Creek Ln.  
Reno, NV 89511  
C. 775-741-1510  
[mzupon@sbcglobal.net](mailto:mzupon@sbcglobal.net)

**Liza Maupin - CEO**

Big Sister  
Big Brothers Big Sisters of Northern Nevada  
475 W. Moana Ln., Ste. 200  
Reno, NV 89509  
P. 775-352-3202  
C. 775-721-8124  
[lmaupin@bbbsnn.org](mailto:lmaupin@bbbsnn.org)

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

# 2013

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**BIG BROTHERS BIG SISTERS  
OF NORTHERN NEVADA, INC.**

Employer identification number

**32-0147198**

Name and title of officer  
**LIZA MAUPIN  
CEO**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,032,815.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission; (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize EIDE BAILLY LLP

ERO firm name

to enter my PIN 13653

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88480312345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/11/14

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA, INC.</b>	<b>D</b> Employer identification number <b>32-0147198</b>
	Doing Business As	<b>E</b> Telephone number <b>775-352-3202</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1300 FOSTER DRIVE, SUITE 210</b>	<b>G</b> Gross receipts \$ <b>1,489,001.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>RENO, NV 89509</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>LIZA MAUPIN</b> <b>1300 FOSTER DRIVE, SUITE 210, RENO, NV 8950</b>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BBBSNN.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>2005</b> <b>M</b> State of legal domicile: <b>NV</b>

<b>Part I Summary</b>				
<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1</b>				
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>	
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>33</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>850</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>	
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
			<b>Prior Year</b>	<b>Current Year</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>795,117.</b>	<b>584,066.</b>	
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>43,719.</b>	<b>68,177.</b>	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>396,547.</b>	<b>380,572.</b>	
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,235,383.</b>	<b>1,032,815.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>798,978.</b>	<b>586,428.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>84,562.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>422,771.</b>	<b>326,821.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,221,749.</b>	<b>913,249.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>13,634.</b>	<b>119,566.</b>		
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>1,299,506.</b>	<b>1,444,519.</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>101,368.</b>	<b>84,796.</b>	
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,198,138.</b>	<b>1,359,723.</b>		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>LIZA MAUPIN, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAUREN BASHISTA, CPA</b>	Preparer's signature <b>LAUREN SANKOVICH, CP</b>	Date <b>11/11/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00497754</b>
	Firm's name ▶ <b>EIDE BAILLY LLP</b>	Firm's EIN ▶ <b>45-0250958</b>			
	Firm's address ▶ <b>300 E. 2ND ST., STE 1320 RENO, NV 89501</b>	Phone no. <b>775-686-3200</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



11:48 AM  
03/02/16  
Accrual Basis

Big Brothers Big Sisters of Northern Nevada Inc.  
**Profit & Loss**  
January 2016

	<u>Jan 16</u>
Ordinary Income/Expense	
Income	
400 · Income - cash donations	4,630.60
403 · Individual Donations	10,921.71
408 · Grant Revenue	4,483.35
429 · Special Events	-250.00
444 · Donation Center Revenue	27,280.28
450 · Misc. Income	207.66
Total Income	<u>47,273.60</u>
Gross Profit	47,273.60
Expense	
500 · Grant costs - direct	95.00
501 · Payroll Expense	48,122.86
502 · Employee Benefit Expense	5,702.16
503 · Payroll Tax Expense	3,650.30
504 · Professional Fees	3,806.00
505 · Supplies	1,587.10
506 · Telephone/Internet Expense	2,403.32
507 · Postage and Delivery	75.98
508 · Occupancy Expense	3,500.00
509 · Equipment Lease/Maint Expense	373.72
510 · Travel Expenses	23.29
511 · Conference/Meeting Expense	337.35
512 · Printing and Publications	55.55
513 · Advertising Expense	45.00
516 · Truck Leasing Expense	1,938.26
519 · BBBSA Membership Expense	944.65
520 · Dues and Subscriptions	55.00
523 · Fundraising Expense	9,211.87
525 · Match Activity Expense	410.00
526 · IT Services	31.25
534 · Bank Fees	959.08
535 · Merchant processing fees	105.39
Total Expense	<u>83,433.13</u>

11:48 AM  
03/02/16  
Accrual Basis

Big Brothers Big Sisters of Northern Nevada Inc.  
**Profit & Loss**  
January 2016

---

	<u>Jan 16</u>
Net Ordinary Income	-36,159.53
Other Income/Expense	
Other Income	
435 · Unrealized Invest. Gain (Loss)	-38,426.13
480 · Realized Invest. Gain (Loss)	<u>-16,633.88</u>
Total Other Income	-55,060.01
Other Expense	
540 · Depreciation Expense	<u>1,926.29</u>
Total Other Expense	<u>1,926.29</u>
Net Other Income	<u>-56,986.30</u>
Net Income	<u><u>-93,145.83</u></u>

Big Brothers Big Sisters of Northern Nevada Inc.  
**General Ledger**  
 As of January 31, 2016

1:53 PM  
 03/02/16  
 Accrual Basis

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Check	01/15/2016	11498		Paul, Katherine		501 · Payroll E...		452.14	58,104.96
Check	01/15/2016	01151...		Mass Mutual/Hartf...		-SPLIT-		764.07	57,340.89
Check	01/19/2016	eff		Nevada Payroll Se...		504.3 · Payroll...		234.00	57,106.89
Check	01/20/2016	eff		Comdata		516 · Truck Le...		103.34	57,003.55
Deposit	01/22/2016				Deposit	-SPLIT-	405.07		57,408.62
Deposit	01/22/2016				Deposit	-SPLIT-	166.66		57,575.28
Check	01/26/2016	10472...		Eide Bailly		504.5 · Acco...		3,500.00	54,075.28
Check	01/26/2016	10472...		Boys and Girls Clu...		-SPLIT-		3,000.00	51,075.28
Check	01/26/2016	10471...		Canon Solutions A...	CN0857	-SPLIT-		178.35	50,896.93
Check	01/26/2016	10471...		Erlach Computer ...		-SPLIT-		31.25	50,865.68
Check	01/26/2016	10472...		Madrona Manor		433.1 · Big Ch...		250.00	50,615.68
Check	01/26/2016	eff		Olson, Amanda		510.1 · Miled...		23.29	50,592.39
Check	01/26/2016	10472...		at&T U-Verse		-SPLIT-	67.00		50,525.39
Check	01/26/2016	10494...		Big Brothers Big Sis...	Agency 779	177 · Prepaid...		11,335.78	39,189.61
Check	01/26/2016	eff		Charter Media		-SPLIT-	90.00		39,099.61
Check	01/26/2016	10472...		Digiprint		512 · Printng ...		55.55	39,044.06
Check	01/26/2016	eff		North American E...		505 · Supplies		45.50	38,998.56
Check	01/26/2016	10472...		BEST Life		-SPLIT-	574.38		38,424.18
Check	01/26/2016	10472...		United Healthcare		-SPLIT-	4,792.00		33,632.18
Check	01/26/2016	eff		US Bank		223 · US Bank...		739.99	32,892.19
Deposit	01/26/2016				Deposit	-SPLIT-	191.66		33,083.85
Deposit	01/27/2016				Deposit	403 · Individu...	439.46		33,523.31
Check	01/27/2016	eff		Comdata		516 · Truck Le...		105.06	33,418.25
Check	01/27/2016	eff		US Bank		534 · Bank Fees		100.00	33,318.25
Deposit	01/28/2016				Deposit	-SPLIT-	1,681.60		34,999.85
Check	01/31/2016	01311...		BBSSNN payroll		503 · Payroll T...		6,361.41	28,638.44
Check	01/31/2016	01311...		BBSSNN payroll		-SPLIT-		17,025.28	11,613.16
Check	01/31/2016	11502		McNerney, Matth...		501 · Payroll E...		846.98	10,766.18
Check	01/31/2016	11501		Sullivan, Joseph		501 · Payroll E...		1,078.23	9,687.95
Check	01/31/2016	01311...		Mass Mutual/Hartf...		-SPLIT-	772.21		8,915.74
Deposit	01/31/2016				Interest	409 · Interest l...	0.56		8,916.30
Total 102 · US Bank Checking							44,601.24	89,785.87	8,916.30
1020 · Cash in bank - payroll									0.00
Total 1020 · Cash in bank - payroll									0.00
103 · US Bank Money Market									0.00
Total 103 · US Bank Money Market									0.00
104 · USB CD 06-15-08									0.00

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Big Brothers Big Sisters of Northern Nevada Inc.  
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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
100 · Cash in bank - operating - WFB									0.00
Total 100 · Cash in bank - operating - WFB									0.00
101 · Petty Cash									0.00
Total 101 · Petty Cash									0.00
102 · US Bank Checking									54,100.93
Check	01/04/2016	eff		Intuit		535 · Mercha...		19.95	54,080.98
Check	01/04/2016	eff		Nevada Payroll Se...		504.3 · Payroll...		72.00	54,008.98
Check	01/04/2016	eff				535 · Mercha...		85.44	53,923.54
Check	01/05/2016	eff		AT&T		-SPLIT-		61.05	53,862.49
Check	01/05/2016	10211...		Cabrera Cleaning		-SPLIT-		500.00	53,362.49
Check	01/05/2016	10211...		First Choice Servic...		-SPLIT-		39.95	53,322.54
Check	01/05/2016	10210...		Neofunds by Neo...		-SPLIT-		200.00	53,122.54
Check	01/05/2016	eff		Comdata		516 · Truck Le...		134.83	52,987.71
Deposit	01/06/2016				Deposit	403 · Individu...	50.00		53,037.71
Deposit	01/06/2016				Deposit	403 · Individu...	100.00		53,137.71
Deposit	01/07/2016				Deposit	130 · Undepo...	27,280.28		80,417.99
Deposit	01/08/2016				Deposit	-SPLIT-	2,560.00		82,977.99
Check	01/11/2016	eff		Penske Truck Leasi...	60632600-77...	-SPLIT-		1,524.73	81,453.26
Check	01/12/2016	10301...		Fingerprinting Expr...		500.2 · Backg...	76.00		81,377.26
Check	01/12/2016	10302...		FPE Carson City LLC		500.2 · Backg...	19.00		81,358.26
Check	01/12/2016	10302...		LEAF		-SPLIT-	195.37		81,162.89
Check	01/12/2016	10325...		Over the Edge		523 · Fundrais...	9,000.00		72,162.89
Check	01/12/2016	10301...		Vision Service Plan		-SPLIT-	100.74		72,062.15
Deposit	01/12/2016				Deposit	403 · Individu...	6,804.94		78,867.09
Deposit	01/12/2016				Deposit	403 · Individu...	50.00		78,917.09
Check	01/12/2016	eff		Star 2 Star		-SPLIT-	397.82		78,519.27
Check	01/12/2016	eff		Nevada Retail Ne...		-SPLIT-	238.75		78,280.52
Check	01/13/2016	eff		Safe Deposit Box		520 · Dues an...	55.00		78,225.52
Check	01/13/2016	eff		Comdata		516 · Truck Le...	70.30		78,155.22
Deposit	01/15/2016				Deposit	-SPLIT-	1,686.66		79,841.88
Deposit	01/15/2016				Deposit	130 · Undepo...	1,763.02		81,604.90
Deposit	01/15/2016				Deposit	401 · Corpor...	1,001.00		82,605.90
Deposit	01/15/2016				Deposit	-SPLIT-	108.33		82,714.23
Deposit	01/15/2016				Deposit	-SPLIT-	312.00		83,026.23
Check	01/15/2016	01151...		BBBSNN payroll		503 · Payroll T...	6,276.18		76,750.05
Check	01/15/2016	01151...		BBBSNN payroll		-SPLIT-	15,486.97		61,263.08
Check	01/15/2016	11497		Hammond, Mai		-SPLIT-	587.77		60,675.31
Check	01/15/2016	11500		McNerney, Matth...		501 · Payroll E...	927.31		59,748.00
Check	01/15/2016	11499		Sullivan, Joseph		501 · Payroll E...	1,190.90		58,557.10

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 104	USB CD 06-15-08								0.00
105	USB CD 06-07-08								0.00
Total 105	USB CD 06-07-08								0.00
106	USB CD 9 mo/2006 Reserve 7/14/06								0.00
Total 106	USB CD 9 mo/2006 Reserve 7/14/06								0.00
106.1	WF Operating Fund								2,941.51
Total 106.1	WF Operating Fund								2,941.51
106.2	WF Operating Reserve								18,417.99
General Journal	01/31/2016	WFI/16	*		January - A...	-SPLIT-	71,265.26		89,683.25
Total 106.2	WF Operating Reserve						71,265.26	0.00	89,683.25
106.3	WF Building Reserve								0.00
Total 106.3	WF Building Reserve								0.00
106.4	WF Unemployment Funds								0.00
Total 106.4	WF Unemployment Funds								0.00
107	WFB CD 10 month NV Bidg Fnd								0.00
Total 107	WFB CD 10 month NV Bidg Fnd								0.00
107.1	BW CD								27,948.09
Total 107.1	BW CD								27,948.09
1070	Savings & short-term investment								0.00
Total 1070	Savings & short-term investment								0.00
108	USB CD 10 month 2005 Reserve()								0.00
Total 108	USB CD 10 month 2005 Reserve()								0.00
109.9	403(b) Forfeiture Account								0.00
Total 109.9	403(b) Forfeiture Account								0.00
111	USB CD 04-14-08								0.00
Total 111	USB CD 04-14-08								0.00
112	USB CD 05-14-08								0.00
Total 112	USB CD 05-14-08								0.00
113	USB CD 05-20-08								0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 113	USB CD 05-20-08								0.00
114	USB CD 6-07-08								0.00
Total 114	USB CD 6-07-08								0.00
117	USB CD 04-29-08								0.00
Total 117	USB CD 04-29-08								0.00
118	Petty Cash DC								0.00
Total 118	Petty Cash DC								0.00
110	Dues receivable								0.00
Total 110	Dues receivable								0.00
115	Current Pledges Receivable								13,528.30
115.1	Allowance for Doubtful Accounts								-7,600.00
Total 115.1	Allowance for Doubtful Accounts								-7,600.00
115	Current Pledges Receivable - Other								21,128.30
Total 115	Current Pledges Receivable - Other								21,128.30
Total 115	Current Pledges Receivable								13,528.30
116	Long term Pledges Receivable								6,323.19
116.1	Discount on L/T Pledges								-2,157.02
Total 116.1	Discount on L/T Pledges								-2,157.02
116.2	Allowance for Doubtful Accts								-6,400.00
Total 116.2	Allowance for Doubtful Accts								-6,400.00
116	Long term Pledges Receivable - Other								14,880.21
Total 116	Long term Pledges Receivable - Other								14,880.21
Total 116	Long term Pledges Receivable								6,323.19
119	Other Amounts Receivable								0.00
Total 119	Other Amounts Receivable								0.00
120	Grants receivable								9,662.35
Payment	01/15/2016			JTNN					0.00
Invoice	01/31/2016	OJJD...		OJJD 2					7,899.33
Invoice	01/31/2016	OJJD...		OJJD 5					9,040.18
									10,456.70
									1,763.02
									1,140.85
									1,416.52

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Invoice	01/31/2016	OJJJD...		JTNN		408 b · State ...	1,925.98		12,382.68
Total 120 · Grants receivable									
122 · Saver's Receivable							4,483.35	1,763.02	12,382.68
Payment	01/07/2016			Savers				27,280.28	27,279.65
Invoice	01/31/2016	Saver...		Savers		130 · Undepo... -SPLIT-	27,280.28		-0.63
Total 122 · Saver's Receivable									
123 · American Express Receivable									
Total 123 · American Express Receivable									
126 · Employee Note Rec.									
Total 126 · Employee Note Rec.									
109 · Prepaid Expense									
Total 109 · Prepaid Expense									
12100 · Inventory Asset									
Total 12100 · Inventory Asset									
124 · Disc. on L.T. Pledges									
Total 124 · Disc. on L.T. Pledges									
125 · Accrued Grants Receivable									
Total 125 · Accrued Grants Receivable									
130 · Undeposited Funds									
Payment	01/07/2016			Savers		122 · Saver's ...	27,280.28		0.00
Deposit	01/07/2016			Savers	Deposit	102 · US Bank...		27,280.28	27,280.28
Payment	01/15/2016			JTNN		120 · Grants r...	1,763.02		0.00
Deposit	01/15/2016			JTNN	Deposit	102 · US Bank...		1,763.02	1,763.02
Total 130 · Undeposited Funds									
1325 · Doubtful notes/loans allowance									
Total 1325 · Doubtful notes/loans allowance									
135 · Adj. to Fair Mkt Value									
Total 135 · Adj. to Fair Mkt Value									
1410 · Inventories for sale									
Total 1410 · Inventories for sale									
							29,043.30	29,043.30	0.00
									0.00
									0.00
									0.00
									0.00
									0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 1410 · Inventories for sale									0.00
1420 · Inventories for use									0.00
Total 1420 · Inventories for use									0.00
1530 · Land held for investment									0.00
Total 1530 · Land held for investment									0.00
1540 · Buildings held for investment									0.00
Total 1540 · Buildings held for investment									0.00
1545 · Accum deprec - bldg investment									0.00
Total 1545 · Accum deprec - bldg investment									0.00
171 · PrePaid Advertising									0.00
Total 171 · PrePaid Advertising									0.00
173 · Future Event Expenses Prepaid									0.00
Total 173 · Future Event Expenses Prepaid									0.00
174 · Prepaid Postage	01/05/2016	10210...		Neofunds by Neo...	Postage Jan...	102 · US Bank...	200.00	75.98	2,047.33
Check	01/31/2016	Post ...	*			507 · Postage...			2,247.33
General Journal									2,171.35
Total 174 · Prepaid Postage							200.00	75.98	2,171.35
176 · Prepaid Insurance									0.00
Total 176 · Prepaid Insurance									0.00
177 · Prepaid Dues & Fees									1,055.68
Check	01/26/2016	10494...		Big Brothers Big Sis...	2016 annual...	102 · US Bank...	11,335.78	211.87	12,391.46
General Journal	01/31/2016	Black...	*		Amortization...	523 · Fundrais...		944.65	12,179.59
General Journal	01/31/2016	BBBS0...	*		Amortizatio...	519 · BBBSA ...			11,234.94
Total 177 · Prepaid Dues & Fees							11,335.78	1,156.52	11,234.94
178 · Prepaid Background Checks									0.00
Total 178 · Prepaid Background Checks									0.00
150 · Furniture, fixtures, & equip									162,614.34
Total 150 · Furniture, fixtures, & equip									162,614.34
151 · Vehicle									20,248.75



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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 151 · Vehicle									20,248.75
152 · Computer Equipment									12,958.64
Total 152 · Computer Equipment									12,958.64
155 · Accumulated Depreciation									-142,586.48
General Journal	01/31/2016	Depr ...	*		Monthly de...	540 · Depreci...		1,926.29	-144,512.77
Total 155 · Accumulated Depreciation							0.00	1,926.29	-144,512.77
1610 · Land - operating									0.00
Total 1610 · Land - operating									0.00
1620 · Buildings - operating									0.00
Total 1620 · Buildings - operating									0.00
1650 · Vehicles									0.00
Total 1650 · Vehicles									0.00
1660 · Construction in progress									0.00
Total 1660 · Construction in progress									0.00
1725 · Accum depr - building									0.00
Total 1725 · Accum depr - building									0.00
1755 · Accum deprec - vehicles									0.00
Total 1755 · Accum deprec - vehicles									0.00
140 · AMEX Receivable									0.00
Total 140 · AMEX Receivable									0.00
160 · Pledges/Contribution									0.00
Total 160 · Pledges/Contribution									0.00
175 · Deposits									0.00
Total 175 · Deposits									0.00
175.1 · Unemployment Insur Reserve									0.00
Total 175.1 · Unemployment Insur Reserve									0.00
180 · Marketable securities									772,565.67
180.1 · Cost of securities - WF									741,789.67
General Journal	01/31/2016	WFI/16	*		January - se...	106.2 · WF O...	100,156.16		841,945.83



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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Credit Card Ch...	01/12/2016			Headsets Direct		506 · Telepho...		1,787.45	-2,585.78
Credit Card Ch...	01/13/2016			EDAWN		511 · Confere...		25.00	-2,610.78
Credit Card Ch...	01/20/2016			House of Bread		505 · Supplies		8.50	-2,619.28
Credit Card Ch...	01/22/2016			City of Reno NV		511 · Confere...		1.00	-2,620.28
Credit Card Ch...	01/22/2016			Washoe County P..		525 · Match ...		410.00	-3,030.28
Check	01/26/2016	eff		US Bank		102 · US Bank...	739.99		-2,290.29
Credit Card Ch...	01/26/2016			Sierra Nevada Cla...		511 · Confere...		30.00	-2,320.29
Credit Card Ch...	01/26/2016			City of Reno NV		511 · Confere...		1.00	-2,321.29
Credit Card Ch...	01/27/2016			Amazon.com		505 · Supplies		1,189.80	-3,511.09
Credit Card Ch...	01/28/2016			craigslist.com		513 · Advertis...		15.00	-3,526.09
Credit Card Ch...	01/28/2016			craigslist.com		513 · Advertis...		15.00	-3,541.09
Credit Card Ch...	01/28/2016			City of Reno NV		511 · Confere...		2.50	-3,543.59
Credit Card Ch...	01/29/2016			Sodo Restaurant		511 · Confere...		277.85	-3,821.44
Credit Card Ch...	01/31/2016			Wal-Mart		505 · Supplies		250.08	-4,071.52
Total 223 · US Bank Credit Card							739.99	4,086.52	-4,071.52
2120 · Accrued paid leave									0.00
Total 2120 · Accrued paid leave									0.00
215 · Accrued sales taxes									0.00
Total 215 · Accrued sales taxes									0.00
216 · Accrued Payroll									0.00
Total 216 · Accrued Payroll									0.00
217 · Insurance Liability									0.00
Total 217 · Insurance Liability									0.00
218 · Employee benefits payable									0.00
Total 218 · Employee benefits payable									0.00
220 · Payroll Liabilities									-39.00
Total 220 · Payroll Liabilities									-39.00
221 · Accrued Vacation									-8,080.31
Total 221 · Accrued Vacation									-8,080.31
222 · Future Event Revenue Received									0.00
Total 222 · Future Event Revenue Received									0.00
225 · Young Professionals Fund									0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 225	· Young Professionals Fund								0.00
227	· Scholarship Funds								-2,800.00
Total 227	· Scholarship Funds								-2,800.00
228	· Deferred Revenue								0.00
Total 228	· Deferred Revenue								0.00
230	· Due to Grantor								0.00
Total 230	· Due to Grantor								0.00
240	· Short-term liabilities - other								0.00
Total 240	· Short-term liabilities - other								0.00
2550	· Line of credit payable								0.00
Total 2550	· Line of credit payable								0.00
2610	· Split-interest liabilities								0.00
Total 2610	· Split-interest liabilities								0.00
250	· Long-term liabilities - other								0.00
Total 250	· Long-term liabilities - other								0.00
250a	· Deferred Grant Revenue								0.00
Total 250a	· Deferred Grant Revenue								0.00
251	· Note Payable - DC								0.00
Total 251	· Note Payable - DC								0.00
252	· Note Payable - Bins								0.00
Total 252	· Note Payable - Bins								0.00
260	· Custodial funds								0.00
Total 260	· Custodial funds								0.00
2710	· Bonds payable								0.00
Total 2710	· Bonds payable								0.00
2730	· Mortgages payable								0.00
Total 2730	· Mortgages payable								0.00
2750	· Capital leases								0.00
Total 2750	· Capital leases								0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
300 - Opening Bal Equity									0.00
Total 300 - Opening Bal Equity									0.00
3000 - Unrestricted net assets									0.00
3009 - Transfers to/from unrestricted									0.00
Total 3009 - Transfers to/from unrestricted									0.00
3020 - Board-designated net assets									0.00
Total 3020 - Board-designated net assets									0.00
3030 - Board-design - quasi-endowment									0.00
Total 3030 - Board-design - quasi-endowment									0.00
3000 - Unrestricted net assets - Other									0.00
Total 3000 - Unrestricted net assets - Other									0.00
Total 3000 - Unrestricted net assets									0.00
310 - Unrestrict (retained earnings)									-380,705.14
Total 310 - Unrestrict (retained earnings)									-380,705.14
3100 - Temporarily restrict net asset									0.00
3110 - Use restricted net assets									0.00
Total 3110 - Use restricted net assets									0.00
3120 - Time restricted net assets									0.00
Total 3120 - Time restricted net assets									0.00
3100 - Temporarily restrict net asset - Other									0.00
Total 3100 - Temporarily restrict net asset - Other									0.00
Total 3100 - Temporarily restrict net asset									0.00
311 - Maint. Reserve (DC)									0.00
Total 311 - Maint. Reserve (DC)									0.00
312 - Restricted Building Reserve									0.00
Total 312 - Restricted Building Reserve									0.00
315 - Operating Reserve									-600,000.00
Total 315 - Operating Reserve									-600,000.00
318 - Temporarily Restricted									-970.50

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 318 · Temporarily Restricted									-970.50
320 · Suspense Account									0.00
Total 320 · Suspense Account									0.00
3200 · Permanently restrict net assets									0.00
3210 · Endowment net assets									0.00
Total 3210 · Endowment net assets									0.00
3200 · Permanently restrict net assets - Other									0.00
Total 3200 · Permanently restrict net assets - Other									0.00
Total 3200 · Permanently restrict net assets									0.00
Other Income									0.00
Total Other Income									0.00
400 · Income - cash donations									0.00
400 a · Start Something Pledges									0.00
Total 400 a · Start Something Pledges									0.00
400 b · United Way Designations									0.00
Total 400 b · United Way Designations									0.00
400 c · Employee donations via payroll									0.00
Total 400 c · Employee donations via payroll									0.00
401 · Corporate Gifts									0.00
Deposit	01/08/2016	1918		John Dermody Ve...	Deposit	102 · US Bank...		1,973.00	-1,973.00
Deposit	01/15/2016			Netrum Brand Part...	Deposit	102 · US Bank...		1,001.00	-2,974.00
Deposit	01/28/2016	23781...		-MULTIPLE-	Deposit	102 · US Bank...		1,656.60	-4,630.60
Total 401 · Corporate Gifts							0.00	4,630.60	-4,630.60
431 · BHBI Giving Campaign									0.00
Total 431 · BHBI Giving Campaign									0.00
400 · Income - cash donations - Other									0.00
Total 400 · Income - cash donations - Other									0.00
Total 400 · Income - cash donations							0.00	4,630.60	-4,630.60
402 · Third Party Events									0.00

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<b>Total 402 - Third Party Events</b>									
<b>403 - Individual Donations</b>									
Deposit	01/06/2016			Louise Evans	Deposit	102 - US Bank...		50.00	0.00
Deposit	01/06/2016			Jim Megguier	Deposit	102 - US Bank...		100.00	-50.00
Deposit	01/08/2016	19303...		-MULTIPLE-	-MULTIPLE-	102 - US Bank...		587.00	-150.00
Deposit	01/12/2016			Blackbaud	FAF 2015	102 - US Bank...		6,804.94	-737.00
Deposit	01/12/2016			Power, Kristen	Deposit	102 - US Bank...		50.00	-7,541.94
Deposit	01/15/2016	2251		-MULTIPLE-	-MULTIPLE-	102 - US Bank...		1,686.66	-7,591.94
Deposit	01/15/2016			-MULTIPLE-	Deposit	102 - US Bank...		108.33	-9,278.60
Deposit	01/15/2016			-MULTIPLE-	Deposit	102 - US Bank...		312.00	-9,386.93
Deposit	01/15/2016			-MULTIPLE-	Deposit	102 - US Bank...		400.00	-9,698.93
Deposit	01/22/2016	8208		-MULTIPLE-	BHBI 2015	102 - US Bank...		166.66	-10,098.93
Deposit	01/22/2016			-MULTIPLE-	Deposit	102 - US Bank...		191.66	-10,265.59
Deposit	01/26/2016			-MULTIPLE-	Deposit	102 - US Bank...		439.46	-10,457.25
Deposit	01/27/2016			Blackbaud	Deposit	102 - US Bank...		25.00	-10,896.71
Deposit	01/28/2016	4847		Barbara Stockton	Deposit	102 - US Bank...			-10,921.71
<b>Total 403 - Individual Donations</b>							0.00	10,921.71	-10,921.71
<b>404 - TVI</b>									
<b>Total 404 - TVI</b>									0.00
<b>405 - Car Program</b>									
<b>Total 405 - Car Program</b>									0.00
<b>407 - Rental Income</b>									
<b>Total 407 - Rental Income</b>									0.00
<b>408 - Grant Revenue</b>									
408 a - Federal Grants Invoice	01/31/2016	OJJD...		OJJD 2	Deposit	120 - Grants r...		1,140.85	0.00
408 a - Federal Grants Invoice	01/31/2016	OJJD...		OJJD 5	Deposit	120 - Grants r...		1,416.52	0.00
<b>Total 408 a - Federal Grants</b>							0.00	2,557.37	-2,557.37
<b>408 b - State Grants</b>									
408 b - State Grants Invoice	01/31/2016	OJJD...		JTNN	Deposit	120 - Grants r...		1,925.98	0.00
<b>Total 408 b - State Grants</b>							0.00	1,925.98	-1,925.98
<b>408 c - Local Grants</b>									
<b>Total 408 c - Local Grants</b>									0.00

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408 d · Foundation Grants									0.00
Total 408 d · Foundation Grants									0.00
408 e · BBBSA									0.00
Total 408 e · BBBSA									0.00
408 f · Unified Way									0.00
Total 408 f · Unified Way									0.00
408 · Grant Revenue - Other									0.00
Total 408 · Grant Revenue - Other							0.00	4,483.35	-4,483.35
Total 408 · Grant Revenue									
411 · Reserve									0.00
Total 411 · Reserve									0.00
429 · Special Events									0.00
430 · Special Event-BFKS									0.00
430.1 · Special Event Expense-BFKS									0.00
Total 430.1 · Special Event Expense-BFKS									0.00
430 · Special Event-BFKS - Other									0.00
Total 430 · Special Event-BFKS - Other									0.00
Total 430 · Special Event-BFKS									0.00
432 · Special Event-Spring Splendor									0.00
432.1 · Special Event Exp-Spring Splend									0.00
Total 432.1 · Special Event Exp-Spring Splend									0.00
432 · Special Event-Spring Splendor - Other									0.00
Total 432 · Special Event-Spring Splendor - Other									0.00
Total 432 · Special Event-Spring Splendor									0.00
433 · Big Chefs, Big Gala									0.00
433.1 · Big Chefs, Big Gala Expenses									0.00
Check 01/26/2016 10472...				Madrona Manor		102 · US Bank...	250.00		250.00
Total 433.1 · Big Chefs, Big Gala Expenses							250.00	0.00	250.00
433 · Big Chefs, Big Gala - Other									0.00



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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 433 · Big Chefs, Big Gala - Other									0.00
Total 433 · Big Chefs, Big Gala							250.00	0.00	250.00
429 · Special Events - Other									0.00
Total 429 · Special Events							250.00	0.00	250.00
440 · Capital Campaign Income									0.00
Total 440 · Capital Campaign Income									0.00
444 · Donation Center Revenue									0.00
444a · Donated Goods Collected									0.00
Invoice	01/31/2016	Saver...		Savers	Delivered so...	122 · Saver's ...		22,805.91	-22,805.91
Total 444a · Donated Goods Collected							0.00	22,805.91	-22,805.91
444b · On-Site Deliveries									0.00
Invoice	01/31/2016	Saver...		Savers	On Site Deliv...	122 · Saver's ...		4,474.37	-4,474.37
Total 444b · On-Site Deliveries							0.00	4,474.37	-4,474.37
444c · DC Expense Reimbursements									0.00
Total 444c · DC Expense Reimbursements									0.00
444d · Furniture Donations									0.00
Total 444d · Furniture Donations									0.00
444 · Donation Center Revenue - Other									0.00
Total 444 · Donation Center Revenue - Other							0.00	27,280.28	-27,280.28
Total 444 · Donation Center Revenue							0.00	27,280.28	-27,280.28
450 · Misc. Income									0.00
409 · Interest Income									0.00
Deposit	01/31/2016				Interest	102 · US Bank...		0.56	-0.56
General Journal	01/31/2016	WF1/16	*		January - A...	106.2 · WFO...		0.15	-0.71
Total 409 · Interest Income							0.00	0.71	-0.71
450.1 · Medical Loss Ratio Rebate									0.00
Total 450.1 · Medical Loss Ratio Rebate									0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
451 - Garnishment Fee Income									0.00
Total 451 - Garnishment Fee Income									0.00
481 - Dividends Received									0.00
General Journal	01/31/2016	WF1/16	*		January Ac...	106.2 - WFO...		206.95	-206.95
Total 481 - Dividends Received							0.00	206.95	-206.95
499 - In Kind Donations									0.00
Total 499 - In Kind Donations									0.00
450 - Misc. Income - Other									0.00
Total 450 - Misc. Income - Other									0.00
Total 450 - Misc. Income							0.00	207.66	-207.66
6900 - Assets released fr restrictions									0.00
6910 - Satisfaction of use restric									0.00
Total 6910 - Satisfaction of use restric									0.00
6920 - LB&E acquisition satisfaction									0.00
Total 6920 - LB&E acquisition satisfaction									0.00
6930 - Time restriction satisfaction									0.00
Total 6930 - Time restriction satisfaction									0.00
6900 - Assets released fr restrictions - Other									0.00
Total 6900 - Assets released fr restrictions - Other									0.00
Total 6900 - Assets released fr restrictions									0.00
50000 - Cost of Goods Sold									0.00
Total 50000 - Cost of Goods Sold									0.00
500 - Grant costs - direct									0.00
500.1 - Grant subcontractors									0.00
Total 500.1 - Grant subcontractors									0.00
500.2 - Background Checks - Volunteers									0.00
Check	01/12/2016	10301...		Fingerprinting Expr...		102 - US Bank...	76.00		76.00
Check	01/12/2016	10302...		FPE Carson City LLC		102 - US Bank...	19.00		95.00
Total 500.2 - Background Checks - Volunteers							95.00	0.00	95.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
500.3 · Research Expense									0.00
Total 500.3 · Research Expense									0.00
500 · Grant costs - direct - Other									0.00
Total 500 · Grant costs - direct - Other									0.00
Total 500 · Grant costs - direct							95.00	0.00	95.00
501 · Payroll Expense									0.00
501.1.1 · Reserve Funded Payroll									0.00
Total 501.1.1 · Reserve Funded Payroll									0.00
501 · Payroll Expense - Other									0.00
Check	01/15/2016	01151...		BBBSNN payroll	PPE 1/15/16 ...	102 · US Bank...	23,895.42		23,895.42
Check	01/15/2016	01151...		BBBSNN payroll	-MULTIPLE-	102 · US Bank...		3,158.12	20,737.30
Check	01/15/2016	11497		Hammond, Mai	-MULTIPLE-	102 · US Bank...	587.77		21,325.07
Check	01/15/2016	11500		McNerney, Matth...	to reverse m...	102 · US Bank...	927.31		22,252.38
Check	01/15/2016	11499		Sullivan, Joseph	to reverse m...	102 · US Bank...	1,190.90		23,443.28
Check	01/15/2016	11498		Paul, Katherine	to reverse m...	102 · US Bank...	452.14		23,895.42
Check	01/31/2016	01311...		BBBSNN payroll	PPE 1/31/16 ...	102 · US Bank...	24,227.44		48,122.86
Check	01/31/2016	01311...		BBBSNN payroll	-MULTIPLE-	102 · US Bank...		1,925.21	46,197.65
Check	01/31/2016	11502		McNerney, Matth...	to reverse m...	102 · US Bank...	846.98		47,044.63
Check	01/31/2016	11501		Sullivan, Joseph	to reverse m...	102 · US Bank...	1,078.23		48,122.86
General Journal	01/31/2016	PRall...	*		Gross pay al...	-SPLIT-	48,157.48		96,280.34
General Journal	01/31/2016	PRall...	*		Gross pay al...	501 · Payroll E...		48,157.48	48,122.86
Total 501 · Payroll Expense - Other							101,363.67	53,240.81	48,122.86
Total 501 · Payroll Expense							101,363.67	53,240.81	48,122.86
502 · Employee Benefit Expense									0.00
502.1 · Health Insurance									0.00
Check	01/12/2016	10301...		Vision Service Plan		102 · US Bank...	100.74		100.74
Check	01/15/2016	01151...		BBBSNN payroll	PPE 1/15/16 ...	102 · US Bank...		203.60	-102.86
Check	01/26/2016	10472...		BEST Life		102 · US Bank...	574.38		471.52
Check	01/26/2016	10472...		United Healthcare		102 · US Bank...	4,792.00		5,263.52
Check	01/31/2016	01311...		BBBSNN payroll	PPE 1/31/16 ...	102 · US Bank...		203.60	5,059.92
Total 502.1 · Health Insurance							5,467.12	407.20	5,059.92
502.2 · Workman's Compensation									0.00
Check	01/12/2016	eff		Nevada Retail Ne...		102 · US Bank...	238.75		238.75

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<b>Total 502.2 - Workman's Compensation</b>									
502.3 - 403B contributions							238.75	0.00	238.75
Check	01/15/2016	01151...		BBBSNN payroll	PPE 1/15/16 ...	102 - US Bank...		583.00	-583.00
Check	01/15/2016	01151...		Mass Mutual/Hartf...		102 - US Bank...	764.07		181.07
Check	01/31/2016	01311...		BBBSNN payroll	PPE 1/31/16 ...	102 - US Bank...		549.79	-368.72
Check	01/31/2016	01311...		Mass Mutual/Hartf...		102 - US Bank...	772.21		403.49
<b>Total 502.3 - 403B contributions</b>									
							1,536.28	1,132.79	403.49
502.4 - Reimbursable Unemployment							0.00		0.00
<b>Total 502.4 - Reimbursable Unemployment</b>									
							0.00		0.00
502.5 - Employee Donations to BBBSNN							0.00		0.00
<b>Total 502.5 - Employee Donations to BBBSNN</b>									
							0.00		0.00
502 - Employee Benefit Expense - Other							0.00		0.00
General Journal	01/31/2016	EEBen...	*		EE Benefits A...	-SPLIT-	1,583.52	1,583.52	1,583.52
General Journal	01/31/2016	EEBen...	*		EE Benefits A...	502 - Employ...			0.00
<b>Total 502 - Employee Benefit Expense - Other</b>									
							1,583.52	1,583.52	0.00
<b>Total 502 - Employee Benefit Expense</b>									
							8,825.67	3,123.51	5,702.16
503 - Payroll Tax Expense							0.00		0.00
Check	01/15/2016	01151...		BBBSNN payroll		102 - US Bank...	6,276.18	4,463.73	6,276.18
Check	01/15/2016	01151...		BBBSNN payroll	PPE 1/15/16 ...	102 - US Bank...			1,812.45
Check	01/31/2016	01311...		BBBSNN payroll		102 - US Bank...	6,361.41		8,173.86
Check	01/31/2016	01311...		BBBSNN payroll	PPE 1/31/16 ...	102 - US Bank...		4,523.56	3,650.30
General Journal	01/31/2016	PRail...	*		Gross pay al...	501 - Payroll E...	8,110.98		11,761.28
General Journal	01/31/2016	PRail...	*		Gross pay al...	501 - Payroll E...		8,110.98	3,650.30
<b>Total 503 - Payroll Tax Expense</b>									
							20,748.57	17,098.27	3,650.30
504 - Professional Fees							0.00		0.00
504.3 - Payroll Processing							0.00		0.00
Check	01/04/2016	eff		Nevada Payroll Se...		102 - US Bank...	72.00		72.00
Check	01/19/2016	eff		Nevada Payroll Se...		102 - US Bank...	234.00		306.00
<b>Total 504.3 - Payroll Processing</b>									
							306.00	0.00	306.00
504.4 - Database Fees							0.00		0.00

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Total 504.4 · Database Fees									
504.5 · Accounting/Legal Fees									0.00
Check	01/26/2016	10472...		Eide Bailly		102 · US Bank...	3,500.00		3,500.00
Total 504.5 · Accounting/Legal Fees									
504.7 · Technical Services									0.00
Total 504.7 · Technical Services									
504.8 · Contractual Services									0.00
Total 504.8 · Contractual Services									
504.9 · Professional Fees-Other									0.00
Total 504.9 · Professional Fees-Other									
504 · Professional Fees - Other									0.00
Total 504 · Professional Fees - Other									
Total 504 · Professional Fees									
505 · Supplies							3,806.00	0.00	3,806.00
Check	01/05/2016	10211...		First Choice Servic...		102 · US Bank...	39.95		0.00
Credit Card Ch...	01/08/2016			Wal-Mart		223 · US Bank...	58.34		39.95
Credit Card Ch...	01/20/2016			House of Bread		223 · US Bank...	8.50		98.29
Deposit	01/22/2016	58100...		Staples	Deposit	102 · US Bank...		5.07	106.79
Check	01/26/2016	eft		North American E...		102 · US Bank...	45.50		101.72
Credit Card Ch...	01/27/2016			Amazon.com		223 · US Bank...	1,189.80		147.22
Credit Card Ch...	01/31/2016			Wal-Mart		223 · US Bank...	250.08		1,337.02
Total 505 · Supplies									
506 · Telephone/Internet Expense							1,592.17	5.07	1,587.10
Check	01/05/2016	eft		AT&T		102 · US Bank...	61.05		0.00
Check	01/12/2016	eft		Star 2 Star		102 · US Bank...	397.82		61.05
Credit Card Ch...	01/12/2016			Headsets Direct		223 · US Bank...	1,787.45		458.87
Check	01/26/2016	10472...		at&T U-Verse		102 · US Bank...	67.00		2,246.32
Check	01/26/2016	eft		Charter Media		102 · US Bank...	90.00		2,313.32
Total 506 · Telephone/Internet Expense									
507 · Postage and Delivery							2,403.32	0.00	2,403.32
507.1 · Direct Mail									

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Total 507.1 · Direct Mail									
507 · Postage and Delivery - Other									0.00
General Journal	01/31/2016	Post ...	*		-MULTIPLE-	-SPLIT-	75.98		0.00
Total 507 · Postage and Delivery - Other									
							75.98	0.00	75.98
Total 507 · Postage and Delivery									
							75.98	0.00	75.98
508 · Occupancy Expense									
508.1 · Moving Expense									0.00
Total 508.1 · Moving Expense									0.00
508.2 · Office Repairs & Maintenance									
Total 508.2 · Office Repairs & Maintenance									0.00
508 · Occupancy Expense - Other									
Check	01/05/2016	10211...		Cabrera Cleaning			500.00		500.00
Check	01/26/2016	10472...		Boys and Gifts Clu...			3,000.00		3,500.00
Total 508 · Occupancy Expense - Other									
							3,500.00	0.00	3,500.00
Total 508 · Occupancy Expense									
							3,500.00	0.00	3,500.00
509 · Equipment Lease/Maint Expense									
Check	01/12/2016	10302...		LEAF			195.37		195.37
Check	01/26/2016	10471...		Canon Solutions A...	CN0857		178.35		373.72
Total 509 · Equipment Lease/Maint Expense									
							373.72	0.00	373.72
510 · Travel Expenses									
510.1 · Mileage reimbursements									0.00
Check	01/26/2016	eft		Olson, Amanda			23.29		23.29
Total 510.1 · Mileage reimbursements									
							23.29	0.00	23.29
510.2 · Transportation/lodging/meals									
Total 510.2 · Transportation/lodging/meals									0.00
510 · Travel Expenses - Other									
Total 510 · Travel Expenses - Other									0.00
Total 510 · Travel Expenses									
							23.29	0.00	23.29

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
511 - Conference/Meeting Expense									0.00
Credit Card Ch...	01/13/2016			EDAWN		223 - US Bank...	25.00		25.00
Credit Card Ch...	01/22/2016			City of Reno NV	parking	223 - US Bank...	1.00		26.00
Credit Card Ch...	01/26/2016			Sierra Nevada Cla...	PRSA lunche...	223 - US Bank...	30.00		56.00
Credit Card Ch...	01/26/2016			City of Reno NV		223 - US Bank...	1.00		57.00
Credit Card Ch...	01/28/2016			City of Reno NV	parking	223 - US Bank...	2.50		59.50
Credit Card Ch...	01/29/2016			Sodo Resturant	board retreat	223 - US Bank...	277.85		337.35
Total 511 - Conference/Meeting Expense							337.35	0.00	337.35
512 - Printing and Publications									0.00
Check	01/26/2016	10472...		Digitprint		102 - US Bank...	55.55		55.55
Total 512 - Printing and Publications							55.55	0.00	55.55
513 - Advertising Expense									0.00
513a - Classified Ads									0.00
Total 513a - Classified Ads									0.00
513b - Marketing Ads									0.00
Total 513b - Marketing Ads									0.00
513c - Marketing Ads - reserve funds									0.00
Total 513c - Marketing Ads - reserve funds									0.00
513 - Advertising Expense - Other									0.00
Credit Card Ch...	01/05/2016			craigslist.com		223 - US Bank...	15.00		15.00
Credit Card Ch...	01/28/2016			craigslist.com		223 - US Bank...	15.00		30.00
Credit Card Ch...	01/28/2016			craigslist.com		223 - US Bank...	15.00		45.00
Total 513 - Advertising Expense - Other							45.00	0.00	45.00
Total 513 - Advertising Expense							45.00	0.00	45.00
514 - Insurance Expense									0.00
Total 514 - Insurance Expense									0.00
515 - Awards Expenses									0.00
Scholarship Expense									0.00
Total Scholarship Expense									0.00
515 - Awards Expenses - Other									0.00

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Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 515 - Awards Expenses - Other									
Total 515 - Awards Expenses									0.00
Total 515 - Awards Expenses									
516 - Truck Leasing Expense									0.00
516.1 - Truck Maintenance Exp.									0.00
Check	01/11/2016	eft		Penske Truck Leasi...	brakes	102 - US Bank...	911.55		911.55
Total 516.1 - Truck Maintenance Exp.							911.55	0.00	911.55
516.2 - Fuel Expense									
Total 516.2 - Fuel Expense									0.00
516 - Truck Leasing Expense - Other									
Check	01/05/2016	eft		Comdata		102 - US Bank...	134.83		134.83
Check	01/11/2016	eft		Penske Truck Leasi...	60632600-77...	102 - US Bank...	613.18		748.01
Check	01/13/2016	eft		Comdata		102 - US Bank...	70.30		818.31
Check	01/20/2016	eft		Comdata		102 - US Bank...	103.34		921.65
Check	01/27/2016	eft		Comdata		102 - US Bank...	105.06		1,026.71
Total 516 - Truck Leasing Expense - Other							1,026.71	0.00	1,026.71
Total 516 - Truck Leasing Expense									
Total 516 - Truck Leasing Expense							1,938.26	0.00	1,938.26
517 - Utility Expense									
Total 517 - Utility Expense									0.00
518 - Vehicle Expense									
518.1 - Maintenance/Registration									0.00
Total 518.1 - Maintenance/Registration									0.00
518.2 - Fuel Expense									
Total 518.2 - Fuel Expense									0.00
518 - Vehicle Expense - Other									
Total 518 - Vehicle Expense - Other									0.00
Total 518 - Vehicle Expense									
Total 518 - Vehicle Expense									0.00
519 - BBBSA Membership Expense									
General Journal	01/31/2016	88850...	*		Amortizatio...	177 - Prepaid...	944.65		944.65
Total 519 - BBBSA Membership Expense							944.65	0.00	944.65



Big Brothers Big Sisters of Northern Nevada Inc.  
**General Ledger**  
 As of January 31, 2016

1:53 PM  
 03/02/16  
 Accrual Basis

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
520 · Dues and Subscriptions									0.00
Check	01/13/2016	eff		Safe Deposit Box	annual fee	102 · US Bank...	55.00		55.00
Total 520 · Dues and Subscriptions							55.00	0.00	55.00
521 · Reserve Expense									0.00
Total 521 · Reserve Expense									0.00
522 · Training Expenses									0.00
Total 522 · Training Expenses									0.00
523 · Fundraising Expense									0.00
431.1 · BHBI Giving Campaign Expenses									0.00
Total 431.1 · BHBI Giving Campaign Expenses									0.00
523.1 · 3rd Party Events									0.00
Total 523.1 · 3rd Party Events									0.00
523 · Fundraising Expense - Other									0.00
Check	01/12/2016	10325...		Over the Edge		102 · US Bank...	9,000.00		9,000.00
General Journal	01/31/2016	Black...	*	Amortization...		177 · Prepaid...	211.87		9,211.87
Total 523 · Fundraising Expense - Other							9,211.87	0.00	9,211.87
Total 523 · Fundraising Expense							9,211.87	0.00	9,211.87
524 · Car Program Expense									0.00
Total 524 · Car Program Expense									0.00
525 · Match Activity Expense									0.00
Credit Card Ch...	01/22/2016			Washoe County P...		223 · US Bank...	410.00		410.00
Total 525 · Match Activity Expense							410.00	0.00	410.00
526 · IT Services									0.00
Check	01/26/2016	10471...		Erlach Computer ...		102 · US Bank...	31.25		31.25
Total 526 · IT Services							31.25	0.00	31.25
528 · Drop Box Expense									0.00
Total 528 · Drop Box Expense									0.00
529 · Scholarship Expense									0.00

Big Brothers Big Sisters of Northern Nevada Inc.  
**General Ledger**  
 As of January 31, 2016

1:53 PM  
 03/02/16  
 Accrual Basis

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 529 · Scholarship Expense									0.00
531 · Special Event Expense-Golf									0.00
Total 531 · Special Event Expense-Golf									0.00
532 · Special Event Expense-DSH									0.00
Total 532 · Special Event Expense-DSH									0.00
533 · Special Event Expense-Other									0.00
Total 533 · Special Event Expense-Other									0.00
534 · Bank Fees									0.00
534.3 · Investment Advisory Fees									0.00
General Journal	01/31/2016	WF1/16	*		January - A...	106.2 · WF O...	859.08		859.08
Total 534.3 · Investment Advisory Fees							859.08	0.00	859.08
534.4 · Transaction fees									0.00
Total 534.4 · Transaction fees									0.00
534 · Bank Fees - Other									0.00
Check	01/27/2016	eff		US Bank	branch acc...	102 · US Bank...	100.00		100.00
Total 534 · Bank Fees - Other							100.00	0.00	100.00
Total 534 · Bank Fees							959.08	0.00	959.08
535 · Merchant processing fees									0.00
535.1 · AMEX fees									0.00
Total 535.1 · AMEX fees									0.00
535 · Merchant processing fees - Other									0.00
Check	01/04/2016	eff		Intuit		102 · US Bank...	19.95		19.95
Check	01/04/2016	eff				102 · US Bank...	85.44		105.39
Total 535 · Merchant processing fees - Other							105.39	0.00	105.39
Total 535 · Merchant processing fees							105.39	0.00	105.39
539 · DHHS Carson Exp									0.00
Total 539 · DHHS Carson Exp									0.00
545 · Donation Center Expense									0.00

Big Brothers Big Sisters of Northern Nevada Inc.  
**General Ledger**  
 As of January 31, 2016

1:53 PM  
 03/02/16  
 Accrual Basis

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
Total 545 · Donation Center Expense									0.00
550 · Indirect Costs									0.00
Total 550 · Indirect Costs									0.00
555 · Miscellaneous Expenses									0.00
Total 555 · Miscellaneous Expenses									0.00
560 · BBBS National									0.00
Total 560 · BBBS National									0.00
565 · Interest Expense									0.00
Total 565 · Interest Expense									0.00
566 · Fines and penalties									0.00
Total 566 · Fines and penalties									0.00
567 · Recruitment									0.00
Total 567 · Recruitment									0.00
66000 · Payroll Expenses									0.00
Total 66000 · Payroll Expenses									0.00
66900 · Reconciliation Discrepancies									0.00
Total 66900 · Reconciliation Discrepancies									0.00
69800 · Uncategorized Expenses									0.00
Total 69800 · Uncategorized Expenses									0.00
435 · Unrealized Invest. Gain (Loss)									0.00
General Journal 01/31/2016 UGL1...			*		January 201...	180.2 · Unreal...	38,426.13		38,426.13
Total 435 · Unrealized Invest. Gain (Loss)							38,426.13	0.00	38,426.13
480 · Realized Invest. Gain (Loss)									0.00
General Journal 01/31/2016 WF1/16			*		January - A...	106.2 · WF O...	16,633.88		16,633.88
Total 480 · Realized Invest. Gain (Loss)							16,633.88	0.00	16,633.88
610 · Asset Disposal Gain (Loss)									0.00
Total 610 · Asset Disposal Gain (Loss)									0.00
540 · Depreciation Expense									0.00

Big Brothers Big Sisters of Northern Nevada Inc.  
 General Ledger  
 As of January 31, 2016

1:53 PM  
 03/02/16  
 Accrual Basis

Type	Date	Num	Adj	Name	Memo	Split	Debit	Credit	Balance
General Journal	01/31/2016	Depr ...	*		Monthly de...	155 - Accum...	1,926.29		1,926.29
Total 540 · Depreciation Expense							1,926.29	0.00	1,926.29
600 · Uncollectable Pledges									0.00
Total 600 · Uncollectable Pledges									0.00
620 · Other nonoperating charges									0.00
Total 620 · Other nonoperating charges									0.00
9800 · Fixed asset purchases									0.00
9810 · Capital purchases - land									0.00
Total 9810 · Capital purchases - land									0.00
9820 · Capital purchases - building									0.00
Total 9820 · Capital purchases - building									0.00
9830 · Capital purchases - equipment									0.00
Total 9830 · Capital purchases - equipment									0.00
9840 · Capital purchases - vehicles									0.00
Total 9840 · Capital purchases - vehicles									0.00
9800 · Fixed asset purchases - Other									0.00
Total 9800 · Fixed asset purchases - Other									0.00
Total 9800 · Fixed asset purchases									0.00
9930 · Program admin allocations									0.00
Total 9930 · Program admin allocations									0.00
999 · Clearing Account									0.00
Total 999 · Clearing Account									0.00
No acct									0.00
Total no acct									0.00
TOTAL							503,242.45	503,242.45	0.00

1:52 PM  
03/02/16  
Accrual Basis

Big Brothers Big Sisters of Northern Nevada Inc.  
**Balance Sheet**  
As of January 31, 2016

	<u>Jan 31, 16</u>
ASSETS	
Current Assets	
Checking/Savings	
102 · US Bank Checking	8,916.30
106.1 · WF Operating Fund	2,941.51
106.2 · WF Operating Reserve	89,683.25
107.1 · BW CD	27,948.09
	<hr/>
Total Checking/Savings	129,489.15
Accounts Receivable	
115 · Current Pledges Receivable	13,528.30
116 · Long term Pledges Receivable	6,323.19
120 · Grants receivable	12,382.68
122 · Saver's Receivable	27,279.65
	<hr/>
Total Accounts Receivable	59,513.82
Other Current Assets	
174 · Prepaid Postage	2,171.35
177 · Prepaid Dues & Fees	11,234.94
	<hr/>
Total Other Current Assets	13,406.29
Total Current Assets	202,409.26
Fixed Assets	
150 · Furniture, fixtures, & equip	162,614.34
151 · Vehicle	20,248.75
152 · Computer Equipment	12,958.64
155 · Accumulated Depreciation	-144,512.77
	<hr/>
Total Fixed Assets	51,308.96
Other Assets	
180 · Marketable securities	645,588.42
	<hr/>
Total Other Assets	645,588.42
TOTAL ASSETS	<u>899,306.64</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
200 · Accounts payable	-2,714.00
226 · Scholarships	-1,500.00
	<hr/>
Total Accounts Payable	-4,214.00
Credit Cards	

1:52 PM  
03/02/16  
Accrual Basis

Big Brothers Big Sisters of Northern Nevada Inc.  
**Balance Sheet**  
As of January 31, 2016

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	<u>Jan 31, 16</u>
223 · US Bank Credit Card	4,071.52
Total Credit Cards	4,071.52
Other Current Liabilities	
220 · Payroll Liabilities	39.00
221 · Accrued Vacation	8,080.31
227 · Scholarship Funds	2,800.00
Total Other Current Liabilities	<u>10,919.31</u>
Total Current Liabilities	<u>10,776.83</u>
Total Liabilities	10,776.83
Equity	
310 · Unrestrict (retained earnings)	380,705.14
315 · Operating Reserve	600,000.00
318 · Temporarily Restricted	970.50
Net Income	<u>-93,145.83</u>
Total Equity	<u>888,529.81</u>
TOTAL LIABILITIES & EQUITY	<u><u>899,306.64</u></u>

My name is Chuck Crittenden and I am a Big Brother!

I say this with pride because the journey to becoming a "Big" is quite involved. More about this later.

As a Big Brother here in Carson City, I fully Support Big Sisters of Northern Nevada's efforts to reach children living at or below the poverty line here in Carson City.

These children deserve quality mentoring and Big Brothers Big Sisters has set the standard for professionally supported mentoring. By stepping up and investing in these children who are potentially at risk and living in poverty, Big Brothers Big Sisters is helping them to reach their biggest and brightest future.

My "Little" is Sebastian. He is 10 and in the 4<sup>th</sup> grade here in Carson City, Nevada. I didn't have a brother, big or little growing up, only a younger sister. When I became involved with the program, my main goal was that I wanted to help. There were about 150 prospective "Little's" looking for a "Big" and I thought that was a role I could easily fill. I knew a lot about being a "Big" because one of my best friends has been involved with Big Brothers Big Sisters of Northern Nevada for several years and has shared his experiences of having a "Little" with me for several years now. I listened to his stories, their adventures, the positives and negatives that all of us have experienced with relationships. I listened but didn't act until about a year and a half ago. That's when I was invited to an evening BBBSNN information session and I was hooked! I began the paperwork process, then the interview process, then the personal reference process. This is involved! I quickly found out that this can take weeks and a lot of patience. Then came the approval/acceptance process and now I'm a "BIG". But wait, where's my little brother? More patience! Next, Introductions. I met my "Little" and his family. I must admit I was nervous, he was shy, but we started making plans for our weekly visit and activities the day we met. His Dad is a single parent and Sebastian has a brother and older sister.

Remember my main goal in becoming a "Big" was to "help". The rewards of becoming a "Big" far outweigh any help I could offer. This has been, without a doubt, a deeply rewarding experience that has truly touched my heart. Our weekly visits have expanded from 55 minutes throwing a football or baseball, having a sandwich and drink, to over 2 hours of playing a board game, going to the skate park, taking a hike and each time sharing a meal and conversation.

I believe I'm helping Sebastian and the program by "Showing Up" and meeting my commitment, but the program of BBBSNN and Sebastian have opened my Heart and given me such rewards beyond my wildest expectations. I'm looking forward to more adventures, graduations and other milestones with my little brother, Sebastian.

I am a BIG BROTHER!



**BOYS & GIRLS CLUBS**  
OF WESTERN NEVADA

**Boys & Girls Clubs of  
Western Nevada**

1870 Russell Way  
Carson City, NV 89706  
Tel 775-882-8820  
Fax 775-882-0250  
www.bgcwn.org

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*President & Chief Volunteer Officer*

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Katie Leao

\* Past President

March 8, 2016

To Whom It May Concern,

The Boys & Girls Clubs of Western Nevada is pleased to support Big Brothers Big Sisters of Northern Nevada's (BBBSNN) Mentoring Program in Carson City and the surrounding areas.

We will be allowing access to our Club locations for BBBSNN site-based mentoring, as well as providing referrals of at-risk children to become "Littles" in their program.

Big Brothers Big Sisters is the nation's premier mentoring program with empirical data showing the improvement amongst poverty-stricken children's lives, by having a thoroughly screened, trained and supported mentor. In addition, the *families* also receive support through the program. This is in true alignment with the Boys & Girls Club mission of serving children who "need us the most".

With the closing of our Mentor Center in Carson City, our youth have lost a valuable resource, however, we are confident that Big Brothers Big Sisters of Northern Nevada will fill the "gap", and we *fully support their efforts*.

If you have any questions or more information on this exciting partnership, please feel free to contact me at (775)882-8820 or email at [katiel@bgcwn.org](mailto:katiel@bgcwn.org).

Sincerely,

Katie Leao  
Executive Director



**GREAT FUTURES START HERE.**

7.2 Letter of Support: Katie Leao, Executive Director Boys and Girls Club of Western Nevada



To: Who it May Concern  
From: Karen Gedney MD  
Senior Physician Nevada Department of Corrections  
Re: BBBS in Carson City  
Date: 3/8/2016

To Whom It May Concern:

I have been a Big Sister in Carson City for the last 5 years, and this letter is in support of increasing the funding for BBBS in Carson City.

I first became acquainted with BBBS when my husband started mentoring a boy in Reno over 10 years ago. At the time there was no funding for matches in Carson City, and I felt that it would be too difficult for me to mentor a child in Reno.

When I saw the announcement in Carson City that they were looking for mentors, it occurred at the right time in my life. I was matched with a 7-yr-old girl who I now consider one of the greatest gifts in my life.

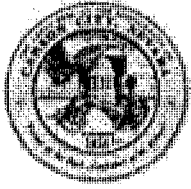
Jalyssa is a born performer, and I have enjoyed mentoring her and exposing her to opportunities that have enriched my life as well as hers. She has tremendous potential for breaking out of the confines of her current environment and leading a life where she is an asset to society.

As a prison physician for the last 29 years, I am acutely aware of the number of inmates in my system that went down the wrong path because they relied on their peers for guidance vs an adult that brought a caring perspective based on experience. I have read the statistics regarding children who have one or both parents in prison, and from my experience of taking care of two generations of inmates, I see how necessary it is for children to have a mentor that is not involved in the criminal subculture.

I strongly urge that Carson City, which is the capital in this state and harbors two of its prisons, one of its camps and the only Prison Regional Medical Facility, also harbor the organizations that will prevent and reduce the cost of incarceration to individuals, families and society. BBBS and its effect on children's lives is one of the organizations that definitely needs to be supported and grow.

Sincerely,

Karen Gedney MD



Carson City, a Consolidated Municipality

## Community Support Services Grant (CSSG) Progress Report

This report must be filled out by prior year CSSG grantees who are submitting a new application

Name of Organization: Big Brothers Big Sisters of Northern Nevada

Program/Project: Carson City Mentoring

Amount of Funds Received \$10,000

Grant Period: July 1, 2015 – June 30, 2016

Contact Person: Wendy Firestone

Mailing Address: 1300 Foster Dr., Suite 210

City: Reno State: NV Zip Code: 89509

Phone Number: (775)352-3202 E-mail: wfirestone@bbbsnn.org

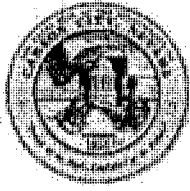
Date Submitted: 3/10/16

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

1. Financial Income and Expense Statement

<b>Project Title: Carson City Mentor Program</b>	<b>Funds Requested</b>	<b>Funds Received</b>	<b>Funds Spent To Date</b>	<b>Funds Remaining</b>
<b>Project Expenses FY 2015-16</b>				
Salaries and Benefits	\$15109	\$7554	\$6,061	\$1,493
Rent and Utilities (occupancy)	\$1320	\$660	\$305	\$355
Mortgage	n/a	n/a	0	0
Equipment Phone/Internet/Fax	\$58	\$29	\$99	(\$70)
Equipment Maintenance & Repair	\$398	\$199	\$40	\$159
Office Supplies	\$203	\$102	\$49	\$53
Operating Supplies	n/a	n/a	0	0
Postage and Shipping Postage & Delivery	\$28	\$14	\$8	\$6
Printing and Publications	\$26	\$13	\$7	\$6
Advertising and Promotion	\$489	\$244	\$52	\$192
Subscriptions and Dues (BBBSA membership)	\$322	\$161	\$165	(\$4)
Liability/Other Insurance	\$235	\$118	\$140	(\$22)
Professional Fees	\$641	\$320	0	\$320
Other project costs: (Specify Below)	n/a	n/a	0	0
Background checks	\$322	\$161	\$0	\$161
.03125   .046875Travel Vehicle Maintenance/Fuel Expense	\$186	\$93	\$28	\$65
Match Activities	\$328	\$164	\$20	\$144
IT Service	\$335	\$168	\$8	\$160
<b>TOTALS</b>	<b>\$20,000</b>	<b>\$10,000*</b>	<b>\$6,982.00</b>	<b>\$3,018</b>

\*To date, we have just received \$5,000 with an additional \$5,000 on its way.



2. Evaluate your achievement of the measurable outcomes listed in your application:

Outcomes listed in application: 50% or more of youth will improve their grades; 48% or more of youth will improve their educational expectations; 36% or more of youth will improve their parental trust; and 62% or more of youth will improve their social acceptance.

Youth Outcome Surveys (YOS) are completed before a child is matched with a mentor and again after completing 12 months of mentoring. The children in this program will be given their annual survey as they reach a 12 month milestone (a one year, two year, three year etc... anniversary). These surveys will be collected and entered into the Agency Information Management system and aggregated at the end of the year. Because the surveys are completed after 12 months of mentoring, it takes a year to complete all the surveys for the children in the program.

We make no claims to have statistically valid impact on a child's life before a year of mentoring, but rather use our professional Match Support Specialist's regular contact with the match to ensure that everything is being done to develop a life-changing friendship for that child and adult volunteer.

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

Since July 1, 2015, 24 children and 24 adult volunteers living in Carson City have been served in our program. These children have been matched with a carefully screened, trained and professionally supported volunteer mentor. Each volunteer agrees to meet weekly with a child for a year or more. Volunteers are carefully matched with a child living in poverty based on personality, interests and program expectations. Using more than 100 years of mentoring history, Big Brothers Big Sisters mentor programs have developed best practices that have become the industry standards in mentoring.

When asking the mother of one of our newer Little Brothers about how the match was progressing, she was effusive about what a positive influence the Big Brother is already having on her son. They have done all sort of activities together including flying kites, going to the library, and eating out. She feels that her relationship with her son is less tense and laughed as she described that he is already adopting his Big's laugh!

Another of our longer term matches has experienced the death of a couple of family members to gang violence within the past year. Her Big Sister has reached out to us for ideas and materials to use with her Little Sister. She is diligently seeking ways to encourage her Little's interest in the arts and convince her that there are other options than joining a gang.

Another match between a Big Sister and Little Sister create Vision Boards each January to help set goals for the year. This is a fun and visual way for a child to express their dreams and inspire them to pursue them. Goal setting teaches a number of things. It teaches responsibility for outcomes – both good and bad – and the process of having time management skills. By showing children their strengths and talents it helps boost their self-esteem.

4. What specific community benefit did your project provide Carson City?

Over the past 8 months, 24 children living in poverty in Carson City were provided with a caring, stable adult mentor. These mentors have a widely-studied positive impact on the lives of their mentees. We anticipate that the data collected over the 12 months of the program will show that the children in the Carson City Mentor Program will also reap the benefits of one-on-one, professionally supported mentor relationships.

Because we do not ask our Bigs to focus on just one area, like just grades, researchers have found a wide-ranging and lasting impact on the lives of the Littles in our program. We may not be able to say this child had improved grades within 4 months of mentoring, but we can say that after 12 months of mentoring through Big Brothers Big Sisters they are more likely than peers with similar backgrounds, but who were not involved in the program, to have a four-year college degree, incomes of \$75,000 or greater and strong relationships with their spouses, children and friends.

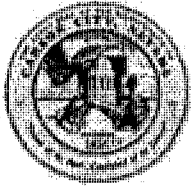
In addition, approximately two out of three (64%) BBBS alumni are extremely or very satisfied with life compared to just over one out of three (35%) non-alumni; and BBBS alumni are more likely than non-alumni to be engaged in their community over the past 12 months, particularly when it comes to volunteering (52% vs. 35% respectively) and holding a leadership role in an organization working on an issue (29% vs. 16% respectively).

This information was gathered in a study conducted by Harris Interactive<sup>®</sup> on behalf of Big Brothers Big Sisters. You can find the full study here:

<http://files.givewell.org/files/unitedstates/BBBS/harrisexecsummary.pdf>

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

This program will continue in the Carson area. BBBSNN has an aggressive fundraising program (grants, special events, third-party fundraisers, individual giving campaigns, the donation center) with the goal of raising funds to meet the mentoring needs of all of northern Nevada. But any one area can only have a successful program if the program is supported both with funding and by volunteers who step up to mentor a child for a year or more. We continue to focus efforts in the Carson area because The US Census Bureau's Small Area Income and Poverty Estimates (SAIPE) reports that 23% of children in Carson City are living in poverty. We know that these children would benefit from a carefully screened, trained and professionally supported mentor. We are committed to the children of Carson City and plan on expanding the program to meet the needs of the community.



6. Describe any challenges that impacted your program.

This program has not been growing as quickly as we had hoped. There is still not what we would call a "critical mass" of children, and adult volunteer recruitment has been slow. For example, we recently had four volunteers who had just one last training to attend before being matched with a child, and none of them were matched. Two withdrew, one had a medical issue and is on hold and the fourth simply stopped communicating with us.

Initially, we tried hiring a part-time employee who lived in Carson City to solely focus on the Carson City Mentoring program. She only stayed a few months before leaving for a full-time job. We have gone back to the full-time model, in hopes of increasing the longevity of the staff person, and this time hired a Carson City native, Katie Paul. Her father, Father Jeff Paul of St. Peters Episcopal Church, is on the Board of the Capitol City C.I.R.C.L.E.S. program, and he is interested in partnering with us to identify children in the families they are serving who would benefit from a Big Brother or Big Sister. Ms. Paul is also working to increase our reach into the faith community in an effort to recruit volunteers.

We are still hopeful and believe that this can be a more vibrant program in Carson City. We know there is a need and that Carson City residents are focused on breaking the cycle of poverty, rather than just providing emergency services when people are in crisis. The Big Brothers Big Sisters mentor program is a proven method for increasing educational outcome and improving incomes, while decreasing risky behaviors. As an identified as an effective intervention by the Office of Juvenile Justice Delinquency and Prevention, BBBS's proven mentoring program can truly change the way children in poverty grow up in Carson City.



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/essg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/essg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: Carson City Symphony Assoc., Inc.	
Agency Mailing Address: P.O. Box 2001, Carson City, NV 89702-2001	
Project Name: Strings in the Schools	
Project Address/Location: Carson City public schools and other locations	
Contact Person: Elinor Bugli	
Phone Number: 775-883-4154	Email: ehbugli@aol.com
Fax: 775-883-4371	Website (if applicable): <a href="http://CCsymphony.com">http://CCsymphony.com</a>

### PROJECT FUNDING

Requested amount	\$7,000
Other funding	State grant, Foundation/Corporate Support, Private donations, Organization reserve funds
Total project cost	\$52,980 (including in-kind)

### PROJECT SUMMARY

Please provide a **brief** summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be **no more than five sentences**.

We request support for the Carson City Symphony Association's tuition-free Youth Education Programs. These include after-school beginning violin and cello lessons, grades 2-5, and string ensembles, grades 2-12, during the school year; a six-week summer program for all ages; and assistance with in-school orchestras at Carson and Eagle Valley Middle Schools and Carson High School.

### PROJECT ELIGIBILITY

**Which City critical need does this project address?:**

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)



## I - PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

To reap the many academic, social, and intellectual benefits of music, youth must participate, not just listen. Our objectives are to make string education available and affordable for all, and an integral component of music education. We give Carson City students a boost in their literacy and other academic skills by providing free, after-school instruction in violin, cello, and ensemble, and we loan them instruments at little or no cost. When we began the program, string and orchestra education was not part of the school curriculum, and it is still not available in the elementary schools

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. **(Max. Score 25 pts)**

### **Carson City Symphony's Tuition-Free Youth Education programs:**

**Strings in the Schools** is open to all interested public-, private-, and home-schooled students, grades 2-12, in Carson City. The after-school program, Sept.-June, will include beginning violin instruction for up to 40 interested students, grades 2-5; beginning cello instruction for up to 6 select students, grade 5; and intermediate and advanced ensembles for up to 70 students in grades 2-12. Classes are held weekly, after school, at three schools and a church. Students perform November and April at the Carson City Community Center; hold a May workshop and public concert; play in a Symphony concert and the Jazz and Beyond music festival; and enter NMEA Zone and All-State competitions. We loan instruments to students who cannot afford to purchase or rent and currently have 70 on loan in all programs. Our education director, Sue Jesch, manages the program and teaches violin, viola, and ensemble classes. Principal cellist, Lou Groffman teaches cello students. About 80 Carson City students currently participate.

**Secondary School Strings** - As an outgrowth of Strings in the Schools, Carson and Eagle Valley Middle Schools began string orchestras in 2010 and Carson High in 2011 as credited, elective classes for students at all levels, including beginners. School music specialists teach assisted by the Symphony Education Director, who volunteers her time, and Symphony musicians Lou Groffman (cello), and Frank Iannetta (bass). They also help coach students for competitions such as the Nevada Music Teachers Association Washoe Zone-Northern Solo and Ensemble competition, All-State Orchestra, and Rotary Club youth music competition. More than 100 Carson City students are currently enrolled. Also, Carson City Symphony's guest soloists hold recitals, masterclasses, and outreach programs, and orchestra musicians demonstrate instruments and perform in schools.

**Strings in the Summer** is a six-week program, late June to mid August, featuring fiddle and orchestra classes for over 60 string students of all ages. It offers string students an opportunity to continue their education during the summer months. The program includes weekly sessions at two experience levels and an end-of-session public concert. About 90 percent are Carson City residents. Sue Jesch is the instructor. The classes will be at St. Paul's Lutheran Family Church.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

We collaborate with the Carson City School District. The District provides band rooms and other space for our after-school classes and workshop, currently at Empire, Bordewich-Bray, and Seeliger Elementary Schools, and performance venue for two concerts. Our instructors assist school music teachers with in-school orchestras by teaching, coaching, and mentoring at Carson and Eagle Valley Middle Schools and Carson High School. Aside from 3 string basses we donated to the high school, the schools do not own or rent string instruments - we have more than 90 violins, violas, cellos, and basses that we maintain and loan to students who cannot afford rental or purchase costs. The Symphony Conductor and Education Director have participated in music-related Senior Projects at Carson High School, and our guest artists have visited and worked with school orchestras.

Another community partner is St. Paul's Lutheran Church. They provide their community room as a venue for a weekly string ensemble class, which includes students from several Carson City Schools, many from Carson High School. The Church is conveniently located adjacent to Carson High School.

No other agencies offer the same services. The Carson Valley Violin School in Douglas County has a string ensemble for its advanced private students, but no summer program, and no group lessons. The Reno Philharmonic has youth orchestras open to area students, but they are primarily for high school students who have had extensive previous instruction, and are filled by auditions. Our Strings in the Summer program is open to any string player who would like to participate, including members of other organizations, and it offers all string students an opportunity to continue their education during the summer months.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

We have begun to fund the program through increased private contributions, corporate donations, and grants from foundations and State and Federal programs. Therefore, we are requesting less from CSSG this year. We anticipate that the need for grant funding will decrease when growth of the program levels off. When the School District hires a string teacher specialist for middle and high schools, as is planned for the future, we will concentrate our efforts on the after-school program for beginning students and ensembles that feed into and supplement the developing in-school programs. Last year, we were awarded a grant from the Terry Lee Wells Foundation for this program; however, we don't know if this will be a recurring source of funds. If it is, next year we will again request a smaller grant from Carson City.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

We are committed to continue the program with whatever funds are available. However, the program is still growing and we have a waiting list for beginning classes each year. Only the instructors, assistants, and guest artists are paid - administrative staff members are volunteers. Therefore, less funding would likely result in fewer students served.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? **(Max Score: 5 points)**

All students in the after-school and in-school classes are Carson City residents; 90% of the summer students are Carson City residents.

2. How do you plan to track clients served? **(Max Score: 5 points)**

Parents fill out and sign a registration form at the beginning of the school year and beginning of summer session. The form includes address, contact information, name of school child attends, and grade level. Attendance is taken at each class and performance event.

3. What is the projected **outcome** of this /project? (How will the clients served benefit from this project and how will that be measured?) **(Max Score: 20 points)**

Strings in the Schools will measure student and class progress, level of literature performed, enrollment and attendance, and overall quality of the educational experience. The instructors will maintain weekly progress reports for each student and group. At the end of each educational cycle, student participants, parents, and community mentors will have the opportunity to complete an evaluation form. Their responses will be considered in the planning process for the future.

In the coming year, we propose to:

- enhance the quality of life in Carson City by providing creative, educational, and social opportunities for our youth, measured by numbers participating.
- continue free tuition, which encourages attendance by students and sibling groups from low/moderate income families.
- continue the Strings in the Schools partnership with Carson City Schools to assist in-school, for-credit, string orchestras at Carson and Eagle Valley Middle Schools and Carson High.
- have experienced instructors direct the program, teach after-school and summer classes, and assist classroom music specialists in teaching and directing the Middle School and High School orchestras.
- increase opportunities for beginning cello instruction at the elementary-school level.
- provide four or more performance opportunities throughout the year.
- bring in guest artists and groups to lead workshops and master classes for the students.

Documented progress is one way of determining that goals are achieved. Student satisfaction and enjoyment are equally important. The number of participants who drop out of the programs (very few), and the number of parents of preschoolers who ask about future enrollment (many), are indications that we are serving and benefiting the community.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	<b>Strings in the Summer</b> participants will learn six tunes and present one performance.	Beginning to advanced strings students, mainly from Carson City.	60
2 & 3	<b>Strings in the Schools -</b> Beginners will learn note reading, scales, simple tunes, and the mechanics of playing their instruments. They will participate in two or more public performances. <b>String Ensemble</b> students will develop proficiency in playing slurs and hooked bowings, simple double stops, 16th-note rhythms, c and f naturals, and identifying notes on the g string. They will learn classical, folk, jazz, and other music styles, and participate in two or more public performances.	Beginning to advanced strings students, all will be public, private, and home-schooled students from Carson City.	100 (overlap with Secondary School Strings)
4	<b>Secondary School Strings -</b> Middle School students will meet state standards for music education and earn class credit for orchestra participation. High-school students will fulfill their humanities/ occupational graduation requirement and earn class credit. All will perform in their respective school concerts. Secondary school strings students, depending on level of achievement, may also be eligible for the after-school String Ensemble, Pizzazz, or STRAZZ.	Beginning to advanced strings students, all from Carson City.	150

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

**Successes:** This year we have had smaller beginning classes, giving each student more personal attention. That helped students to progress more quickly, play more advanced music, and feel a greater sense of mastery over the instrument.

Students in our cello program, now in its third year, are showing improvement by playing more advanced pieces, including duets involving contrasting rhythms between the sections.

Having all students, including beginners, play together in one large group at concerts has inspired them to practice more so they can join the more advanced groups. This year four new students enrolled in the most advanced group, STRAZZ, after practicing diligently, inspired by the music they heard performed at the concert.

Six of our students ~~was~~ have advanced to represent Carson City in the Reno Philharmonic Youth Orchestras and three to represent Carson City in All State Orchestra.

This year, we received a one-time restricted donation of \$20,000 to establish the Rosemary Nebesky Memorial scholarship to be awarded annually to a Carson City music student, age 5-17.

**Challenges:** The after-school ensembles had been meeting at available un-rented space generously donated by the Carrington Company at Carson Mall in exchange for public performances at the Mall. Through the years, our classes have been moved to different units as tenants were found. As a result of the upturn in Carson City economy, all available spaces are being renovated for potential tenants, and we were challenged to make other arrangements at the end of calendar year 2015. To overcome the challenge, Education Director Sue Jesch investigated several options and the after-school ensembles now meet in the community room at St. Paul's Lutheran Family Church. We were gratified to find another community partner for the program.

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title: Strings in the Schools	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Salaries & benefits, Ed. Director	4,000	4,000	8,750	16,750
Instructors, mentors, guest artists	1,000	2,000	4,800	7,800
Space rental - classrooms, performances, offices, storage	0	1,200	12,080	13,280
Admin./clerical	0	0	1,200	1,200
Marketing	400	500	1,500	2,400
Technical/production – audio, videography	200	400	750	1,350
Instrument purchase, maintenance, repair	500	1,000	900	2,400
Overhead – supplies, office equipment, insurance, postage, printing - prorated	900	400	500	1,800
Symphony Tickets	0	0	6,000	6,000
<b>TOTALS</b>	<b>7,000</b>	<b>9,500</b>	<b>34,480</b>	<b>52,980</b>

AGENCY ASSETS	
Unrestricted cash	49,274
Restricted cash*	27,728
Total cash on hand	77,002

\*If restricted cash, attach description and amount of restriction

See ATTACHMENT 8 – Restricted Cash

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

We received \$7,200 from Carson City through Partnership Carson City for this year, and lesser amounts in previous years. We receive in-kind performance venue and classroom space for Strings in the Schools.

**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Sue Jesch, Education Director	16,750	Contracted after school and summer \$650/month = \$7,800 Workshop \$200 Donated time in-school 5 hrs wk, 30 wks @ \$25 = \$3750 Prep 200 hrs @ \$25 = \$5,000 in-kind
Instructors, mentors/guest artists	7,800	Lou Groffman, cello instructor, contracted \$120/mo for 10 mos. = \$1,200 Guest artists, 4 @ \$200 = \$800 Coaches (cello and bass) \$100/mo., 10 mos. = \$1,000 Classroom assistants, mentors, volunteers (3) 4 hrs/wk, 40 weeks @ \$10 = \$4,800
Space rental	10,080	Classrooms - donated 3 schools and 2 other sites, 2 hrs/wk, 40 wks @ \$25 = \$10,000 Classroom - 1 site 4 hrs/wk 6 weeks for summer program @ \$25 = \$600 Performances - Carson City Community Center Theater donated 2@\$500 = \$1,000 Office and storage- 2 locations, donated 12 mos. @ \$20 each = \$480 Voluntary payment (donation) to church for use of space 12 mos. @\$100/mo = \$1,200
Administrative and clerical	1,200	120 hours @ \$10
Marketing - writing, graphic design, web maintenance, social media, program and flyer printing	2,400	Donated services 60 hrs @ \$25 + \$1,500 Programs, flyers, newsletters = \$900

Technical Support – videography, audio recording	1,350	Videography 3 concerts at \$200 = \$600 Audio 3 events, donated @ \$250 = \$750
Instruments	2,400	3 donated @ 300 = \$900 Maintenance & repair, av. \$1,500/yr.
Overhead – all items prorated	1,800	Office supplies and equipment \$400 Liability, property, and workers compensation insurance \$800 Postage, phone, dues, royalties (ASCAP, BMI) \$600
Symphony tickets	6,000	100 complimentary family tickets @\$15 each for 4 concerts



**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	<b>Elinor Bugli</b>
<b>Title:</b>	<b>President</b>
<b>Address</b>	<b>191 Heidi Circle, Carson City, NV 89701-2001</b>
<b>Phone number:</b>	<b>775-883-4154</b>
<b>Email:</b>	<b>ehbugli@aol.com</b>

**PROJECT MANAGER**

<b>Name:</b>	Sue Jesch
<b>Title:</b>	Education Director
<b>Address</b>	2201 Kansas St., Carson City, NV 89701
<b>Phone number:</b>	775-450-5584
<b>Email:</b>	sue@tahoefiddler.com

**FISCAL MANAGER**

<b>Name:</b>	Jon Rabben
<b>Title:</b>	Treasurer
<b>Address</b>	1328 Petar Drive, Minden, Gardnerville, NV 89410-5864
<b>Phone number:</b>	775-783-9086
<b>Email:</b>	jm1948rabben@gmail.com

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Elinor Bugli
<b>Title:</b>	President
<b>Address</b>	191 Heidi Circle, Carson City, NV 89701-2001
<b>Phone number:</b>	775-883-4154
<b>Email:</b>	ehbugli@aol.com

**AGENCY INFORMATION**

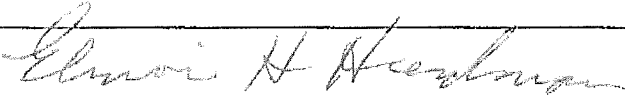
Date of incorporation	Oct 2, 1985
Date of IRS certification	May 1988
Tax exempt number	88-0229678
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	00-804-2799

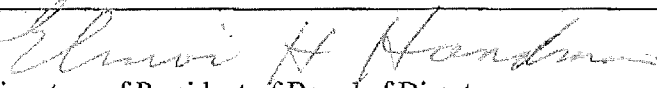
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

**INDEX OF ATTACHMENTS**

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	✓
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	<b>Current Organization Chart with names of staff members</b>	✓
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	✓
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	✓
6	<b>Profit and Loss Statement and Balance Sheet</b>	✓
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	NA
8	<b>Restricted funds description</b>	✓

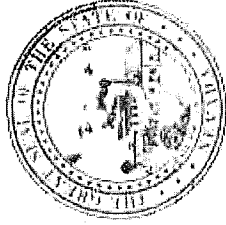
Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

 Signature of Authorized Official	March 9, 2016 Date
Elinor Bugli Typed Name and Title of Authorized Official	775-883-4154 Phone Number

 Signature of President of Board of Directors	March 9, 2016 Date
Elinor Bugli Typed Name of President of Board of Directors	775-883-4154 Phone Number

10/1/85  
2 sides

# State of Nevada

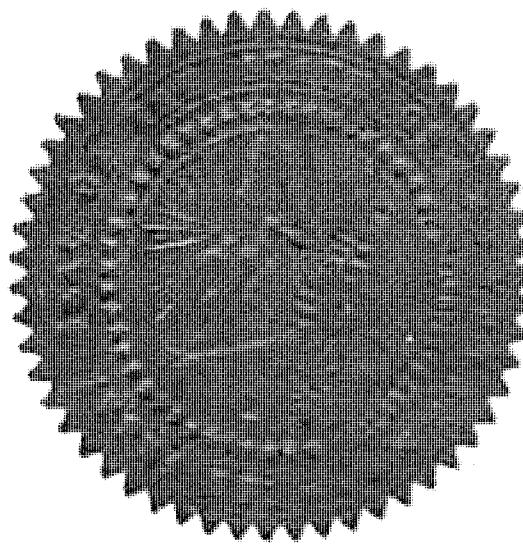


# Department of State

## CERTIFICATE

I, **WM. D. SWACKHAMER**, Secretary of State of the State of Nevada, do hereby certify that  
**CARSON CITY CHAMBER ORCHESTRA ASSOCIATION, INC.**

**SECOND** day of **OCTOBER**, 19**85**, file in this office  
did on the  
the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the statements of facts required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
the Great Seal of State, at my office in Carson City, Nevada, this

**2ND** day of **OCTOBER**, A. D. 19**85**

*Wm. D. Swackhamer*  
Secretary of State

By *[Signature]*  
Deputy

Dean Heller  
Secretary of State

STATE OF NEVADA  
OFFICE OF THE SECRETARY OF STATE  
101 N. CARSON ST., STE. J  
CARSON CITY, NEVADA 89701-4786

Fax 702.687.3471  
Web site <http://sos.state.nv.us>  
Filing Fee: \$25.00  
(\$75.00 min. if formed with stock)

**FILED**  
IN THE OFFICE OF THE  
SECRETARY OF STATE OF THE  
STATE OF NEVADA

Certificate of Amendment to Articles of Incorporation  
For Non Profit Corporations

FEB 18 1999

(NRS Chapters 81.010, 81.410, 81.170 and 82.356 - After First Meeting of Directors)  
- Remit in Duplicate -

CG597-85

*Dean Heller*  
DEAN HELLER, SECRETARY OF STATE

1. Name of corporation: Carson City Chamber Orchestra Association, Inc.

2. The articles have been amended as follows (provide article numbers, if available):

ARTICLE 1. NAME. This corporation shall be known as the  
Carson City Symphony Association, Incorporated.

3. The directors (or trustees) and the members, if any, and such other persons or public officers, if any, as may be required by the articles have approved the amendment. The vote by which the amendment was adopted by the directors and members, if any, is as follows: directors 8/0, and members NA.\*

4. Signatures (both signatures must be acknowledged):

Elmer H. Bugle  
Chairman, President or Vice President  
(President or Vice President must sign if corporation is governed by NRS 81.010 or 81.410)

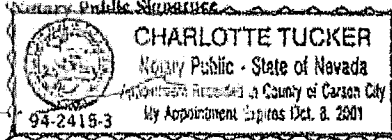
Margaret A. Colescott  
Secretary or Asst. Secretary

State of: NEVADA  
County of: CARSON CITY

This instrument was acknowledged before me on  
JANUARY 31, 1999, by  
ELMER H. BUGLE (Name of Person)  
as PRESIDENT

as designated to sign this certificate  
of CARSON CITY CHAMBER ORCHESTRA ASSN.  
(name on behalf of whom instrument was executed)

Charlotte Tucker  
Notary Public Signature

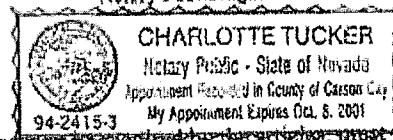


State of: NEVADA  
County of: CARSON CITY

This instrument was acknowledged before me on  
JANUARY 31, 1999, by  
MARGARET A. COLESCOTT (Name of Person)  
as SECRETARY

as designated to sign this certificate  
of CARSON CITY CHAMBER ORCHESTRA ASSN.  
(name on behalf of whom instrument was executed)

Charlotte Tucker  
Notary Public Signature



\*A majority of a quorum of the voting power of the members or as may be required by the articles, must vote in favor of the amendment. If any proposed amendment would alter or change any preference or any relative or other right given to any class of members, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of a majority of a quorum of the voting power of each class of members affected by the amendment regardless of limitations or restrictions on their voting power.

IMPORTANT: Failure to include any of the above information and remit the proper fees may cause this filing to be rejected.



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248336501  
Feb. 07, 2008 LTR 4168C E0  
88-0229678 000000 00 000  
00030103  
BODC: TE

CARSON CITY SYMPHONY ASSOCIATION  
% ELINOR H BUGLI PRESIDENT  
PO BOX 2001  
CARSON CITY NV 89702-2001010

ATTACHMENT 2



026899

Employer Identification Number: 88-0229678  
Person to Contact: Ms. Holland  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Jan. 29, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in May 1988, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I

## ATTACHMENTS 3 and 4

**CARSON CITY SYMPHONY ASSOCIATION, INC.  
P.O. Box 2001, Carson City, NV 89702-2001  
BOARD OF TRUSTEES, 2015-16 SEASON (FY16)**

<b>Term ends</b>	<b>Name, Position, (Occupation)</b>	<b>Phone, Cell phone, Fax, Email</b>	<b>Address</b>
6/2017	<b>Elinor Bugli</b> , President Publicity, Grants Chair (Hydrologist, U.S. Geological Survey, retired)	(H) 775/883-4154 (C) 775/721-6302 (F) 775/883-4371 (E) ehbugli@aol.com	191 Heidi Circle Carson City, NV 89701-6532
6/2016	<b>Grant Mills</b> , Vice President Symphony Stage Manager; Fallon Liaison, Audit Committee (Owner, Mills Farm & Industrial)	(H) 775/867-3099 (W) 775/867-3000 (C) 775/427-4545 (F) 775/867-3191 (E) grantmfi@yahoo.com	3900 Sheckler Road Fallon, NV 89406
6/2018	<b>Jon Rabben</b> , Treasurer Program Notes Writer (Accountant, retired)	(H) 775/783-9086 (E) jm1948rabben@gmail.com	1328 Petar Dr. Gardnerville, NV 89410-5864
6/2017	<b>Edith Isidoro-Mills</b> , Recording Secretary, Publicity (Fallon), Nominations (Horticulturist, Garden of Edith)	(H) 775/867-3099 (F) 775/867-3191 (C) 775-427-3099 (E) eaim@phonewave.net	3900 Sheckler Road Fallon, NV 89406
6/2018	<b>Sue Jesch</b> , Education Director (Musician, violin/viola instructor)	(C) 775/450-5584 (E) sue@tahoefiddler.com	2201 Kansas St. Carson City, NV 89701
6/2016	<b>Norma Summey</b> , Membership Chair, Chamber Singers Liaison (Retired)	(H) 775/267-1917 (E) nor7masum@gmail.com,	973 Parkview Dr. Carson City, NV 89705-8083
6/2018	<b>Jay Bigelow</b> , Orchestra Liaison, Publicity asst. (Fish Hatchery Supervisor, U.S. Fish and Wildlife Service, retired)	(H) 775/245-9659 (E) jybglw@aol.com	615 Jill Dr. Gardnerville, NV 89460
6/2016	<b>Laura Gibson</b> , Strings in the Schools Liaison, Grants Committee, Nominations (Teacher)	(H) 775/887-5614 (E) gibsonrosen@sbcglobal.net	3331 Berkenfield Dr. Carson City, NV 89701
6/2017	<b>Penny Puente</b> Program Ads Coordinator; Consort Canzona Liaison (Retired)	(H) 775/782-5033 (E) penny.puente@yahoo.com	1165 White Oak Look Minden, NV 89423-5158

**Personnel:**

David Bugli, Music Director & Conductor, 775/883-4154 (H), 775/720-1741 (C), dcbugli@aol.com

Michael Langham, Chamber Singers/Symphony Chorus Director, 650/544-0566, ccsingersdirector@gmail.com

Jim Zewan, VP Carson Chamber Singers council, representative to Symphony Board, 925/566-4093, jzewana@sbcglobal.net

Gary Schwartz, Consort Canzona Director, garyschwartz66@gmail.com

Lou Groffman, Strings in the Schools Cello Instructor, 775/267-5082, aejeton@aol.com

Jane Johnson, Symphony Librarian, 775/267-3427, jane3491@charter.net

Betty Young, Friends of the Symphony (Volunteer) Coordinator, 775/885-6830, Elizabeth\_young@sbcglobal.net

Len Hamer, Audit Committee, 775/841-3734, lenhamer@mac.com

Tax Exempt FEI No. 88-0229678

Web site: CCSymphony.com

printed 3/9/16

Attachment 5  
(2 sides)

Form **990-EZ**

**Short Form** ATTACHMENT 5 (2 sides)

OMB No. 1545-1150

**Return of Organization Exempt From Income Tax**

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Open to Public Inspection**

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 20 15

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
**CARSON CITY SYMPHONY ASSOCIATION INCORPORATED**  
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P O Box 2001**  
City or town, state or province, country, and ZIP or foreign postal code  
**Carson City, NV, 89702-2001**

**D** Employer identification number  
**88-0229678**  
**E** Telephone number  
**775-883-4154**  
**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ CCSymphony.com

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **62,030**

**Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>28,239</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>16,625</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	<b>12,370</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>59</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	<b>0</b>
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	<b>0</b>
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	<b>0</b>
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	<b>0</b>
	<b>b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	<b>1,271</b>
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	<b>0</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	<b>1,271</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	<b>0</b>	
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	<b>0</b>	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	<b>0</b>	
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<b>3,466</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<b>62,030</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<b>0</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>25,275</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>4,391</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>5,678</b>
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<b>20,974</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<b>56,318</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<b>5,712</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>88,671</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>3,008</b>
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<b>97,391</b>



**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	33,676	39,388
<b>23</b> Land and buildings . . . . .	0	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	54,995	58,003
<b>25</b> Total assets . . . . .	88,671	97,391
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	0	0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	88,671	97,391

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Arts, culture, humanities programs.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

<b>28</b> <u>Symphony arts programs: The Symphony rehearsed and performed six concerts. The Carson Chamber Singers, an affiliate, performed five concerts. The Symphony funds a youth string program (Strings in the Schools) consisting of weekly classes for 100+ students, with several performances.</u> (Grants \$ <u>18,572</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>56,318</b>
<b>29</b> _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>0</b>
<b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .	<b>32</b>	<b>56,318</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Elinor Bugli</u> President	20	0	0	0
<u>Grant Mills</u> Vice President	0	0	0	0
<u>Jon Rabben</u> Treasurer	4	0	0	0
<u>Edith Isidoro-Mills</u> Secretary	2	0	0	0
<u>Norma Summey</u> Trustee	2	0	0	0
<u>Sue Jesch</u> Trustee	1	0	0	0
<u>Laura Gibson</u> Trustee	1	0	0	0
<u>Penny Puente</u> Trustee	1	0	0	0
<u>Jay Bigelow</u> Trustee	1	0	0	0

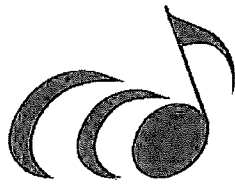
Carson City Symphony Association  
 Profit and Loss Standard  
 July 1, 2015 through March 31, 2016

Attachment 6  
 12 sides

Ordinary Income/Expense

Income			
I01 - Admissions			
I01a - At door + advance		5,778.00	
I01b - FY16 Flex		612.00	
I01c - Chamber Singers		<u>1,114.00</u>	
Total I01 - Admissions			7,504.00
I02 - Contract Service Revenue			
I02b - CSR, other		<u>2,220.00</u>	
Total I02 - Contract Service Revenue			2,220.00
I03 - Other revenue			
I03a Adopt-an-instrument		125.00	
I03b - Instrument fees		280.00	
I03d - Advertising income		930.00	
I03f - Memorial fund donations		20,150.00	
I03i - interest income			
I03i1 - Nebesky	5.85		
I03i2 - Bank	<u>33.58</u>		
Total I03i - interest income		39.43	
I03m - Membership income		10,580.00	
I03o - Other income		298.06	
I03p - reception pymts.		942.00	
I03s - Sales		272.14	
I03t - phone reimb. from MHJB		<u>516.77</u>	
Total I03 - Other revenue			34,133.40
I04 - Corporate Support			39.32
I05 - Foundation support			3,006.90
I06 - Private Support			
I06a - Private support - SITS			
I06a1 - Private support NQR	343.00		
I06a - Private support - SITS - Other	<u>3,400.00</u>		
Total I06a - Private support - SITS		3,743.00	
I06b - Private support Singers		485.00	
I06d - Priv Suppt Consort Canz.		20.00	
I06e Private support - other		<u>119.96</u>	
Total I06 - Private Support			4,367.96
I08 - State Gov't support			
I08a - State Gov suppt - SITS		4,334.00	
I08 - State Gov't support - Other		<u>7,642.00</u>	
Total I08 - State Gov't support			11,976.00
I09 - Local gov't support			
I09a - Local Gov Suppt SITS		<u>7,200.00</u>	
Total I09 - Local gov't support			<u>7,200.00</u>
Total Income			70,447.58

Expenses			
Direct expenses			
FOA - Artists fees			
FOA - internal			
FOA - SIF	6,030,000		
FOA - SOR	1,000,000		
FOA - Internal - Other	1,050,000		
Total FOA - internal		8,080,000	
FOA - external - SIF		215,000	
FOA - external - other		2,550,000	
Total FOA - Artists fees			11,765,000
FO - Other fees-services			17,800
FO - space rental			7,000,000
FO - Travel training			300,000
FO - Marketing			
FO - Marketing SIF		110,000	
FO - Marketing - other		3,031,800	
Total FO - Marketing			3,141,800
FO - Other			
FO - Reception - production receptionist		1,000,000	
FO - Production setup printing			
FO - SIF	113,000		
FO - other	3,200,000		
Total FO - Production setup printing			3,313,000
FO - insurance		3,150,000	
FO - music rental		280,000	
FO - supplies		100,000	
FO - Postage		1,000,000	
FO - communication material		500,000	
FO - royalties paid		800,000	
FO - instrument repair SIF		300,000	
FO - telephone expense		1,000,000	
Total FO - other			11,000,000
Total Direct Expenses			22,765,000
FO - Capital acquisition			
FO - Cap. Exp. - Instruction		70,000	
FO - Other purchases		1,000,000	
Total FO - Capital acquisition			1,070,000
Total Expenses			23,835,000
Net Endmunt Income			17,380,700



# CARSON CITY SYMPHONY

David Bugli, Music Director/Conductor

P.O. Box 2001  
Carson City, NV 89702-2001

Phone: (775) 883-4154

Fax: (775) 883-4371

Web: CCSymphony.com

## Restricted cash (as of 3/6/16) FY16

Source	Purpose	Amount remaining (\$)
Jennier and John Webley	Rosemary Nebesky Memorial Scholarship fund	20,003
Carson City - CSSG	Strings in the Schools	2,000
Terry Lee Wells Foundation	Strings in the Schools	750
Soroptimists International of Carson City	Youth Education Programs	125
State Gov't (NAC Arts Learning Component)	Youth and Adult Education Programs	1,000
State Gov't - Nevada Humanities	Concert previews	450
Private support	Strings in the Schools - reserved	3,400
<b>Total</b>		<b>\$27,728</b>

Note: We are building reserve funds for the purpose of creating and hiring sustainable administrative staff positions for Strings in the Schools and for the organization.

**Partnership Carson City  
Youth Community Support Services Grant (CCSG)**

**Semi Annual Report  
July 1, 2015 – December 31, 2015**

Please send report to Hannah McDonald at Partnership Carson City by email:

[Hannah@partnershipcarsoncity.org](mailto:Hannah@partnershipcarsoncity.org)

Report due by: January 15<sup>th</sup> 2016

1. Per your project proposal what goals, outputs, and outcomes have you met? Please use the chart below, if needed please refer back to your project proposal for your deliverables.

<b>Proposed Goals</b>	<b>Outputs (Numbers served, low-to-moderate income served, demographics served)</b>	<b>Outcomes Achieved (Results of surveys, areas of improvement, increased knowledge, etc.)</b>
<b>Provide after-school beginning violin and cello instruction</b>	38 students, grades 2-5	Beginners learned mechanics of playing their instruments, were introduced to note reading, scales, and simple tunes, and performed in a public concert.
<b>Hold after-school string-orchestra classes for intermediate and advanced students</b>	String ensemble, 36 students, grades 3-6 Pizzazz intermediate, 20 students, grades 4-8 STRAZZ advanced, 27 students, grades 6-12	String Ensemble students became more proficient in bowing techniques, simple double stops, and 16th-note rhythms. Pizzazz and STRAZZ students improved playing in positions and developing vibrato technique. All students learned classical, folk, jazz, and other styles, and performed in public concerts.
<b>Loan instruments to students who cannot afford to rent or purchase their own</b>	Through donations, grants, and purchases, we have acquired 98 instruments.	Currently, 56 instruments are on loan: 17 to students in Strings in the Schools after-school classes and 39 to students in the public-school classes.

Assist music instructors with orchestra classes at Carson Middle, Eagle Valley Middle, and Carson High Schools.	Education Director assists at the three schools, donating 40-50 hours each month. Student enrollment - Carson Middle, 50 students (in two classes); Eagle Valley Middle, 22 students; Carson High, 24 students.	Middle School students meet state standards for music education and earn class credit for orchestra participation. High-school students fulfill their humanities/occupational graduation requirement and earn class credit. All have performed in school concerts.
Present a 6-week summer program, 3 levels, each meeting one day per week.	Three classes were held each week, June 8 to July 23, attended by a total of more than 60 students of all ages.	Each group learned six tunes and performed together at the end of the summer program.
Provide performance opportunities	Strings in the Summer had concert on July 30. Strings in the Schools (after school program) performed Dec. 1. (See attached concert program.) STRAZZ also performed Aug. 21, and Dec. 12. School orchestras participated in several Fall and Winter concerts	Students developed team skills, confidence in front of an audience, and concert etiquette.

2. How ~~was~~ were the data collected to validate your outputs and outcomes? (Please attach an example of your data)

Beginning violin students are given a weekly to-do list, which provides opportunities for them to check off each day they practice a particular skill. (See attached.) When they turn in a completed list at the next lesson, the returned lists are put in a bag. One name is drawn from the bag and that student teaches the class for five minutes at the next lesson.

In the orchestra portion (string ensemble, Pizzazz and STRAZZ), students are given oral assignments, which they also write on their orchestra music showing which section needs to be mastered by the next class. The overall plan includes an overview of the music at the first lesson, working a portion of each piece at the next lesson as time permits, focusing on a

particularly difficult passage of a piece, and ending the session with a piece that has been mastered. The Education Director, Sue Jesch, ensures that all students eventually master the skills needed to perform the orchestral pieces. Our concert is our progress report. Students that seem to be struggling are given a free one-on-one lesson by Ms. Jesch at her private studio to help them master the skills needed.

3. When analyzing your data, what information have you discovered to help in improving your project/program?

One of the questions on the end-of-the-year student survey asks for suggestions for next year's music selection. These suggestions are taken seriously and incorporated whenever possible, giving students ownership of the concert and motivation for practice.

4. Please describe any successes your program has had in the last 6 months? How has this success benefited your program?

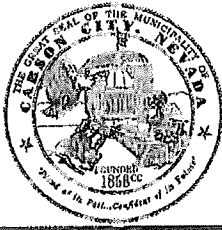
This year we have had smaller beginning classes, giving each student more personal attention. That helped students to progress more quickly, play more advanced music, and feel a greater sense of mastery over the instrument.

Students in our cello program, now in its second year, are showing improvement by playing more advanced pieces, including duets involving contrasting rhythms between the sections.

Having all students, including beginners, play together in one large group at the concert has inspired them to practice more so they can join the more advanced groups. This year four new students enrolled in the most advanced group, STRAZZ, after practicing diligently, inspired by the music they heard performed at the concert.

5. What challenges have you encountered? How do you plan to overcome these challenges going forward?

One challenge is that the after-school ensembles have been meeting at available un-rented space generously donated by the Carrington Company at Carson Mall in exchange for public performances at the Mall. Through the years, our classes have been moved to different units as tenants were found. As a result of the upturn in Carson City economy, all available spaces are being renovated for potential tenants, and we were challenged to make other arrangements at the end of calendar year 2015. To overcome the challenge, Education Director Sue Jesch investigated several options and the after-school ensembles now meet in the community room at St. Paul's Lutheran Family Church. We are gratified to find another community partner for the program.



ORIGINAL

**Community Support Services Grant (CSSG)  
Program Application  
Fiscal Year 2016-2017**

**GENERAL INFORMATION**

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

**APPLICANT INFORMATION**

Agency Name: Advocates to End Domestic Violence	
Agency Mailing Address: Post Office Box 2529, Carson City, Nevada 89702	
Project Name: Teen Dating Violence Prevention – PARTNERSHIP	
Project Address/Location: Same	
Contact Person: Lisa Lee	
Phone Number: 883-7654	Email: <a href="mailto:director@aedv.org">director@aedv.org</a>
Fax: 883-0364	Website : <a href="http://www.aedv.org">www.aedv.org</a>

**PROJECT FUNDING**

Requested amount	\$5,859 – The same amount as received last year
Other funding	\$7,906
Total project cost	\$13,765

**PROJECT SUMMARY**

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be no more than five sentences.

The Teen Dating Violence Prevention program will provide education to identify signs of controlling and abusive relationships and alternatives to violence on-site at Carson City middle and high schools. Classes will be provided to an estimated 900 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grade students.

**PROJECT ELIGIBILITY**

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)



## 1- PROJECT DETAILS

1. **Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)**

As a result of a noticeable increase in the number of teens contacting the 24-hour crisis hotline, as well as a rise in parents requesting temporary protection orders for their dating teenagers, AEDV became concerned. After meeting with school counselors, nurses, administrators, law enforcement, parents, and teens, AEDV was convinced of the need to target prevention to vulnerable teens involved in emotionally and physically violent dating relationships.

Teen dating violence, like adult domestic violence, is a pattern of **coercive, manipulative behavior** that one partner exerts over the other for the purpose of establishing and maintaining power and control. The effects of dating violence can range from bruised self-esteem to broken bones, permanent injury, and even death. The U.S. Department of Justice reports that nearly one **in three high school students** have been or will be involved in an abusive relationship and that females between **16 and 24 years of age are more vulnerable** to intimate partner violence than any other age group, nearly triple the national average. According to the California Coalition Against Sexual Assault, **half of reported date rapes** occur among teenagers. The National Center for Injury Prevention and Control documented that intimate partner violence among adolescents is associated with **increased risk** of substance use, unhealthy weight control, risky sexual behaviors, pregnancy, and suicide. 81% of surveyed parents either believe teen dating violence is not an issue or admit they don't know if it is an issue as reported by Family Violence Prevention Fund and Advocates for Youths. Dating violence crosses **all economic, racial, gender, and social lines**, with the majority of victims being young women who are at the highest risk for severe injury.

Teens who experience dating violence are **more likely to do poorly in school and report binge drinking and attempted suicides** according to the Centers for Disease Control and Prevention. The data we have collected from women we have sheltered show that over **70% first experienced intimate partner violence as teenagers**. For many of the clients we assist, a pattern of domestic violence has affected their educational opportunities and economic stability.

By providing youth with the necessary tools to recognize, and thus **avoid**, abusive relationships, AEDV believes that fewer teenage relationships will evolve into **adult domestic violence** incidents. This will decrease the need for crisis intervention, emergency shelter, legal services, law enforcement, substance abuse counseling, and welfare assistance, thereby changing the path that many teens are heading toward while benefiting the community of Carson City long-term.

2. **Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. (Max. Score 25 pts)**

The presentations will continue to be provided at **Carson Middle School, Eagle Valley Middle School, Pioneer High School, and Carson High School** for students. The targeted school populations are **7<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> graders**. Presentations are also provided to area youth groups and organizations with materials tailored to meet the needs of each group and time frame. The

interactive presentation consists of the pre-post test, age appropriate videos, activities, questions and answers, and a program evaluation. Follow-up is provided when a student discloses physical or sexual abuse. **900 Carson City School District students** will participate in the Teen Dating Violence Prevention program.

The program goal is to **reach teens as they begin dating** by providing knowledge and resources to avoid abusive relationships that can have life altering negative effects. The proactive program increases awareness and provides the tools to identify controlling and abusive behaviors.

AEDV developed the Teen Dating Violence Prevention program to combat the long-term negative effects on victims and the community. **A Healthy, Safe, and Secure Community begins with our youths.**

**3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)**

AEDV collaborates and cooperates with many agencies and services throughout Carson to reach and extend intervention and services. The following is a brief outline of the groups we directly work with to provide the Teen Dating Violence Prevention program:

*21<sup>st</sup> Century Community Learning Center Program* – AEDV staff sits on the advisory panel and provides direct assistance with teens in abusive relationships. Separate presentations are provided to at-risk youths in the program.

*Boys and Girls Club* – Presentations are offered on-site and students are encouraged to participate in Sexual Assault Awareness month by decorating used jeans to display throughout the community. Boys and Girls Club staff provide program input.

*Washoe Tribe* – Presentations are provided during summer programs with staff providing input on handouts/videos to meet cultural needs.

*Juvenile Probation Services* – Called to provide intervention and services when students are involved in unhealthy abusive relationships.

*Carson City Sheriff's Office Explorers* – Present yearly to youth volunteers regarding domestic violence, stalking, and sexual assault laws and community resources.

*Carson City Resource Officer* – We work closely with officers to provide services to identified youths in unhealthy relationships.

*Senior Project Students* – Mentor several seniors annually on the issues of abusive relationships and sexual assault, providing an additional bridge of communication.

**4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)**

Funds will be **leveraged** with additional grant funds and resources to provide the Teen Dating Violence Prevention program to local students throughout Carson City. AEDV strives to diversify its funding sources by incorporating local, state, and federal government sources, as well as **raising 56% percent** of annual revenue through fundraising efforts that involve events, direct mail requests, general donations, and a thrift shop. These efforts demonstrate AEDV's on-going drive to develop a **diverse funding base** toward program sustainability and continuation.

5. **Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.**

Funding sources are limited and highly competitive, requiring AEDV to focus on providing proven programs in an effective manner. The revenue received from Partnership Carson City is **crucial for the continuation** of the Teen Dating Violence Prevention program and would be impossible to replace through other sources. Though AEDV raises 56% fifty-six of the agency revenue through fundraisers and donations, without grant funding, AEDV would not be able to **continue** to provide the Teen Dating Violence Prevention program. AEDV believes in the life-altering effects this program has and the future positive changes it will have on so many young lives.

AEDV is aware of the limited CSSG funds available to assist community non-profits in providing necessary services to those in need and, therefore, **has not requested** an increase in funding from the past year's levels.

## II- PROJECT MEASUREMENT

1. **What percentage of clients served will be Carson City residents? (Max Score: 5 points)**

The Teen Dating Violence Prevention program will be provided to **Carson City middle and high schools and local area youth programs**. It is possible a small percentage of students in the Carson City school district have variances from other surrounding counties, but it would be difficult to document the number. These funds **will not** be used to provide prevention, education, or follow-up services to students outside our service area of Carson City.

2. **How do you plan to track clients served? (Max Score: 5 points)**

AEDV utilizes pre- and post-tests to measure students' levels of knowledge **before and after** the presentations. Students also complete an **evaluation of the materials and instructor**, which is used to adjust the presentations to better meet student expectations and needs. The program does not gather information that could identify students. Records regarding materials purchased, student attendance, hours of instruction, and dates and times will be maintained in a secure location.

AEDV completes multiple site, financial, and program audits annually as required by state and federal granting sources. The audits ensure **services are documented** and accurate data is collected, reported, and securely maintained. Failure to pass an audit could result in a cancellation of program funding. In addition, AEDV has an **annual financial audit** conducted by an independent public accountant and **an outside firm compiles monthly financial statements**. The Board of Directors provides strong oversight.

3. **What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)**

The primary goal of the program is to reduce **teen dating violence** and promote a **“safe, secure, and healthy community”** that encourages respectful relationships through increased knowledge and awareness of abusive and harmful relationships. Materials (handouts and videos) will be

reviewed and purchased during the first and second quarters. During the second and third quarters, the program will meet and work with administrators and teachers to schedule presentations that will take place in the third and fourth quarters, which has proven to be the best time for schools and testing cycles.

AEDV will present the Teen Dating Violence Prevention program to an estimated **900 Carson City students**, utilizing approved curriculum and pre- and post-tests during the third and fourth quarters.

**Eighty percent of students** will demonstrate an **increased knowledge** regarding the warning signs of an abusive relationship and awareness of the effects of a controlling and abusive dating relationship.

**4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	Review presentation and handout materials		
2	Purchase materials, redesign and produce pre-post tests, and handouts. Contact school administrators regarding scheduling and schedule the different presentations		
3	Confirm with class teachers scheduled times Present program to students	Carson and Eagle Valley Middle Schools students	450
4	Present program to students Wrap-up program, compile data	Carson and Pioneer High School students	450

**5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?**

When AEDV began providing the program, teen dating violence was just starting to receive national attention. Parents were shocked to learn their children were in abusive relationships and lacked the knowledge and resources to aid them. The school district tentatively allowed AEDV the opportunity to provide the service on a trial basis, with continuation determined by the response of students and teachers. Today, the program is not only accepted but also **anticipated** by the staff and students who have heard from older siblings about the program.

The following are comments taken from student evaluations completed at the end of the presentations in response to whether or not the program was informative and helpful:

“This program did change my understanding on violence because now I know what some things are in a healthy relationship.” - *Hispanic Female*

*"Yes, because I now know that certain things can be called on and someone can help the situation."* – Mixed Race Female

*"Yes, because there was some red flags I never thought it an unhealthy relationship."*  
– Caucasian Female

*"Made me realize how not only the violence abuse can be done physically, it can happen verbally."* – Caucasian Male

*"It changed me because now I know when to back out of a relationship."* – Female

*"Yes, I will think about violence more seriously now."* – Caucasian Male

*"I have experienced physical violence in my previous relationship. I have been scared to get into another relationship since."* – Caucasian Male

*"Yes it did because now I know what to look for in a relationship and how to notice red flags."* – Hispanic Female

*"Yes it made me understand that not only girls get violated but boys to."* – Hispanic Male

The following are quotes from instructors:

*"Educating our youth about teen dating violence has been very valuable. Exposing them to examples of violence has been very beneficial, yet even more important is teaching them to get help, how to get help and that they are not doing anything wrong. I believe the lesson taught at this age will stay with them throughout life, and let them know there is help will be an asset in their life if ever in the unfortunate position of being in this type of situation."*

*Erin Been, Carson High School Health Teacher*

*"The teen dating violence workshop presented by AEDV to students in Carson High School's 21st Century Program is essential in providing our afterschool program's comprehensive learning opportunities. This workshop helped the highest-risk students at CHS to have a safe environment to learn and discuss this very difficult topic. The subject was presented in an engaging and hands-on manner, and all of the students were able to ask questions throughout the presentation. Many of these students have grown up with domestic violence in the home, so this workshop helped them to gain the tools necessary in making healthy decisions in current and future relationships. Our 21st Century program is absolutely enhanced by the support of AEDV and teen dating workshops."*  
*Bridget Johnson, Carson High School 21st Century Learning Center Coordinator*

Recently, AEDV's Sexual Assault Response Advocates (SARA) program provided advocacy to a female high school student after it was reported to the CCSO that she had been forced by another student to perform oral sex behind the school's dumpster, which was caught on video. The victim was a special needs student. The young girl remembered the SARA advocate from the teen dating violence presentation and felt comfortable with her, which aided in the interview and statement process. Having contact with students prior to a sexual assault or domestic violence incident has proven helpful in **fostering trust and cooperation**. After an assault,

teenagers are scared, frightened, and embarrassed. Having the support of someone they trust and feel at ease with has many benefits in their recovery. While the Teen Dating Violence Prevention program provides knowledge, information, and skills designed to prevent an assault, it also has the added advantage of forming connections between advocates and students should an incident happen.

**II - PROJECT BUDGET**

**Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)**

<b>Project Title:</b>	<b>Requested Amount</b>	<b>Other Funding</b>	<b>In-Kind</b>	<b>Total Funds</b>
<b>Project Expenses FY 2016-17</b>				
Salaries and Benefits	\$3,900	\$4,065	0	\$7,965
Rent and Utilities	0	\$700	0	700
Equipment & Office Supplies	0	\$350	0	350
Operating Supplies/Mileage/Training	0	\$550	0	550
Printing/Handouts/Videos	\$1,959	\$1,941	0	3,900
Liability/Other Insurance	0	\$300	0	300
<b>TOTALS</b>	<b>\$5,859</b>	<b>\$7,906</b>	<b>0</b>	<b>\$13,765</b>

<b>AGENCY ASSETS</b>	
Unrestricted cash	\$214,846
Restricted cash*	\$1,830,000
<b>Total cash on hand</b>	<b>\$2,044,846</b>

**\*If restricted cash, attach description and amount of restriction**

As a non-profit agency that relies on fluctuating grants and fundraisers, maintaining financial stability is critical to services, and therefore, the Board of Directors requires a minimum of one year operating restricted reserves. In addition, the state has a long-term plan to use the buildings we currently rent for offices, shelter, and transitional housing, and when that happens, AEDV will need to relocate. To that end, AEDV has been raising funds toward the future move. These funds are restricted and can only be used for the purchase of program facilities.

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

AEDV receives CSSG funding for the emergency shelter for victims of domestic violence.

**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Salaries	\$7,965 (\$3,900 requested)	40hrs/wk x \$17.78 x 10wks = \$7,112 12% withholding/benefits = \$853
Printing/Handouts/Videos	\$3,900 (\$1,959 requested)	Printing of handouts, pre-post tests, and visuals. Appropriate videos are purchased for each age group and updated as needed. Handouts will provide agency emergency contact information and will be purchased for each student.

**PROJECT ADMINISTRATION****AGENCY DIRECTOR**

<b>Name:</b>	Lisa Lee
<b>Title:</b>	Executive Director
<b>Address:</b>	Post Box 2529 Carson City Nevada 89702
<b>Phone number:</b>	883-7654
<b>Email:</b>	<a href="mailto:director@aedv.org">director@aedv.org</a>

**PROJECT MANAGER**

<b>Name:</b>	Traci Trenoweth
<b>Title:</b>	Sexual Assault Coordinator
<b>Address:</b>	Post Office Box 2529 Carson City Nevada 89702
<b>Phone number:</b>	883-7654
<b>Email:</b>	<a href="mailto:saracoord@aedy.org">saracoord@aedy.org</a>

**FISCAL MANAGER**

<b>Name:</b>	Terri Farnworth
<b>Title:</b>	Office Manager
<b>Address:</b>	Post Office Box 2529 Carson City Nevada 89702
<b>Phone number:</b>	883-7654
<b>Email:</b>	<a href="mailto:officemgr@aedy.org">officemgr@aedy.org</a>

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	Traci Trenoweth
<b>Title:</b>	Sexual Assault Coordinator
<b>Address:</b>	Post Office Box 2529 Carson City Nevada 89702
<b>Phone number:</b>	883-7654
<b>Email:</b>	<a href="mailto:saracoord@aedy.org">saracoord@aedy.org</a>

**AGENCY INFORMATION**

Date of incorporation	1981
Date of IRS certification	June 1980
Tax exempt number	94-2665387
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	027915367

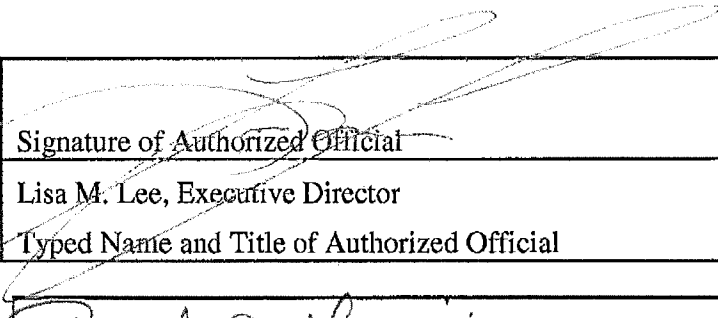
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

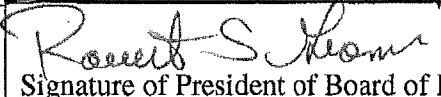


**INDEX OF ATTACHMENTS**

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	XX
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	XX
3	<b>Current Organization Chart with names of staff members</b>	XX
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	XX
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	XX
6	<b>Profit and Loss Statement and Balance Sheet</b>	XX
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	

**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.**

	March 4, 2016
Signature of Authorized Official	Date
Lisa M. Lee, Executive Director	883-7654
Typed Name and Title of Authorized Official	Phone Number

	3/4/16
Signature of President of Board of Directors	Date
R. Stacey Gromi	888-666661
Typed Name of President of Board of Directors	Phone Number

**Attachments:**

- A: 501 ( c ) 3 IRS Designation Letter
- B: Proof of Incorporation
- C: Organization Chart
- D: Board of Directors
- E: IRS Federal Tax 990 Form
- F: Profit and Loss Statement

A: 501 (c) 3 IRS Designation Letter

District  
Director

300 N. Los Angeles St. MS 7043  
Los Angeles, CA 90012

Advocates to End Domestic  
Violence  
PO Box 2529  
Carson City, Nevada 89702-2529

Person to Contact: Stephen M. Klopp  
Telephone Number: 213-894-2289

Refer Reply to: E0052698

Date: APR 14 2000

re: #94-2665387

Dear Taxpayer:

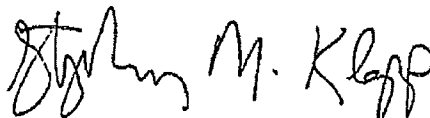
This letter is in response to your request for a copy of the determination letter for the above named organization.

Our records indicate that this organization was recognized to be exempt from Federal Income Tax in June 1980 as described in Internal Revenue Code Section 501(c)(3). It is further classified as an organization that is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 170(b)(1)(A)(vi).

The exempt status for the determination letter issued in June 1980 continues to be effect.

If you need further assistance, please contact our office at the above address or telephone number.

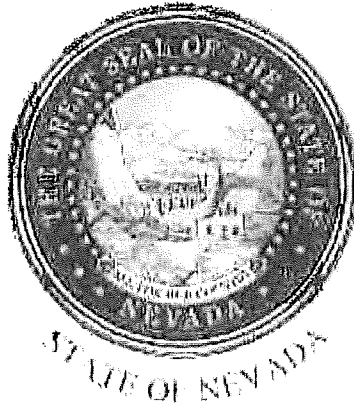
Sincerely,



Disclosure Assistant

**B: Proof of Incorporation**

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

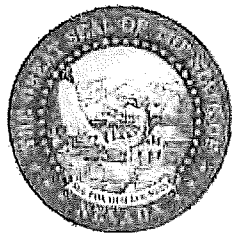
I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ADVOCATES TO END DOMESTIC VIOLENCE**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 5, 1980, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 4, 2016.

Handwritten signature of Barbara K. Cegavske in cursive script.

BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20160204-0251  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>

C: Organization Chart

**BOARD OF DIRECTORS**

Personnel  
Committee

Nominating  
Committee

Resource Development  
Committee

Finance  
Committee

**Executive Director**  
Lisa M. Lee

*Classy Seconds*  
Thrift Shop  
6 staff positions

**Office Manager**  
Terri Farnworth

**Shelter  
Manager**  
24-hour  
Michelle  
Henson

**Data  
Coordinator**  
Sherri Gay

**Parenting  
Coordinator**  
Shannon  
Simmons  
  
Baby Sitters

**Case  
Manager**  
Summer  
Norman

**Sexual  
Assault/  
Outreach  
Coordinator**  
Traci  
Trenoweth  
  
**Assistant**  
Becca  
Singleton

**Victims Court  
Advocate  
Coord.**  
Anna Siebaldi  
  
**Court  
Advocates**  
Tammy  
Curran  
Shauna  
Harmon

**Counselor**  
Josee Perrine MFT  
Carol Toohey

**Volunteers**

*Crisis Hot-Line, SARA Crisis Hot-Line,  
Child Care, Children's Program, Teen Volunteers, Counselors, Court Advocates,  
Office, Fundraisers, Community Service and Thrift Shop Volunteers*



D: Board of Directors

# BOARD OF DIRECTORS

Advocates to End Domestic Violence

Revised January 2016

All elected positions begin January and end December

**Stacey Giomi**

Director of Facilities and  
Emergency Preparedness  
Nevada Health Centers

President 1/16 -12/17

Past President Nevada Fire Chief's Association

2777 Ash Canyon Road  
Carson City, Nevada 89701

(W) 283-7150

**Robert G. Johnston**

Attorney

Vice President 1/16 – 12/17

Past Regional Chair, State Bar of Nevada Fee  
Dispute Committee

412 North Division Street  
Carson City, 89703

(W)461-3677

**Sarah Hill**

Wells Fargo

Treasurer 1/16 - 12/16

Leadership Alumni, Chamber of Commerce

3898 Westwood  
Carson City, 89703

(W) 886-4216

**Anne Bowen**

Legislative Counsel Bureau

Secretary 1/16 - 12/16

American Civil Liberties Union of Nevada

3368 Desatoya  
Carson City, 89701

(H) 883-3215

**Joanna Wilson**

Attorney

President 1/14 – 12/15

Past Elected School Board Member

1211 Kingsley Lane  
Carson City, 89701

(H) 885-9557

**Candace Duncan**

Director of Marketing

V&T Railway

Leadership Alumni, Chamber of Commerce,  
Regional Marketing Commission  
Reno Tahoe Territory,

1819 Divit Drive  
Carson City, 89701

(W) 687-7410

(H) 887-724-5007

**Susan Pintar, MD, FAAP**

Pediatrician

CC & Douglas County

Public Health Officer

Bagle Valley Children Home - Medical Director  
Douglas County Health Officer  
Nevada State Medical Association  
Nevada Health Centers

900 East Long Street,  
Carson City, 89703

(W) 887-2190

E: IRS Federal Tax 990 Form

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning 7/01, 2014, and ending 6/30, 2015

**2014**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

**ADVOCATES TO END DOMESTIC VIOLENCE**

Employer identification number

**94-2665387**

Name and title of officer

**LISA LEE  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,146,776</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 11/11/15

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**88320509195**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

**MICHAEL L. WILLIAMS**

Date ▶

11/11/15

**ERO Must Retain This Form—See Instructions**

**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2014)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047  
**2014**  
Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning **07/01/14**, and ending **06/30/15**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**ADVOCATES TO END DOMESTIC VIOLENCE**

Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 2529**

City or town, state or province, country, and ZIP or foreign postal code  
**CARSON CITY NV 89702**

**D** Employer identification number  
**94-2665387**

**E** Telephone number  
**775-883-7654**

**F** Name and address of principal officer:  
**JOANNA WILSON**  
**PO BOX 2529**  
**CARSON CITY NV 89702**

**G** Gross receipts \$ **1,199,623**

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **N/A**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1980** **M** State of legal domicile: **NV**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>DOMESTIC VIOLENCE SHELTER</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>7</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>7</b>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>39</b>
	6	Total number of volunteers (estimate if necessary)	<b>0</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: <b>518,930</b> Current Year: <b>524,112</b>
	9	Program service revenue (Part VIII, line 2g)	<b>0</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,547</b> <b>2,147</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>482,830</b> <b>620,517</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,005,307</b> <b>1,146,776</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>583,890</b> <b>637,570</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>125</b>	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>267,671</b> <b>273,232</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>851,561</b> <b>910,802</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>153,746</b> <b>235,974</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: <b>2,808,867</b> End of Year: <b>3,044,846</b>
	21	Total liabilities (Part X, line 26)	<b>0</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>2,808,867</b> <b>3,044,846</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **LISA LEE** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **MICHAEL L. WILLIAMS** Preparer's signature: **MICHAEL L. WILLIAMS** Date: **11/12/15** Check  if self-employed PTIN: **P00566278**

Firm's name: **Strong McPherson & Company** Firm's EIN: **88-0158829**

Firm's address: **901 E Second St Carson City, NV 89701-4720** Phone no.: **775-882-4460**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2014)

F: Profit and Loss Statement

9:45 AM  
02/07/16

ADVOCATES TO END DOMESTIC VIOLENCE (CONSOLIDATED)  
Profit & Loss  
January 2016

	<u>Jan 16</u>
<b>Income</b>	
Income	
Advocate Deposits	33,637.74
AEDV Deposits	4,500.00
Classy Deposits	40,062.99
<b>Total Income</b>	<u>78,200.73</u>
Interest/Dividend	
Investment Earnings	7.18
Savings Interest	77.09
<b>Total Interest/Dividend</b>	<u>84.27</u>
<b>Total Income</b>	78,285.00
<b>Expense</b>	
Advocates	
Advertising	1,400.00
Bank Service	
Merchant Fees	83.00
NFS Check	500.00
Bank Service - Other	15.00
<b>Total Bank Service</b>	<u>598.00</u>
Board Expense	106.06
Client Services	
Client Direct Service	1,140.00
<b>Total Client Services</b>	<u>1,140.00</u>
Dues/Subscriptions	150.00
Equipment Repairs/Maintenance	140.00
Insurance	
Medical	2,300.72
<b>Total Insurance</b>	<u>2,300.72</u>
Legal/Accounting	300.00
Office Expense	
Internet/Website	122.99
Supplies/Expenses	703.85
<b>Total Office Expense</b>	<u>826.84</u>
Payroll	
Bonus	963.73
Expense	439.65
Salaries/Wages	36,684.33
Tax Deposits	12,801.80
<b>Total Payroll</b>	<u>50,889.51</u>
Repairs & Maintenance	697.00
Shelter Expenses	
Operating Supplies	520.70
Repairs/Maint.	267.46
<b>Total Shelter Expenses</b>	<u>788.16</u>

9:45 AM  
02/07/16

ADVOCATES TO END DOMESTIC VIOLENCE (CONSOLIDATED)  
**Profit & Loss**  
January 2016

	<u>Jan 16</u>
Telecommunications	
Answering Service	179.00
Telecommunications - Other	841.11
<b>Total Telecommunications</b>	<u>1,020.11</u>
Travel/Milage	322.30
Utilities	
Refuse	289.48
Utilities - Other	2,712.53
<b>Total Utilities</b>	<u>3,002.01</u>
Vehicle Expenses	75.20
Volunteer Expenses	60.00
<b>Total Advocates</b>	<u>63,815.91</u>
AEDV	
Bank Service	26.50
Repairs/Maintenance	237.00
Utilities	229.18
<b>Total AEDV</b>	<u>492.68</u>
Classy Seconds	
Advertising	386.25
Bank Charges	54.60
Equipment	2,886.95
Merchant Service Fees	507.49
Operating	1,532.19
Rent	2,900.00
Utilities	1,259.30
Vehicle	30.49
<b>Total Classy Seconds</b>	<u>9,557.27</u>
<b>Total Expense</b>	<u>73,865.86</u>
<b>Net Income</b>	<u><u>4,419.14</u></u>



**Partnership Carson City  
Youth Community Support Services Grant (CCSG)**

**Semi Annual Report  
July 1, 2015 – December 31, 2015**

Please send report to Hannah McDonald at Partnership Carson City by email:  
[Hannah@partnershipcarsoncity.org](mailto:Hannah@partnershipcarsoncity.org)

1. Per your project proposal what goals, outputs, and outcomes have you met? Please use the chart below, if needed please refer back to your project proposal for your deliverables.

<b>Proposed Goals</b>	<b>Outputs (Numbers served, low-to-moderate income served, demographics served)</b>	<b>Outcomes Achieved (Results of surveys, areas of improvement, increased knowledge, etc.)</b>
<b>Present Teen Dating Violence Prevention Program to an estimated 700 Carson City Students</b>	50 Students  2 Classes	95% of the students presented to, gave a program rating of above average or excellent indicated on their evaluations.
<b>Eighty percent of students will demonstrate an increased knowledge regarding the warning signs of an abusive relationship and awareness of the effects of a controlling and abusive dating relationship</b>	50 Students	100% of students indicated an improved understanding of violence. They indicated an increase in knowledge of warning signs, and the different types of abuse. This information was gathered through a pre and posttest along with a program evaluation.

2. How was the data collected to validate your outputs and outcomes? (Please attach an example of your data)

The data is collected by giving each student a pre and posttest. Each student is also given a program evaluation. The pretest is given to the students at the start of the presentation. The posttest and program evaluation is given at the end of the presentation.

The pre and posttest are compiled of 10 true or false questions. The evaluations consist of rating the coverage of violence, handouts, and instructor presentation. The evaluation also includes 5 questions students are asked to answer.

**Here are a few quotes from students:**

“This program did change my understanding on violence because now I know what some things are in a healthy relationship.”  
~ *Hispanic Female*

“Yes because it taught me more about violence and how many types there are.”  
~ *Hispanic Male*

“Yes, because I now know that certain things can be called on and someone can help the situation.”  
~ *Mixed Race Female*

“Yes, because there was some red flags I never thought fit an unhealthy relationship.”  
~ *Caucasian Female*

**Here are two quotes from instructors:**

“Educating our youth about teen dating violence has been very valuable. Exposing them to examples of violence has been very beneficial, yet even more important is teaching them to get help, how to get help and that they are not doing anything wrong. I believe the lesson taught at this age will stay with them throughout life, and let them know there is help will be an asset in their life if ever in the unfortunate position of being in this type of situation.”

~ *Erin Been, Carson High School Health Teacher*

“The teen dating violence workshop presented by AEDV to students in Carson High School's 21st Century Program is essential in providing our afterschool program's comprehensive learning opportunities. This workshop helped the highest-risk students at CHS to have a safe environment to learn and discuss this very difficult topic. The subject was presented in an engaging and hands-on manner, and all of the students were able to ask questions throughout the presentation. Many of these students have grown up with domestic violence in the home, so this workshop helped them to gain the tools necessary in making healthy decisions in current and future relationships. Our 21st century program is absolutely enhanced by the support of AEDV and teen dating workshops.”

~ *Bridget Johnson, Carson High School 21st Century Learning Center Coordinator*

3. When analyzing your data, what information have you discovered to help in improving your project/program?

Through our program evaluation we have been able to incorporate more effective handouts. We have created an interactive exercise using social media and the effects it has on dating violence. We have taken the Teen Power and Control Wheel and divided each section by enlarging and laminating the sections, allowing the students to get into small discussion groups. Each group is given time to discuss and write on their section where they have seen violence in the media. The groups are then given time to present their findings to the whole class.

We are part of the State Wide Teen Relationship Abuse Committee. Through this committee we have had other State agencies ask to use our interactive Teen Power and Control Wheel activity we created.

4. Please describe any successes your program has had in the last 6 months? How has this success benefited your program?

This year one of our program successes is being extended an invitation to present in the High School to all of the 9<sup>th</sup> grade health students. During health classes, the students have a violence unit that our program presentation enhances. This allows our program material to expand on what we have taught the students in previous years.

5. What challenges have you encountered? How do you plan to overcome these challenges going forward?

One of the biggest challenges we have faced is finding the appropriate time to present in all the schools. We have to wait until the 3<sup>rd</sup> and 4<sup>th</sup> quarters so that the students are able to do their testing. This can also create scheduling conflicts. One way to overcome this challenge is working with the different community youth leaders throughout the year to better schedule their presentations. We understand that the schools are limited with their flexibility; however other youth groups are more adaptable with their schedules.



## Community Support Services Grant (CSSG) Program Application Fiscal Year 2016-2017

### GENERAL INFORMATION

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

### APPLICANT INFORMATION

Agency Name: <i>The Children's Museum of Northern Nevada</i>	
Agency Mailing Address: <i>813 N. Carson St</i>	
Project Name: <i>Science Education / STEM Education</i>	
Project Address/Location: <i>The Museum</i>	
Contact Person: <i>Lu Olsen</i>	
Phone Number: <i>884-2726</i>	Email: <i>lu@cmnn.org</i>
Fax: <i>884-2179</i>	Website (if applicable): <i>www.cmnn.org</i>

### PROJECT FUNDING

Requested amount	<i>3,000 -</i>
Other funding	<i>0</i>
Total project cost	<i>3,000 -</i>

### PROJECT SUMMARY

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be no more than five sentences.

*We would like to provide science education and STEM related activities and workshops to children and families within the Northern Nevada area as well as to out of area visitors. Last year we had a total of 19,200 visitors to the STEM room and 280 participants to the workshops and camp.*

### PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input type="checkbox"/> Other (specify)

## PROJECT DETAILS

1. Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. (Max. Score: 10 points)

Within public education there are very few opportunities for students to experiment, explore, or even use critical thinking skills. The activities in the STEM room and the experiments within the workshops and camp are all designed to help children dig deeper and explore the world around them.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space. (Max. Score 25 pts)

Our STEM room has learning centers that include all three science bases, technology, engineering and math. These centers are provided with printed directions and information students and families can use to engage in the centers. All visitors to the Museum have access to the room with their admission price or membership card. The room is located in the basement of the Museum.

Science workshops are one hour long. They are designed for children ages 5-11. We offer workshops on selected Saturdays and for school field trips. Our Science camp is one week long in the mornings for 2.5 hours. Our topics for both camp and workshops have included but is not limited to; mining and Nevada history, bridge building, snap circuits, rocket design, bubble wand design and studying surface tension of water, dissecting frogs, dissecting owl pellets and food chain discussion, magnets, simple machines, growing crystals, dental health, astronomy, geology, and weather and the water cycle. Any school group who comes for a field trip have the option of including a workshop on the trip.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. (Max Score: 10 points)

We collaborate with private and public schools in scheduling workshops for field trips that are grade appropriate according to NV State teaching standards. These workshops are planned and implemented by our Director who is a retired public elementary school teacher.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. (Max Score: 5 points)

Once we have all necessary equipment, we will be closer to becoming self-sufficient and possibly be able to make a profit which we can then use to provide even more science related activities.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

We will adjust our program and STEM activities based on the funding we receive.

## PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

In the past 3 years, the percentage of Carson City residents is 65%.

2. How do you plan to track clients served? (Max Score: 5 points)

We track clients on attendance sheets that are then entered into an Excel spreadsheet.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

We want to help excite and motivate students to do their own research to further their knowledge of the topics we introduce them to. We provide take home consumables to help them remember what learned and to share that knowledge with others. After all, you never know how many future scientists could be in attendance at a workshop, camp, or in the STEM room.

4. Please fill out the performance outputs measurement table below with your quarterly projections: (Max Score: 10 points) (We are basing this after last years totals)

Quarter	What outputs will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	STEM room, 2 field trips 3 workshops	Any visitor to	4940
2	4 field trips camp	the museum, field trip and	4798
3		camp attendees.	5311
4	1 field trip	2	4245

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

N/A



## PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
<b>Project Expenses FY 2016-17</b>				
Teacher Salary	800-			800-
Printing/Advertising	200-			200-
Permanent Equipment	2,000-			2,000-
<b>TOTALS</b>				

AGENCY ASSETS	
Unrestricted cash	
Restricted cash*	
<b>Total cash on hand</b>	

\*If restricted cash, attach description and amount of restriction

Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.

In 2014 we received \$2500.00 that went to admissions of those in need, and mostly consumable science activities with a few permanent learning centers for the STEM room established in 2013.

## BUDGET JUSTIFICATION

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Teacher Salaries	800 -	20 hours @ \$25.00 for sci camp = \$500.00  6 hours @ \$25.00 for Sat Sci Workshops = \$150.00
Printing flyers for advertising	200 -	Color flyers to place in Carson City Elementary School Per-Chees.
<u>Permanent Equipment-</u>		
① Wooden Model, set of 8, simple machines	\$ 220.-	<div style="font-size: 2em; font-weight: bold;">\$2,000-</div>
② SD-model set for force and motion	\$ 60.-	
③ tornado demo kit	\$ 335.-	
④ microscope slides and posters	\$ 156.- \$ 65.-	
⑤ gallon guy	\$ 25.-	
⑥ gallon balance kit	\$ 40.-	
⑦ geometric tessellation set	\$ 140.-	
⑧ magnetiles	\$ 250.-	
⑨ resonance bowl	\$ 145.-	
⑩ density flow model	\$ 245.-	
⑪ polydron bridges set	\$ 272.-	
⑫ structures kit	\$ 47.-	

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Lu Olsen
<b>Title:</b>	Executive Director
<b>Address:</b>	813 N. Carson St, CC, NV, 89701
<b>Phone number:</b>	884-2226
<b>Email:</b>	lu@cmnn.org

**PROJECT MANAGER**

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Email:</b>	

**FISCAL MANAGER**

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Email:</b>	

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>Phone number:</b>	
<b>Email:</b>	

### AGENCY INFORMATION

Date of incorporation	1988
Date of IRS certification	1988
Tax exempt number	88-0236615
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	797910270

Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	<b>IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)</b>	
2	<b>Proof of incorporation from Secretary of State (Certificate Only)</b> Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	
3	<b>Current Organization Chart with names of staff members</b>	
4	<b>Current Board of Directors and terms of office.</b> [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 CSSG funds.]	
5	<b>501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)</b>	
6	<b>Profit and Loss Statement and Balance Sheet</b>	
7	<b>Funding commitment letters and/or letters of support (if applicable)</b>	

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JUN 15 1993

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
2 CUPANIA CIRCLE  
MONTEREY PARK, CA 91754

DEPARTMENT OF THE TREASURY

Date: JUN 14 1993

CARSON CITY CHILDRENS MUSEUM  
PO BOX 449  
CARSON CITY, NV 89702-0449

Employer Identification Number:  
88-0236615  
Contact Person:  
TYRONE THOMAS  
Contact Telephone Number:  
(213) 894-2289

Our Letter Dated:  
September 1980  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

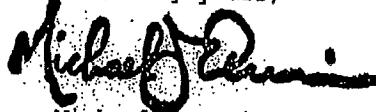
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Michael J. Quinn  
District Director

Letter 1050 (DO/CG)

# THE CHILDREN'S MUSEUM OF NORTHERN NEVADA

Business Entity Information			
Status:	Active	File Date:	1/25/1988
Type:	Dom Non-Profit Coop Corp w/o stock	Entity Number:	C612-1988
Qualifying State:	NV	List of Officers Due:	1/31/2017
Managed By:		Expiration Date:	
NV Business ID:	NV19881006563	Business License Exp:	Exempt - 002

Registered Agent Information			
Name:	CHARLES M KILPATRICK	Address 1:	412 NORTH DIVISION STREET
Address 2:		City:	CARSON CITY
State:	NV	Zip Code:	89703
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	
Mailing Zip Code:			
Agent Type:	Noncommercial Registered Agent		

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

- Officers <span style="float: right;"><input type="checkbox"/> Include Inactive Officers</span>			
<b>Secretary - CASEY GILLES</b>			
Address 1:	136 RIPARIAN WAY	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89701	Country:	USA
Status:	Active	Email:	
<b>President - ALISA KUNIYA</b>			
Address 1:	1308 W. WASHINGTON STREET	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89703	Country:	USA
Status:	Active	Email:	
<b>Director - LUANA OLSEN</b>			
Address 1:	2739 WILDHORSE LANE	Address 2:	
City:	MINDEN	State:	NV
Zip Code:	89423	Country:	USA

Status:	Active	Email:	
Treasurer - CAROLE TAHSMAN			
Address 1:	1865 AMBERWOOD DRIVE	Address 2:	
City:	CARSON CITY	State:	NV
Zip Code:	89703	Country:	USA
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C612-1988-001	# of Pages:	3
File Date:	1/25/1988	Effective Date:	
(No notes for this action)			
Action Type:	Amendment		
Document Number:	C612-1988-003	# of Pages:	5
File Date:	4/12/1989	Effective Date:	
ADDING ARTICLE X...			
AMENDING ARTICLE II, ADDING ARTICLE XI - IRS LANGUAGE...			
Action Type:	Amendment		
Document Number:	C612-1988-004	# of Pages:	1
File Date:	5/4/1994	Effective Date:	
CARSON CITY CHILDREN'S MUSEUM DMFB \ 001			
Action Type:	Amendment		
Document Number:	C612-1988-005	# of Pages:	1
File Date:	4/20/1995	Effective Date:	
CERTIFICATE OF AMENDMENT (1 PAGE) SMW			
AMUSEUM OF NORTHERN NEVADA SMWB - 002			
Action Type:	Annual List		
Document Number:	C612-1988-012	# of Pages:	2
File Date:	1/19/1998	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-007	# of Pages:	1
File Date:	2/10/1999	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-013	# of Pages:	1
File Date:	1/6/2000	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-011	# of Pages:	1
File Date:	12/28/2000	Effective Date:	



(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-009	# of Pages:	2
File Date:	10/5/2001	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-010	# of Pages:	1
File Date:	12/7/2001	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-006	# of Pages:	1
File Date:	3/23/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-008	# of Pages:	1
File Date:	12/29/2003	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	C612-1988-002	# of Pages:	1
File Date:	12/22/2004	Effective Date:	
List of Officers for 2005 to 2006			
Action Type:	Annual List		
Document Number:	20050607341-08	# of Pages:	1
File Date:	12/9/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070037772-65	# of Pages:	1
File Date:	1/19/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070807851-58	# of Pages:	1
File Date:	11/26/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080814478-92	# of Pages:	1
File Date:	12/12/2008	Effective Date:	
2009/2010			
Action Type:	Annual List		
Document Number:	20100073172-33	# of Pages:	1
File Date:	1/25/2010	Effective Date:	
jan 10-11 no biz			

<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20100898102-71	<b># of Pages:</b>	1
<b>File Date:</b>	11/29/2010	<b>Effective Date:</b>	
11/12			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20120046132-21	<b># of Pages:</b>	1
<b>File Date:</b>	1/23/2012	<b>Effective Date:</b>	
12/13			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20130084618-13	<b># of Pages:</b>	1
<b>File Date:</b>	2/6/2013	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20130798616-23	<b># of Pages:</b>	1
<b>File Date:</b>	12/5/2013	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20140795872-85	<b># of Pages:</b>	1
<b>File Date:</b>	12/5/2014	<b>Effective Date:</b>	
(No notes for this action)			
<b>Action Type:</b>	Annual List		
<b>Document Number:</b>	20150572947-82	<b># of Pages:</b>	1
<b>File Date:</b>	12/28/2015	<b>Effective Date:</b>	
16-17			

**The Children's Museum of Northern Nevada, Inc.**

**Board Officers:**

Alisa Kuniya - President (8/2012)  
Educational Aide/Artist

Carole Tashman – Treasurer (10/2011)  
Retired

Casey Gilles - Secretary (11/2013)  
Principal of Fremont Elementary School

**Board of Directors:**

Kathy Hiltgen (07/2012)  
Retired Accountant/ Master Gardener

Penny Holbrook (01/2002)  
Retired Pre-School Teacher

Martha Wise (1/2016)  
Carson Tahoe Nurse

Rachael Walker (2/2016)  
Banker for City National Bank



**STAFF:**

Executive Director: Luana Olsen



Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**

▶ Do not enter social security numbers on this form as it may be made public.

**Open to Public Inspection**

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning JULY 1, 2014, and ending JUNE 30, 20 15

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization

CHILDREN'S MUSEUM OF NORTHERN NEVADA

Number and street (or P.O. box, if mail is not delivered to street address)

813 NORTH CARSON STREET

City or town, state or province, country, and ZIP or foreign postal code

CARSON CITY, NV 89701

**D** Employer identification number

88-023615

**E** Telephone number

775-884-2226

**F** Group Exemption

Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶

**J** Tax-exempt status (check only one) --  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 121910

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	14424	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a	9340		
7b	Less: cost of goods sold	7b	4582		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4758		
8	Other revenue (describe in Schedule O)	8	1070		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117328		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	84184		
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14	15856		
15	Printing, publications, postage, and shipping	15	882		
16	Other expenses (describe in Schedule O)	16	45197		
17	<b>Total expenses.</b> Add lines 10 through 16	17	146119		

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28397	26490
23 Land and buildings	23	0
24 Other assets (describe in Schedule O)	272254	245108
25 Total assets	300651	271598
26 Total liabilities (describe in Schedule O)	3641	3379
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	297010	268219

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? To educate and delight children in the company of their parents

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	The exhibit section of the Museum absorbs most of the costs of operations. Children get to interact with the exhibits providing them with activities that are both educational and entertaining. The Museum has been open since 1994 and thousands of children and their parents have taken in its exhibits and activities. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	143545
29	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Luana Olsen Executive Director	40	40,000		
Alisa Kuniya Board President	2			
Carole Tashman Board Treasurer	2			
Casey Gilles Board Secretary	2			
Kathy Hiltgen Board Member	2			
Penny Holbrook Board Member	2			
Martha Wise Board Member	2			
Rachael Walker Board Member	2			

# The Children's Museum of Northern Nevada Profit & Loss July 1, 2015 through March 10, 2016

Jul 1, '15 - Mar 10, 16

Ordinary Income/Expense	
Income	
Admissions	29,448.50
Contributions Income	8,575.57
Dividends	15.00
Errors in Cash Register	-12.75
Gift Shop	5,471.55
Grants	1,500.00
Halloween	552.99
Membership Dues	12,343.00
Miscellaneous Income	160.00
Museum Rent	
Birthday Rent	4,961.00
Dance	920.00
Downstairs Rental	300.00
Dunk Tank	-100.00
<b>Total Museum Rent</b>	<b>6,081.00</b>
NV Arts Council	470.00
Program Fees	
Science Camp	325.68
<b>Total Program Fees</b>	<b>325.68</b>
snacks	678.98
Sponsor of the Month	3,500.00
Yard Sale	6,953.81
<b>Total Income</b>	<b>76,063.33</b>
<b>Gross Profit</b>	<b>76,063.33</b>
Expense	
advertising expense	
Website Expenses	400.00
advertising expense - Other	39.92
<b>Total advertising expense</b>	<b>439.92</b>
Alarm System	473.55
Bank Service Charges	80.00
Birthday	145.83
Credit Card Expenses	664.35
Dues and Subscriptions	599.99
Equipment Rental	447.25
exhibit expenses	814.35
Facilities Expenses	39.98
FundRaising Expense	159.03
Gift shop expense	2,595.62
Insurance	

The Children's Museum of Northern Nevada  
**Profit & Loss**

July 1, 2015 through March 10, 2016

	Jul 1, '15 - Mar 10, 16
Disability Insurance	957.00
Liability Insurance	1,456.40
<b>Total Insurance</b>	<b>2,413.40</b>
Investment Fees	86.98
Investment Losses	3,657.61
Janitorial Expenses	540.43
Licenses and Permits	10.00
Miscellaneous	739.83
Payroll Expenses	58,649.02
Postage and Delivery	159.08
Printing and Reproduction	800.83
Program Expense	
Books and Brags	278.04
Teaching stipend	900.00
Program Expense - Other	1,031.15
<b>Total Program Expense</b>	<b>2,209.19</b>
Security	150.00
snacks expense	85.94
Supplies	
Office	240.43
<b>Total Supplies</b>	<b>240.43</b>
Telephone	2,050.91
Utilities	
NV Energy	2,142.89
Southwest Gas	3,327.92
Water	1,005.12
<b>Total Utilities</b>	<b>6,475.93</b>
<b>Total Expense</b>	<b>84,729.45</b>
<b>Net Ordinary Income</b>	<b>-8,666.12</b>
Other Income/Expense	
Other Income	400.00
Dunk Tank Rental	2,863.45
Interest Earned	3,263.45
<b>Total Other Income</b>	<b>3,263.45</b>
<b>Net Other Income</b>	<b>3,263.45</b>
<b>Net Income</b>	<b>-5,402.67</b>

The Children's Museum of Northern Nevada  
**Balance Sheet**  
 As of March 10, 2016

10:50 AM  
 03/10/16  
 Accrual Basis


	Mar 10, 16
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
City Bank Checking Acct	5,615.41
City National Savings Acct.	2,774.60
Ck Raymond James	13,839.17
Total Checking/Savings	22,229.18
Accounts Receivable	-467.00
Accounts Receivable	-467.00
Total Accounts Receivable	
Other Current Assets	3,000.00
Inventory- Gift Shop	3,000.00
Total Other Current Assets	3,000.00
Total Current Assets	24,762.18
Fixed Assets	
Fixed Assets (Lease & Exhibit)	
Accumulated Depreciation	-559,568.00
Fixed Assets (Lease & Exhibit) - Other	801,675.54
Total Fixed Assets (Lease & Exhibit)	242,107.54
Total Fixed Assets	242,107.54
<b>TOTAL ASSETS</b>	<b>266,869.72</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Credit Cards	1,980.83
Credit Card Daily Receipts	1,980.83
Total Credit Cards	
Other Current Liabilities	
Payroll Liabilities	2,072.89
Total Other Current Liabilities	2,072.89
Total Current Liabilities	4,053.72
Total Liabilities	4,053.72
Equity	
Equity	-44,244.49
Opening Bal Equity	437,445.30
Retained Earnings	-124,982.14

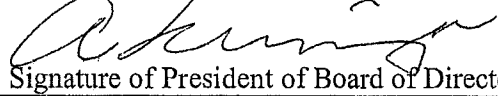


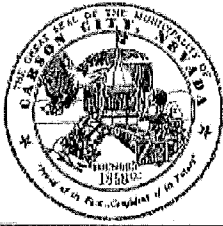
The Children's Museum of Northern Nevada  
**Balance Sheet**  
As of March 10, 2016

	Mar 10, 16
Net Income	-5,402.67
Total Equity	262,816.00
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>266,869.72</b>

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.

 Signature of Authorized Official	3/9/16 Date
Luana Olsen, Executive Director Typed Name and Title of Authorized Official	884-2226 Phone Number

 Signature of President of Board of Directors	3/9/16 Date
Alisa Kuniya, President of the CMNN Board Typed Name of President of Board of Directors	847-903-2402 Phone Number



**Community Support Services Grant (CSSG)  
Program Application  
Fiscal Year 2016-2017**

**GENERAL INFORMATION**

APPLICATION INSTRUCTIONS ARE AVAILABLE AT <http://carson.org/cssg>. PLEASE READ BEFORE COMPLETING.

APPLICATIONS ARE DUE\*: MARCH 11, 2016, 4:00 P.M.

PLEASE SUBMIT THE ORIGINAL PLUS 2 COPIES TO:

Janice Keillor  
Carson City Dept. of Finance  
201 N. Carson St., Ste. 3  
Carson City, NV 89701

\*The deadline established is firm. Any application received after the deadline will not be considered for funding. Applications must be unstapled. A pdf fill-in version of this document is available at <http://carson.org/cssg>. An Annual Report must be submitted with a continuing application.

NEW APPLICATION

CONTINUING APPLICATION

**APPLICANT INFORMATION**

Agency Name: The Capital City C.I.R.C.L.E.S. Initiative	
Agency Mailing Address: 2621 Northgate Lane, Suite 10 Carson City, NV 89706	
Project Name: The Capital City C.I.R.C.L.E.S. Initiative	
Project Address/Location: 2621 Northgate Lane, Suite 10 Carson City, NV 89706	
Contact Person: Brenda Silis, Program Manager	
Phone Number: (775) 883-6506	Email: <a href="mailto:capitalcitycircles@gmail.com">capitalcitycircles@gmail.com</a>
Fax: (775) 883-6506	Website (if applicable): <a href="http://www.capitalcitycircles.org">www.capitalcitycircles.org</a>

**PROJECT FUNDING**

Requested amount	\$10,000
Other funding	\$1,859
Total project cost	\$11,859

**PROJECT SUMMARY**

Please provide a brief summary of the proposed project (not the organization), including what the project is, who will be served, how many will be served, and where will it take place. The description should be no more than five sentences.

We are requesting \$10,000 to fund an expansion of our Youth Programming. This expanded programming will include enhancements to childcare, tutoring, enrichment opportunities, and implementing and reinforcing the NETworX Curriculum for kids. This program will benefit the children of our adult participants while their parents attend their weekly meetings. Our goal is to break the cycle of generational poverty. To do so we must work simultaneously with the children and the adults in our program to have a significant, transformational and lasting impact.

## PROJECT ELIGIBILITY

Which City critical need does this project address?:

<input type="checkbox"/> Mental Health/Substance Abuse Services	<input type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Youth Services	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Handicapped Services	<input checked="" type="checkbox"/> Other (specify) Poverty Alleviation

## I - PROJECT DETAILS

- Describe the critical need that is addressed by this project. Please include any local (Carson City) data to support this need. If you checked "Other" on the previous page, please explain why this need is critical. **(Max. Score: 10 points)**

The Capital City C.I.R.C.L.E.S. Initiative (CCCI) is a community-based initiative to elevate families out of poverty, which focuses on building relationships to create a support system for needy families. Through their participation in our program families gain the knowledge, skills, and support they need to transform their lives. Our project will address both the need for enhanced youth services and poverty.

While participating in our program families investigate the causes of poverty. This not only includes their personal choices and decisions, but also the economic and social factors that exist within their community. By the time they complete our Getting Ahead workgroup, each participant has a customized plan for moving out of poverty. With their goals set and their plan in hand, each Champion for Change is matched with community volunteers (or "allies") who will assist them in reaching their personal objectives. Achieving these objectives is accomplished through close personal contact with their middle class mentors. These allies are not meant to "fix" the participants or provide handouts. Instead, allies are tasked with supporting their Champions while they search for practical solutions to improve their own circumstances.

Along with the adults that participate in our program come their children who also receive services and support. Our Youth Programming has been operating successfully, but we would like to improve and expand it by providing even more meaningful opportunities for our kids. It is very unfortunate that children living in poverty have lower academic success, are less likely to go to college, and are more likely to smoke or use illegal drugs compared to children in an economically stable household. This is, nevertheless, a reality that, as a community, we must address. By providing our youth with options, we let them know we have faith in them and that they can achieve anything they set their minds to. In addition, by keeping them occupied in positive ways they are less likely to misbehave and challenge authority. As we all know, our youth are the future. With the planned enhancements to our youth programming we can expose the youngsters in our Initiative to a world of possibilities.

Poverty has a tremendous and detrimental impact on those who experience it, especially the young. There are many studies that chronicle the negative impacts of poverty not only on a person's physical and emotional wellbeing, but on their future outcomes. According to The American Psychological Association children from less advantaged homes score at least 10% lower than the national average on national achievement scores in mathematics and reading (Hochschild 2003). Also according to The American Psychological Association "Increasing evidence supports the link between lower socioeconomic status and negative psychological health outcomes, while more positive psychological outcomes such as optimism, self-esteem, and perceived control have been linked to higher levels of socioeconomic status for youth."

Currently, in the Carson City School District there are 3952 students on the Free and Reduced Lunch Program which equates to 51.2% of the students in the district. Of those children 473 are a part of the McKinney Vento Program which is a program that supports children in transition; they may be homeless, living in motels, doubling up or their parent (s) absent due to incarceration. This is a clear indicator of how many local children lack access to the resources and opportunities enjoyed by youth in the middle class. Effective youth programming can provide the needed educational support and extracurricular exposure to positively impact the way that our youth in poverty experience life. With this project we intend to increase the developmental assets and resources available for our youth.

2. Please provide a detailed description of the proposed project and how it relates to the critical need identified in #1. Be specific. Include what you will accomplish, how you will accomplish it, who will be served, how many will be served, and where the project will take place. The description should not exceed the allotted space.  
**(Max. Score 25 pts)**

In order to break the cycle of generational poverty we must address the needs of the adults and the children who are actively participating in our initiative. Up until a few years ago our focus was solely on our adult participants, helping them transition from poverty to self-sufficiency. However, through experience we have learned the importance of working with the children as well.

The Capital City C.I.R.C.L.E.S. Initiative has seen and received reports on the positive changes that children in poverty experience when their living environment improves - predictability is possible when they are provided with enrichment opportunities and educational support.

Since the inception of our program we have provided no-cost childcare for the children of our participants. Over time, our childcare evolved into Youth Programming. Initially, homework assistance was provided along with promoting the importance of reading. Due to need and interest we found ourselves recruiting more volunteers to expand and enrich the programming available to our youth. Most of our volunteers are retired or active educators who received training on tutoring techniques from a reading specialist. This was done in an effort to structure our tutoring program, not only for our children but also for our adult participants. In the last couple of years our Youth Programming has evolved to support and engage the children with more enriching activities to enhance their educational performance and expose them to opportunities previously unavailable to them due to their economic circumstances. These opportunities included "specialized" rather than generic tutoring, ice skating, attending athletic events, swimming, cooking, gardening, and learning to play chess.

Our enhanced Youth Programming will be broken into two elements; summer programming and school year programming. The summer programming will focus on the arts (music, pottery production, painting, paper making and self-expression), sports, and gardening. It will be a collaboration between C.I.R.C.L.E.S., local artists, local businesses and volunteers who will present, teach and engage the children in each of the aforementioned areas. School year programming will focus on educational activities. We will provide tutoring, homework assistance, childcare and supervised access to technology. Just like our summer programming, the school year programming will also be a collaborative effort involving our local schools, educators, tutors, and childcare providers.

In addition, we will implement four family nights in which adult participants and their children will have a chance to engage in an enrichment activity together hereby bonding and learning at the same time. These family nights will help improve communication within the family unit. Such interactions are often very limited due to the inability to pay for activities in which both adults and children can participate.

Our Youth Programming will benefit the children of our C.I.R.C.L.E.S. participants and will involve, on average, between 15 and 20 children on any given Wednesday night during the weekly meetings at St. Peter's Episcopal Church. Children ranging from two to seventeen years of age are welcomed and served by our Youth Programming. On special occasions, these services might take place offsite (in a park or at a local business) if a special activity is planned that requires a larger space.

3. Do you coordinate your services with other agencies? If so, list agencies and describe collaboration. **(Max Score: 10 points)**

The Capital City C.I.R.C.L.E.S. Initiative coordinates its services with other agencies in our community. Our intent is to build upon the work of our fellow non-profits, local government, and educational institutions. For our Youth Programming we have coordinated in the past with our local schools, retired educators, tutors, the Carson City Public Library and a reading specialist. We have coordinated with the aforementioned agencies by establishing an open line of communication. We have turned to them for guidance on age and grade appropriate activities. We have also communicated with them on a case by case basis to provide the individualized educational support needed by certain children being tutored. The public library also coordinated with us through their summer reading program enabling the children in CCCI to get credit for the books they read while participating in the CCCI Youth Program. They also worked with us to bring the "Reading to the Dogs" program into one of our weekly meetings. This program increases children's confidence in their reading abilities. Finally, the reading specialist provided a no-cost training to our reading tutors in order to increase their effectiveness when instructing our children.

4. How will your organization reduce the need for grant funding in the future and become self-sustaining? Explain. **(Max Score: 5 points)**

We will continue to work on reducing the need for grant funding in the future by pursuing a more diversified funding stream. Currently, all of the grant writing and fundraising is being done by staff and volunteers who are actively researching and exploring alternative funding strategies that will enable our organization to become more economically independent.

We continue to seek new fundraising platforms, increase the number of outbound grant requests, and cultivate new donor relationships. In addition, we have invested in an independent accountant prepared financial review in order to make CCCI eligible for more grant opportunities. Each year we hold the annual "Gem of a Fundraiser," which raises funds and awareness about the community needs we address. In addition, we mail out a year-end appeal letter to our supporters which has yielded additional financial support and expanded our database of new potential supporters. CCCI has and will continue to offer ease-of-access to potential new

donors by utilizing giving buttons on our website thru Network for Good, partnering with Amazon Smile, and participating in the Nevada's Big Give campaign. Finally, through our certification as a Regional Training Center for NETworX USA we are bringing in revenue from contract and training fees. As our initiative becomes better known in the community we will have access to more volunteers who can provide additional services for the Youth Programming in the way of in kind support.

5. Can you still proceed with your project if you are awarded partial funding? Please provide a detailed explanation.

The Capital City C.I.R.C.L.E.S. Initiative could enhance its Youth Programming with only a partial funding award; however, the expanded program will not be as robust. Funds awarded in the amount requested will enable us to improve the opportunities for the children in our program to a far greater extent offering them a better shot at a brighter future.

## II - PROJECT MEASUREMENT

1. What percentage of clients served will be Carson City residents? (Max Score: 5 points)

In order to qualify to participate in The Capital City C.I.R.C.L.E.S. Initiative participants must be Carson City residents. All of the families (adults and children) that we are currently working with are Carson City residents. Consequently, we foresee that upon admittance to our program 100% of the youth and adults served this year will be Carson City residents as well.

2. How do you plan to track clients served? (Max Score: 5 points)

For the youth portion of the project we plan to track the children served through surveys, interviews, updates and direct conversations conducted with the youth, their parents, teachers and tutors. In addition, we will monitor the impact on the children by accessing their grades and tracking their educational progress in collaboration with their parents and teachers. In the future, one of the goals of the NETworX movement is to establish indicators to track the progress of children as they and their parents work their way through the NETworX curriculum.

3. What is the projected outcome of this /project? (How will the clients served benefit from this project and how will that be measured?) (Max Score: 20 points)

The children will benefit from the Youth Programming in the following ways:

School Year Programming- improved grades and behavior  
Improved self-confidence  
Increased routine and stability  
Increased parent engagement and participation  
Improved attendance in school and weekly Youth Programming

Summer Youth Programming- Increased physical play  
Awareness of self  
Awareness of various mediums for art  
Exploration of new interests

### Gardening skills

Measurement of the benefits of this project will include tracking participation, interviewing and surveying parents and children, receiving feedback from presenters, staff, educators, tutors and volunteers.

4. Please fill out the performance outputs measurement table below with your quarterly projections: **(Max Score: 10 points)**

Quarter	What output will be delivered? (Unit of delivery)	Who will be served?	How many will you serve?
1	<p>Summer Youth Programming will be implemented focusing on enrichment (arts, sports, gardening). Each participant will receive 6 hours of programming.</p> <p>Childcare for infants/children</p> <p>1 Family Night</p>	<p>Youth whose parents are participating in The Capital City C.I.R.C.L.E.S. Initiative (ranging from 4-17yrs of age)</p> <p>C.I.R.C.L.E.S. Kids (3mos. – 4yrs)</p> <p>Parents/Kids</p>	<p>15-20 Youth</p> <p>20 Adults/Kids</p>
2	<p>School Year Youth Programming will be implemented focusing on education (youth preparation for tutors, homework assistance, and supervised technology access as a learning tool). Each participant will receive 6 hours of programming.</p> <p>Childcare for infants/children</p> <p>1 Family Night</p>	<p>Youth whose parents are participating in The Capital City C.I.R.C.L.E.S. Initiative (ranging from 4-17yrs of age)</p> <p>C.I.R.C.L.E.S. Kids (3mos. – 4yrs)</p> <p>Parents/Kids</p>	<p>15-20 Youth</p> <p>20 Adults/Kids</p>
3	<p>School Year Youth Programming will be implemented focusing on education (tutoring, homework assistance, and supervised technology access as a learning tool). Each participant will receive 6 hours of programming.</p>	<p>Youth whose parents are participating in The Capital City C.I.R.C.L.E.S. Initiative (ranging from 4-17yrs of age)</p>	<p>15-20 Youth</p>



	Childcare for infants/children  1 Family Night	C.I.R.C.L.E.S. Kids (3mos. – 4yrs)  Parents/Kids	20 Adults/Kids
4	School Year Youth Programming will be implemented focusing on education (tutoring, homework assistance, and supervised technology access as a learning tool). Preparation for Summer Programming (survey participants to determine area of focus for summer programming). Each participant will receive 6 hours of programming.  Childcare for infants/children  1 Family Night	Youth whose parents are participating in The Capital City C.I.R.C.L.E.S. Initiative (ranging from 4-17yrs of age)  C.I.R.C.L.E.S. Kids (3mos. – 4yrs)  Parents/Kids	15-20 Youth          20 Adults/Kids

5. If this is a continuing application, describe your successes and challenges while implementing your project. What will you do to make improvements?

This is not a continuing application because we are requesting funding for a new project within our initiative. In the past, our request for CSSG Funding was to support the implementation of our adult programming. This request is to support our Youth Programming.

### III - PROJECT BUDGET

Complete the Budget Summary chart below. This information is mandatory in order to be considered for a CSSG Grant. Detailed calculations must be attached in support of the proposed budget. Other funding is not required but will increase your score. Amount must match "Other Funding" from page #1. Also attach Profit and Loss Statement and Balance Sheet. Attach copies of funding commitment letters or other evidence of funding support, if applicable. (Max Score: 10 points)

Project Title:	Requested Amount	Other Funding	In-Kind	Total Funds
Project Expenses FY 2016-17				
Youth Programming	\$10,000	\$1,859		\$11,859
<b>TOTALS</b>	<b>\$10,000</b>	<b>\$1,859</b>		<b>\$11,859</b>

AGENCY ASSETS	
Unrestricted cash	\$171,364.85
Restricted cash*	\$3,716.18
<b>Total cash on hand</b>	<b>\$175,081.03</b>

\*If restricted cash, attach description and amount of restriction

**Have you applied for or received any funds or in-kind contributions from Carson City? If so, please describe.**

In the past years we have applied for and received support from Carson City both in the form of funds as well as in-kind support. In FY 2015-2016 we received \$9,000 in CSSG funding to help fund a portion of our C.I.R.C.L.E.S. Coach's salary. In addition, Carson City provides us with office space at 2621 Northgate Lane, Ste. 10, Carson City, free of charge. This donation has an estimated value of \$11,995/year.

**BUDGET JUSTIFICATION**

Please list each project expense from the previous page and explain in more detail. Include calculations. Use additional pages if necessary.

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Youth Programming Tutoring Technology- \$3,859 Youth Enrichment- \$3,000 Childcare- \$3,000 Supplies- \$1,000 Outdoor Equipment- \$1,000	\$11,859	Provide childcare, tutoring and enrichment during weekly meetings to enable adults to concentrate on program delivery and provide support to the children via instruction and other activities they may not necessarily have access to.

\*Restricted Cash - \$3,716.18 consist of the following:

Wheels to Work	\$205.51	Used to repair donated vehicles t provided to adult participants in need.
Youth Tutoring	\$1,859.45	Available to provide tools for tutoring children within the program
Adult Participants Scholarship	\$1,151.22	Available to adult participants when financial assistance is not available for college courses.
Youth Enrichment	\$500	Available to provide children with activities they would not otherwise have access to.

**PROJECT ADMINISTRATION**

**AGENCY DIRECTOR**

<b>Name:</b>	Brenda Silis
<b>Title:</b>	Program Manager
<b>Address</b>	2621 Northgate Lane, Suite 10 Carson City, NV 89706
<b>Phone number:</b>	(775) 883-6506
<b>Email:</b>	capitalcitycircles@gmail.com

**PROJECT MANAGER**

<b>Name:</b>	Brenda Silis
<b>Title:</b>	Program Manager
<b>Address</b>	2621 Northgate Lane, Suite 10 Carson City, NV 89706
<b>Phone number:</b>	(775) 883-6506
<b>Email:</b>	capitalcitycircles@gmail.com

**FISCAL MANAGER**

<b>Name:</b>	Marcia Steeves
<b>Title:</b>	C.I.R.C.L.E.S. Board Treasurer
<b>Address</b>	2151 Lockheed Way Carson City, NV 89706
<b>Phone number:</b>	885-8000 X1120
<b>Email:</b>	MSteeves@clickbond.com

**PERFORMANCE TRACKING CONTACT**

<b>Name:</b>	David F. Bash III
<b>Title:</b>	C.I.R.C.L.E.S. Coach
<b>Address</b>	2621 Northgate Lane, Suite 10 Carson City, NV 89706
<b>Phone number:</b>	(775) 883-6506
<b>Email:</b>	Dfb3washoe@gmail.com

### AGENCY INFORMATION

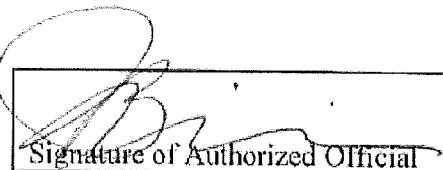
Date of incorporation	Health Smart 08/03/1998 The Capital City C.J.R.C.L.E.S. Initiative 09/30/2002 *Restated Articles of Incorporation with Amended Name
Date of IRS certification	January 2003
Tax exempt number	94-3328209
DUNS#: ( <a href="http://www.dnb.com/get-a-duns-number.html">http://www.dnb.com/get-a-duns-number.html</a> )	963751537

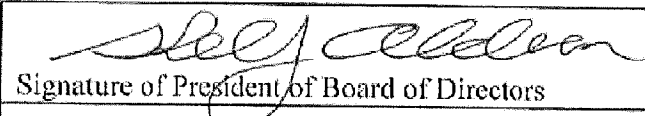
Attach items 1-6 to your application. Item 7 is optional. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

### INDEX OF ATTACHMENTS

Attachment Number	Attachment Description	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter (available to print from Secretary of State's website)	✓
2	Proof of incorporation from Secretary of State (Certificate Only) Go to <a href="https://www.nvsilverflume.gov/certificate">https://www.nvsilverflume.gov/certificate</a> You will need to register in order to get the certificate. Cost is \$50. <b>OR</b> Submit proof that your entity is active and in good standing. Go to <a href="http://nvsos.gov/sosentitysearch/">http://nvsos.gov/sosentitysearch/</a> and print your business entity information	✓
3	Current Organization Chart with names of staff members	✓
4	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 CSSG funds.]	✓
5	501(c)(3): Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES (Form 990 or 990EX)	✓
6	Profit and Loss Statement and Balance Sheet	✓
7	Funding commitment letters and/or letters of support (if applicable)	
8	Table of contents from NETworX Kids Curriculum	✓
9	Youth Programming Testimonials	✓

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.

 Signature of Authorized Official	3/10/16 Date
Brenda Silis, Program Manager Typed Name and Title of Authorized Official	(775) 883-6506 Phone Number

 Signature of President of Board of Directors	3/10/16 Date
Shelly Aldean, C.I.R.C.L.E.S. Board President Typed Name of President of Board of Directors	(775) 885-8282 Phone Number



Department of the Treasury  
Internal Revenue Service  
P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550279  
Aug. 11, 2008 LTR 4168C 0  
94-3328209 000000 00 000  
00024821  
BODC: TE

THE CAPITAL CITY CIRCLES INITIATIVE  
HEALTHSMART  
900 E LONG ST  
CARSON CITY NV 89706-3129005

12/20/08

716

Employer Identification Number: 94-3328209  
Person to Contact: Sophia Brown  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of June 25, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in January 2003, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott  
Manager, EO Determinations

SECRETARY OF STATE



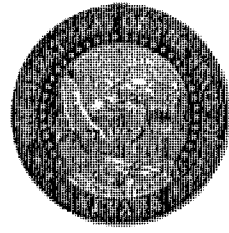
**CERTIFICATE OF EXISTENCE  
WITH STATUS IN GOOD STANDING**

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THE CAPITAL CITY CIRCLES INITIATIVE**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 3, 1998, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on March 7, 2016.

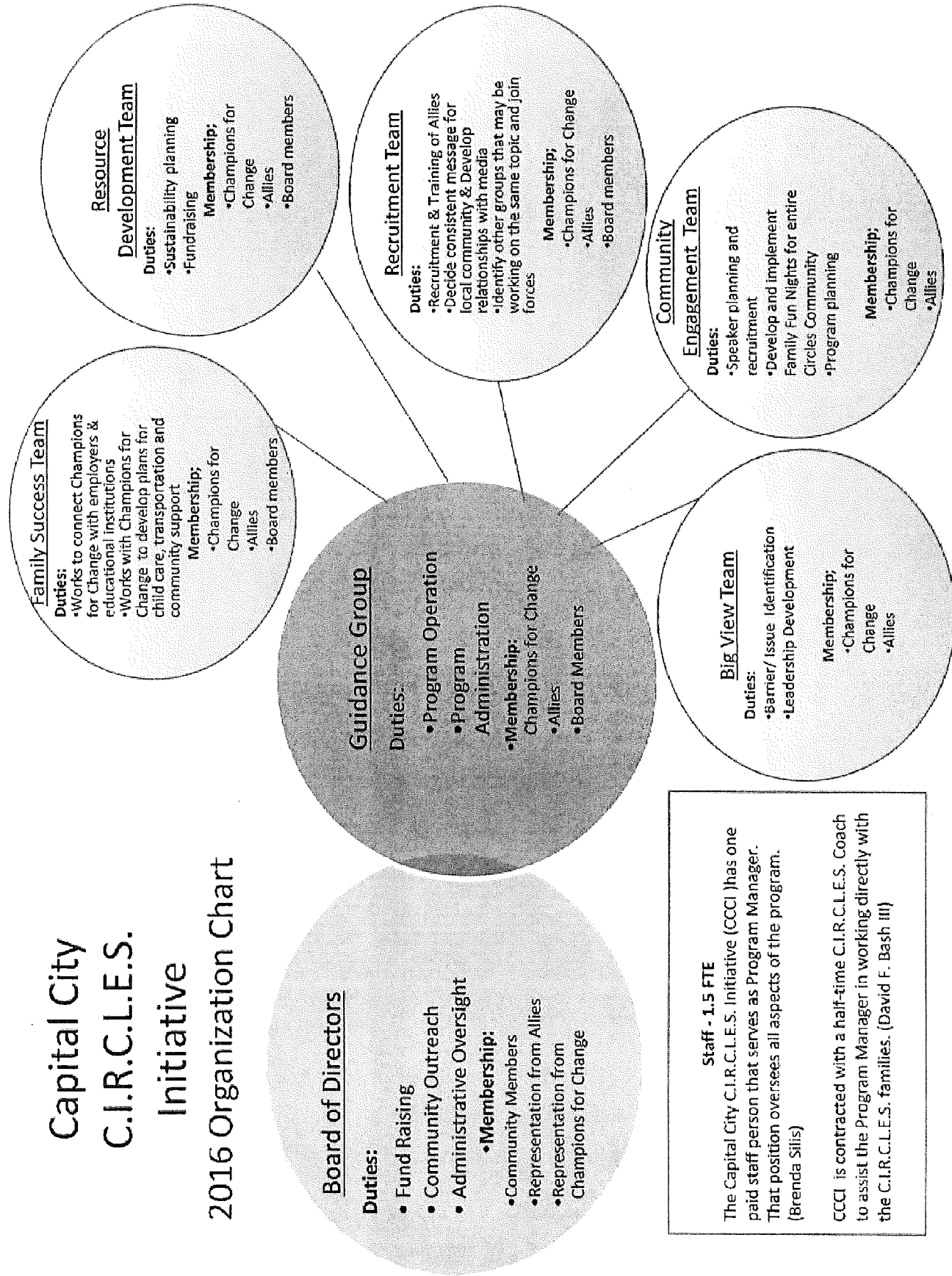
BARBARA K. CEGAVSKE  
Secretary of State



Electronic Certificate  
Certificate Number: C20160307-1967  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>



# Capital City C.I.R.C.L.E.S. Initiative 2016 Organization Chart



**Staff - 1.5 FTE**

The Capital City C.I.R.C.L.E.S. Initiative (CCCI) has one paid staff person that serves as Program Manager. That position oversees all aspects of the program. (Brenda Sillis)

CCCI is contracted with a half-time C.I.R.C.L.E.S. Coach to assist the Program Manager in working directly with the C.I.R.C.L.E.S. families. (David F. Bash III)

# CAPITAL CITY C.I.R.C.L.E.S BOARD OF DIRECTORS

## EXECUTIVE COMMITTEE

NAME	ADDRESS	PHONE	E-MAIL	BOARD POSITION
<b>Shelly Aldean</b> (Business Owner)	504 W. 5th Street Carson City, NV 89703	885-8282	<a href="mailto:shelly@tristatecommercial.com">shelly@tristatecommercial.com</a>	<b>Board President</b> Number of Terms: 10
<b>Fr. Jeff Paul</b> (Rector)	St. Peters Episcopal Church 300 S. Division Street Carson City, NV 89703	882-1534	<a href="mailto:godguy@stpeterscarsoncity.org">godguy@stpeterscarsoncity.org</a>	<b>Vice President</b> Number of Terms: 10
<b>Marcia Steeves</b> (Accounting, Bookkeeping)	Click Bond Inc. 2151 Lockheed Way Carson City, NV 89706	885-8000 ext. 1120	<a href="mailto:msteeves@clickbond.com">msteeves@clickbond.com</a>	<b>Treasurer</b> Number of Terms: 4
<b>Marti Cote</b> (Social Services Chief)	State of Nevada Dept of Health & Human Services 1100 East William Street Carson City, NV 89701	684-3748 882-2915	<a href="mailto:mcote@dhdhfp.nv.gov">mcote@dhdhfp.nv.gov</a>	<b>Secretary</b> Number of Terms: 4

## BOARD MEMBERS

<b>Tom Armstrong</b> (Justice of the Peace)	160 Cogorno Way Carson City, NV 89703	(775) 560-7705	<a href="mailto:termsstrong@carson.org">termsstrong@carson.org</a>	<b>Board Member</b> Number of Terms: 5
<b>Bob Crowell</b> (Carson City Mayor)	510 W. Fourth Street Carson City, NV 89703	884-8300	<a href="mailto:Rcrowell@kcwlaw.com">Rcrowell@kcwlaw.com</a>	<b>Board Member</b> Number of Terms: 10
<b>Fr. Chuck Durante</b> (Pastor-Administrator)	St. Teresa of Avila Catholic Comm. 3000 N. Lompa Lane Carson City, NV 89706	882-1968	<a href="mailto:Fr.Chuck@stteresafavila.net">Fr.Chuck@stteresafavila.net</a>	<b>Board Member</b> Number of Terms: 8
<b>Kenny Furlong</b> (Carson City Sheriff)	Carson City Sheriff Dept. 911 E. Musser Street Carson City, NV 89701	283-7800 c- 722-5856	<a href="mailto:kfurlong@carson.org">kfurlong@carson.org</a>	<b>Board Member</b> Number of Terms: 8
<b>Collie Hutter</b> (Chairman of Click Bond, Inc.)	Click Bond, Inc. 2151 Lockheed Way Carson City, NV 89706	885-8000 ext. 1111	<a href="mailto:collie@clickbond.com">collie@clickbond.com</a>	<b>Board Member</b> Number of Terms: 5

NAME	ADDRESS	PHONE	E-MAIL	BOARD POSITION
<b>JW Lazzari</b> (Director of Financial Assistance)	Western Nevada College 2201 W. College Pkwy Carson City, NV 89703	445-3259 445-3058 (f)	<a href="mailto:john.lazzari@wnc.edu">john.lazzari@wnc.edu</a>	<u>Board Member</u> <u>Number of Terms: 5</u>
<b>Marilyn Lewis</b> (Business Owner)	321 W. Winnie Lane, Suite 106 Carson City, NV 89703	882-4875	<a href="mailto:marilyn.lewis.b63d@stetefarm.com">marilyn.lewis.b63d@stetefarm.com</a>	<u>Board Member</u> <u>Number of Terms: 8</u>
<b>Joyce Newman</b> (Retired Businesswoman)	35 Lewers Creek Road Carson City, NV 89704	771-0464	<a href="mailto:newmanappraisals@gmail.com">newmanappraisals@gmail.com</a>	<u>Board Member</u> <u>Number of Terms: 1</u>
<b>Linda Ritter</b> (Consultant)	4250 Hobart Rd. Carson City, NV 89703	884-4250	<a href="mailto:lpriiter@gmail.com">lpriiter@gmail.com</a>	<u>Board Member</u> <u>Number of Terms: 6</u>
<b>Jon Rogers</b> (Businessman)	601 San Marcus Drive Carson City, NV 89703	883-4717	<a href="mailto:jayrai89703@sbcglobal.net">jayrai89703@sbcglobal.net</a>	<u>Board Member</u> <u>Number of Terms: 8</u>
<b>Steve Shaw</b> (Retired Administrator) (Social Services)	1000 Sharrow Way Carson City, NV 89703	882-4087	<a href="mailto:nvshaw@sbcglobal.net">nvshaw@sbcglobal.net</a>	<u>Board Member</u> <u>Number of Terms: 3</u>
<b>Jim Smolenski</b> (General Manager - Fitzhenry's)	513 West Fourth Street Carson City, NV 89703	c- 691-1467 w- 882-2644	<a href="mailto:1smolenski@aatt.net">1smolenski@aatt.net</a>	<u>Board Member</u> <u>Number of Terms: 1</u>
<b>Jenny Treece</b> (Business Development Manager)	Nevada Appeal 580 Mallory Way Carson City, NV 89701	283-5570	<a href="mailto:jtreece@nevadaappeal.com">jtreece@nevadaappeal.com</a>	<u>Board Member</u> <u>Number of Terms: 6</u>
<b>Julianne Weir</b> (Former Ally)	7250 Franktown Road Carson City, NV 89704	883-2119		<u>Board Member</u> <u>Number of Terms: 4</u>
<b>*EXECUTIVE BOARD MEMBERS ARE SUBJECT TO RE-ELECTION. THE TERM THAT THEY SERVE IS 1 YEAR AND ELECTIONS TAKE PLACE ON AN ANNUAL BASIS.</b>				

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning July 1, 2014, and ending June 30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CAPITAL CITY CIRCLES INITIATIVE</b>		<b>D</b> Employer identification number <b>94-3328209</b>
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number <b>775-883-6506</b>
	<b>2621 NORTHGATE LANE</b> <b>10</b>		<b>F</b> Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code <b>CARSON CITY, NV 89706</b>		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [capitalcitycircles.org](http://capitalcitycircles.org) **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)**  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	140,538
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	359	
<b>9</b> Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	140,897	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	58,276
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	23,440
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	2,155
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	708
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	20,225
<b>17</b> Total expenses. Add lines 10 through 16 . . . . .	<b>17</b>	104,803	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	36,094
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	165,705
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	-10,999
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	190,800

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2014)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	165,617	22 190,155
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .	6,019	24 3,469
25	<b>Total assets</b> . . . . .	<b>171,636</b>	<b>25 193,624</b>
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>5,931</b>	<b>26 2,824</b>
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>165,705</b>	<b>27 190,800</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Self sufficiency program to help end povarty  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	Participants were provided training in budgeting and life skills to move them out of poverty and into self sufficiency. They were then paired with "allies" to assist them in navigating their move to self sufficiency. A total of 7 families completed Getting Ahead class with 12 families continuing with the program in FY 2015. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	104,803
29	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	<b>104,803</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Shelly Aldean President	1	0	0	0
Marti Cole Secretary	0	0	0	0
Marla Steeves Treasurer	2	0	0	0
Brenda Sills Coordinator	40	42,135	7,635	1,600

3:56 PM

03/02/16

Accrual Basis

**Capital City C.I.R.C.L.E.S. Initiative  
Profit & Loss  
July 2015 through February 2016**

	<u>Jul '15 - Feb 16</u>
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
<b>Direct Public/Private Support</b>	
Corporate Contributions	7,769.95
<b>Grants - Private</b>	
Charis Foundation	5,000.00
Keyser Foundation	400.00
Soroptomist	604.49
St. Teresa of Avila	2,850.00
<b>Total Grants - Private</b>	<u>8,854.49</u>
<b>Grants - Public</b>	
Community Support Services	9,000.00
<b>Total Grants - Public</b>	<u>9,000.00</u>
Individual Contributions	12,642.26
<b>Total Direct Public/Private Support</b>	38,266.70
Full Circle Training Ctr Fees	17,100.00
Fundraising Events	
Gem of a Fundraiser	20,778.68
<b>Total Fundraising Events</b>	<u>20,778.68</u>
<b>In-Kind Support</b>	
<b>Gifts in Kind - Goods</b>	
Donated Facilities - Meetings	18,225.00
Donated Facilities - Office	7,996.80
Program Exp-Meals and Related	3,375.00
<b>Total Gifts in Kind - Goods</b>	<u>29,596.80</u>
<b>Gifts in Kind - Services</b>	
Contract Services-Prof Services	8,231.64
Operations-Accounting	1,522.50
Program Expense-Child Tutoring	405.00
Wheels to Work - Labor	50.00
<b>Total Gifts in Kind - Services</b>	<u>10,209.14</u>
<b>Total In-Kind Support</b>	39,805.94
Miscellaneous Income	
Bad Debt Recovery	20.00
<b>Total Miscellaneous Income</b>	<u>20.00</u>
<b>Total Income</b>	<u>115,971.32</u>
<b>Gross Profit</b>	115,971.32
<b>Expense</b>	
Bank Service Charges	126.55
Contract Labor	
Circles Coach	13,860.00
<b>Total Contract Labor</b>	<u>13,860.00</u>
Contract Services	
Accounting	2,355.86
Professional Services	8,231.64
<b>Total Contract Services</b>	<u>10,587.50</u>
Dues and Subscriptions	150.00
Facilities and Equipment	
Donated Facilities	26,221.80
Utilities	1,291.82
<b>Total Facilities and Equipment</b>	<u>27,513.62</u>

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03/02/16

Accrual Basis

**Capital City C.I.R.C.L.E.S. Initiative**  
**Profit & Loss**  
July 2015 through February 2016

	Jul '15 - Feb 16
<b>Full Circle Training Center</b>	
Exchange Fees	1,500.00
NetWorx Fee	6,000.00
<b>Trainer Payroll</b>	
Benefits Expense	351.51
Employer Payroll Taxes Expense	303.03
Payroll Expense - Wages	1,882.68
<b>Total Trainer Payroll</b>	2,537.22
Training Center Travel	577.04
Training Ctr Materials/Supplies	207.43
<b>Total Full Circle Training Center</b>	10,821.69
<b>Fundraising Expense</b>	
Gem of a Fundraiser	6,175.40
<b>Total Fundraising Expense</b>	6,175.40
<b>Liability Insurance</b>	1,375.00
<b>Miscellaneous</b>	0.00
<b>Operations</b>	
Computer Expense	1,073.97
Internet	399.60
Postage and Delivery	790.87
<b>Total Operations</b>	2,264.44
<b>Program Expense</b>	
Adult Tutoring	2,482.63
<b>Child Services</b>	
Child Care	683.07
Child Enrichment	598.11
Child Tutoring	405.00
<b>Total Child Services</b>	1,686.18
<b>Circles Manager Payroll</b>	
Benefits Expense	4,783.19
Bonus	1,000.00
Employer Payroll Taxes Expense	4,306.99
Payroll Expense - Wages	25,184.43
<b>Total Circles Manager Payroll</b>	35,274.61
<b>Materials and Supplies</b>	1,070.85
Meals and Related Expense	5,482.71
Printing and Reproduction	560.01
Stipends	1,370.00
Telephone	1,099.11
Wheels to Work	654.49
Work Credit	30.00
<b>Total Program Expense</b>	49,710.59
<b>Repairs</b>	
Computer Repairs	35.00
<b>Total Repairs</b>	35.00
<b>Total Expense</b>	122,619.79
<b>Net Ordinary Income</b>	-6,648.47
<b>Other Income/Expense</b>	
Other Income	
Interest Income	53.73
<b>Total Other Income</b>	53.73

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03/02/16

Accrual Basis

**Capital City C.I.R.C.L.E.S. Initiative**  
**Profit & Loss**  
July 2015 through February 2016

	<u>Jul '15 - Feb 16</u>
<b>Other Expense</b>	
Bad Debt Expense	316.81
Contributions	150.00
Depreciation	201.36
<b>Total Other Expense</b>	<u>688.17</u>
<b>Net Other Income</b>	<u>-614.44</u>
<b>Net Income</b>	<u><u>-7,262.91</u></u>



3:53 PM

03/02/16

Accrual Basis

**Capital City C.I.R.C.L.E.S. Initiative**  
**Balance Sheet**  
As of February 29, 2016

	Feb 29, 16
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
CNB - MMA	159,872.88
CNB General Account	9,078.15
<b>Total Checking/Savings</b>	168,951.03
Accounts Receivable	
Loan Fund Receivable	2,003.87
<b>Total Accounts Receivable</b>	2,003.87
Other Current Assets	
Undeposited Funds	6,130.00
<b>Total Other Current Assets</b>	6,130.00
<b>Total Current Assets</b>	177,084.90
<b>Fixed Assets</b>	
Computer & Software	
Accumulated Depreciation	-908.04
Computer & Software - Other	1,708.99
<b>Total Computer &amp; Software</b>	800.95
<b>Total Fixed Assets</b>	800.95
<b>Other Assets</b>	
Key Deposit	100.00
<b>Total Other Assets</b>	100.00
<b>TOTAL ASSETS</b>	<b>177,985.85</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Accounts Payable	
Accounts Payable	1,952.14
<b>Total Accounts Payable</b>	1,952.14
Other Current Liabilities	
Accrued Liabilities	833.36
Accrued Utilities	350.00
<b>Total Other Current Liabilities</b>	1,183.36
<b>Total Current Liabilities</b>	3,135.50
<b>Total Liabilities</b>	3,135.50
<b>Equity</b>	
Temp. Restricted Net Assets	
Soroptomist - Wheels to Work	205.51
Swift Foundation - Tutoring	1,859.45
Temp. Rest. Net Assets - Other	1,651.22
<b>Total Temp. Restricted Net Assets</b>	3,716.18
Unrestricted Net Assets	178,397.08
Net Income	-7,262.91
<b>Total Equity</b>	174,850.35
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>177,985.85</b>

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**NETworX Kids**

**Champions for Changing Their World**

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### Youth Programming Testimonial 1

I have been working with the children at Capital City Circles for about 4 years, I also have to pleasure of working with many of the same kids at Carson Middle School where they attend and I work. I have seen the children gain confidence in their work, increased class participation due to this confidence, and improved grades. As their confidence and grades improve, their behavior improves, they focus more and complete more of their class work. The small group setting Circles provides gives the children an opportunity to safely ask questions for clarification of misunderstandings. Gives us, the leaders, an opportunity to reteach concepts and skills as well as complete homework. We also take the opportunity continue developing skills that will help the children become more successful in school.

*Karen Klug*

*Carson Middle School*

Paraprofessional III

### Youth Programming Testimonial 2

Students who received tutoring show confidence in academic skills that they received tutoring in the summer before. One-on-one support is so valuable in turning students around and giving them a better start to the next school year.

*Pamela Ertel*

*Douglas County School District*

3<sup>rd</sup> Grade Teacher

### Youth Programming Testimonial 3

A huge part of why we are succeeding in C.I.R.C.L.E.S is because my children are so excited to go to the C.I.R.C.L.E.S. Youth Program. They love the friends they have made, as well as the staff has helped my older two children who are 13 and 12 with raising their grades. The Youth Program has made our experience so much better; they are great with my youngest son who is 2 years old. At first he was very shy but now when I go pick him up, he is sitting with the staff reading books. They have provided tutoring and a chess program as well.

*Champion for Change Family*

Carson City, a Consolidated Municipality

**Annual Report**  
**For Community Support Services Funding**  
**Fiscal Year 2015-2016**

Name of Organization: **The Capital City C.I.R.C.L.E.S. Initiative**

Program/Project: **The Capital City C.I.R.C.L.E.S. Initiative**

Amount of Funds Received **\$9,000**

Contact Person: **Brenda Silis, Program Manager**

Mailing Address: **2621 Northgate Lane, Suite 10**

City: **Carson City** State: **Nevada** Zip Code: **89706**

Phone Number: **(775) 883-6506** E-mail: **capitalcitycircles@gmail.com**

Date Submitted: **March 11, 2016**

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.

See Attached

2. Evaluate your achievement of the measurable outcomes listed in your application:

The funds requested and received from the City of Carson City in 2015 were intended to fund a portion of the salary of the Circles Coach, a half time position dedicated to providing program delivery to our participants.

In **2015**, the C.I.R.C.L.E.S. Initiative provided continued support and guidance to **28 adults** with **46 children**, representing 26 families at various stages of their journey out of poverty. Volunteer Allies and/or the C.I.R.C.L.E.S. staff maintained contact with these Champions for Change, providing them with emotional support, positive feedback, and the opportunities they needed for growth and self-sufficiency as they worked on implementing their plans for self-improvement.

Of these participants:

8 adults supporting 7 children graduated from the 2015 "Getting Ahead" workgroups

14 Champions for Change are currently employed

7 adults are enrolled in post-secondary education

20 families have reliable transportation and a driver's license to maintain employment

15 Families with children obtained age appropriate immunizations, medical and dental care

12 Families with children participated in extra-curricular activities

1 Champion enrolled at TMCC (Truckee Meadows Community College) in Geothermal Plant Operator Training

6 Champions for Change & 2 Allies completed the 2.5 hour "Basic Auto Maintenance" class offered by the Western Nevada College E.L. Cord Auto Technology Center

3. Approximately how many people benefitted from your project? How many of those people were Carson City residents? What were some of the individual benefits?

C.I.R.C.L.E.S. provided direct services to 26 families, comprised of 74 people. Twenty-four of the families are Carson City residents.<sup>a</sup> Individual benefits are described under Question #2, above. Our program benefitted many more residents of Carson City indirectly through our ongoing efforts to move low-income local families off of public assistance which results in a considerable cost savings to government programs. We firmly believe that the community-at-large benefits from the intensive volunteerism and reciprocity that our model promotes. People in poverty who are engaged in their communities are less likely to commit crimes and threaten the security of their neighbors. C.I.R.C.L.E.S. takes individuals who were formerly isolated and helps them become leaders not only in their immediate families but in the community at large.

Individual participants in our program benefitted from an on-going stable activity called the C.I.R.C.L.E.S. Weekly Meeting. On Wednesday nights C.I.R.C.L.E.S. provided a regular opportunity to engage in personal and community development where a no cost meal was provided to our families and their community volunteer allies. After the meal, learning opportunities were provided to all of the adult participants. A few of the topics covered included parenting, gardening and healthy cooking, computer operation with lessons in Excel and PowerPoint<sup>b</sup>, and a presentation by the Financial Guidance Center on understanding personal credit reports. During this instruction no-cost childcare was provided.

4. What specific community benefit did your project provide Carson City?

C.I.R.C.L.E.S. brings multiple benefits to our Carson City community, by permanently breaking the cycle of poverty and ensuring that the next generation is better equipped and prepared to live a life of self-sufficiency, dependence on social services and other assistance programs is reduced or eliminated, and the burden of support on all citizens is mitigated. It has been conservatively estimated that the annual cost of poverty in our community exceeds \$33,800 for every family of four. That calculation represents the annual value of the services provided by government agencies as follows:

TANF	\$6,400
Food Stamps	\$5,300
Medicaid	\$8,100
Section 8 Rental Subsidy	\$7,700
Child Care Subsidy	\$6,300

Additionally, C.I.R.C.L.E.S. afforded our city the opportunity to highlight itself and stimulate the local economy by hosting two orientations for communities in California and Nevada and one Regional Training Center event. Twenty-six people from fifteen different communities attended the orientations and twelve people were trained in the NETworX model. We are delighted to report that, in addition to delivering services to our local population, we have secured contracts with three new California communities to train and guide them as they establish their own NETworX sites. Livermore, Auburn and Elk Grove have joined the NETworX movement to end poverty as a result of our leadership. Our Capital City has become the center for the regional implementation of this powerful self-sufficiency model.

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<sup>a</sup> Two families currently reside in Lyon County. All were residents of Carson City when they started our program.

<sup>b</sup> In partnership with the Carson City Library

5. Will this program/project be reoccurring? How do you anticipate funding the project in the future?

C.I.R.C.L.E.S. is an ongoing program that will meet a community need as long as there are highly motivated, low-income families in Carson City who desire to improve their economic circumstances through hard work and industry. Achieving economic self-sufficiency is a journey that takes time, effort, commitment and support--all of which C.I.R.C.L.E.S. offers participants over the course of their participation in our program.

As a small non-profit with a working board of directors, a staff of two, and a modest cash budget, CCCI has traditionally relied on in-kind donations and volunteer manpower. CCCI benefits from thousands of dollars of in-kind contributions each year. Following are some, but not all, of our generous in-kind contributors:

- "Allies" - provide profound commitments of time, expertise and personal resources to help Circles families succeed on their journeys to self-sufficiency
- Board of Directors - provides professional accounting, legal, and planning services, serving as a liaison with important community partners including faith-based organizations, social service providers, governmental agencies, private philanthropists, Western Nevada College, etc.
- Carson City - donates office space
- Faith-based partners - donate meeting space and food for bi-weekly meetings
- Community volunteers - provide child care, academic tutoring, and special event planning

Nearly all of our grant writing and fundraising has been done by volunteers with many other obligations including full-time jobs. We continue to explore and implement new fundraising platforms, increasing the number of outbound grant requests, and are actively cultivating new donor relationships. We also have an independent accountant's financial review in order to make CCCI eligible for more grant opportunities. In addition, our role as a training center is bringing in additional revenue as a result of contracting and coaching other communities.

Meanwhile, we continue pursuing recurring, dependable funding opportunities previously identified in our five year strategic plan, including 1) hosting our annual "Gem of a Fundraiser," which raises funds and awareness about the community need we are addressing (in 2015 we solicited event sponsorships for the first time to increase the amount of net revenue raised as a result of the fundraiser); 2) sending out a year-end appeal letter to our supporters which has brought significant financial results each year while expanding our database of potential new supporters; and 3) offering ease-of-access to potential new donors by utilizing giving buttons on our website and partnering with Amazon Smile which allows Amazon customers to direct a percentage of their eligible purchases toward a charitable organization of their choice.

6. Describe any challenges that impacted your program.

1) **The unmet need for additional volunteer Allies.** In order for C.I.R.C.L.E.S. to continue growing we not only need to recruit additional participants to the program but we must also bring in those individuals who will share their friendship, guidance and experience with our participants as they make the transition out of poverty. This challenge in 2016 is being met by a more aggressive outreach effort.

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2) **In 2015, we, along with multiple other sites, terminated our association with Circles USA due to a shift in their priorities.** As a result, we no longer had access to their materials, curriculum, developing database and other collective outcome assessment processes. As an alternative, we began collaborating with other former Circles USA sites, who like us, wanted to continue their efforts of poverty alleviation while being a part of a national movement. The new national organization that evolved out of this collaboration is called NETworX USA with two training centers - one in North Carolina and the other one here in Carson City. Helping to establish and promote this new movement has presented challenges but it has also afforded us more autonomy and the opportunity to grow as an organization.

9:36 AM  
 03/08/16  
 Accrual Basis

Capital City C.I.R.C.L.E.S. Initiative  
 Income and Expense  
 July 2015 through February 2016

	<u>Jul '15 - Feb '16</u>
Ordinary Income/Expense	
Income	
Direct Public/Private Support	
Corporate Contributions	7,769.95
Grants - Private	
Charis Foundation	5,000.00
Keyser Foundation	400.00
Soroptomist	604.49
St. Teresa of Avila	<u>2,850.00</u>
Total Grants - Private	8,854.49
Grants - Public	
Community Support Services	<u>9,000.00</u>
Total Grants - Public	9,000.00
Individual Contributions	<u>12,642.26</u>
Total Direct Public/Private Support	38,266.70
Full Circle Training Ctr Fees	17,100.00
Fundraising Events	
Gem of a Fundraiser	<u>20,778.68</u>
Total Fundraising Events	20,778.68
In-Kind Support	
Gifts in Kind - Goods	
Donated Facilities - Meetings	18,225.00
Donated Facilities - Office	7,996.80
Program Exp-Meals and Related	<u>3,375.00</u>
Total Gifts in Kind - Goods	29,596.80
Gifts in Kind - Services	
Contract Services-Prof Services	8,231.64
Operations-Accounting	1,522.50
Program Expense-Child Tutoring	405.00
Wheels to Work - Labor	<u>50.00</u>
Total Gifts in Kind - Services	<u>10,209.14</u>
Total In-Kind Support	39,805.94
Miscellaneous Income	
Bad Debt Recovery	<u>20.00</u>
Total Miscellaneous Income	<u>20.00</u>



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03/08/16  
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Capital City C.I.R.C.L.E.S. Initiative  
Income and Expense  
July 2015 through February 2016

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Gross Profit	115,971.32
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Bank Service Charges	126.55
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Total Contract Labor	13,860.00
Contract Services	
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Professional Services	<u>8,231.64</u>
Total Contract Services	10,587.50
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Donated Facilities	26,221.80
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Training Center Travel	577.04
Training Ctr Materials/Supplies	<u>207.43</u>
Total Full Circle Training Center	10,821.69
Fundraising Expense	
Gem of a Fundraiser	<u>6,175.40</u>
Total Fundraising Expense	6,175.40
Liability Insurance	1,375.00
Miscellaneous	0.00
Operations	
Computer Expense	1,073.97

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03/08/16  
Accrual Basis

Capital City C.I.R.C.L.E.S. Initiative  
Income and Expense  
July 2015 through February 2016

	<u>Jul '15 - Feb '16</u>
Internet	399.60
Postage and Delivery	790.87
Total Operations	<u>2,264.44</u>
<b>Program Expense</b>	
Adult Tutoring	2,482.63
Child Services	
Child Care	683.07
Child Enrichment	598.11
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Computer Repairs	35.00
Total Repairs	<u>35.00</u>
Total Expense	<u>122,619.79</u>
Net Ordinary Income	-6,648.47
<b>Other Income/Expense</b>	
Other Income	
Interest Income	53.73
Total Other Income	<u>53.73</u>

9:36 AM  
03/08/16  
Accrual Basis

Capital City C.I.R.C.L.E.S. Initiative  
Income and Expense  
July 2015 through February 2016

	<u>Jul '15 - Feb '16</u>
<b>Other Expense</b>	
Bad Debt Expense	316.81
Contributions	150.00
Depreciation	201.36
<b>Total Other Expense</b>	<u>668.17</u>
<b>Net Other Income</b>	<u>-614.44</u>
<b>Net Income</b>	<u><u>-7,262.91</u></u>

Item 1 in the amount of \$9,000 represents grant from CSSG for 2015-2016  
- all of which was used to cover Contract Labor for our Circles Coach.

9:40 AM  
03/08/16  
Accrual Basis

**Capital City C.I.R.C.L.E.S. Initiative**  
**Income & Expense Budget vs. Actual**  
July 2015 through February 2016

	Actual Jul '15 - Feb '16	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Direct Public/Private Support</b>				
Corporate Contributions	7,789.95	10,000.00	-2,230.05	77.7%
<b>Grants - Private</b>				
Barrick Gold	0.00	20,000.00	-20,000.00	0.0%
Charis Foundation	5,000.00	5,000.00	0.00	100.0%
Episcopal Church	0.00	30,000.00	-30,000.00	0.0%
Fairweather Foundation	0.00	10,000.00	-10,000.00	0.0%
Keyser Foundation	400.00			
Nevada Energy	0.00	16,000.00	-16,000.00	0.0%
Nightingale Foundation	0.00	10,000.00	-10,000.00	0.0%
Soroptomist	804.49			
St. Teresa of Avila	2,850.00	2,000.00	850.00	142.5%
Swift Foundation	0.00	2,000.00	-2,000.00	0.0%
Grants - Private - Other	0.00	14,500.00	-14,500.00	0.0%
<b>Total Grants - Private</b>	<b>8,854.49</b>	<b>109,500.00</b>	<b>-100,645.51</b>	<b>8.09%</b>
<b>Grants - Public</b>				
Community Support Services	9,000.00	9,000.00	0.00	100.0%
<b>Total Grants - Public</b>	<b>9,000.00</b>	<b>9,000.00</b>	<b>0.00</b>	<b>100.0%</b>
Individual Contributions	12,642.26	20,000.00	-7,357.74	63.21%
<b>Total Direct Public/Private Support</b>	<b>38,266.70</b>	<b>148,500.00</b>	<b>-110,233.30</b>	<b>25.77%</b>
Full Circle Training Ctr Fees	17,100.00	27,500.00	-10,400.00	62.18%
<b>Fundraising Events</b>				
Gem of a Fundraiser	20,778.68	10,000.00	10,778.68	207.79%
<b>Total Fundraising Events</b>	<b>20,778.68</b>	<b>10,000.00</b>	<b>10,778.68</b>	<b>207.79%</b>
<b>In-Kind Support</b>				
<b>Gifts in Kind - Goods</b>				
Donated Facilities - Meetings	18,225.00	31,000.00	-12,775.00	58.79%
Donated Facilities - Office	7,998.80	11,995.00	-3,998.20	66.67%
Program Exp-Meals and Related	3,375.00	5,800.00	-2,425.00	58.19%
Program Exp-Printing and Reprod	0.00	2,500.00	-2,500.00	0.0%
<b>Total Gifts in Kind - Goods</b>	<b>29,598.80</b>	<b>51,295.00</b>	<b>-21,698.20</b>	<b>57.7%</b>
<b>Gifts in Kind - Services</b>				
Contract Services-Prof Services	8,231.64	10,000.00	-1,768.36	82.32%
Operations-Accounting	1,522.50	1,200.00	322.50	126.88%
Program Expense-Child Tutoring	405.00	700.00	-295.00	57.86%
Program Expense-Childcare	0.00	2,600.00	-2,600.00	0.0%
Training Ctr - Recruiting Exp	0.00	10,000.00	-10,000.00	0.0%
Wheels to Work - Labor	50.00	2,000.00	-1,950.00	2.5%
<b>Total Gifts in Kind - Services</b>	<b>10,209.14</b>	<b>26,500.00</b>	<b>-16,290.86</b>	<b>38.53%</b>
<b>Total In-Kind Support</b>	<b>39,805.94</b>	<b>77,795.00</b>	<b>-37,989.06</b>	<b>51.17%</b>
<b>Miscellaneous Income</b>				
Bad Debt Recovery	20.00			
<b>Total Miscellaneous Income</b>	<b>20.00</b>			
<b>Total Income</b>	<b>115,971.32</b>	<b>263,795.00</b>	<b>-147,823.68</b>	<b>43.96%</b>
<b>Gross Profit</b>	<b>115,971.32</b>	<b>263,795.00</b>	<b>-147,823.68</b>	<b>43.96%</b>

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**Capital City C.I.R.C.L.E.S. Initiative  
Income & Expense Budget vs. Actual  
July 2015 through February 2016**

	Actual Jul '15 - Feb '16	Budget	\$ Over Budget	% of Budget
<b>Expense</b>				
Bank Service Charges	126.55			
<b>Contract Labor</b>				
Circlos Coach	13,860.00	42,640.00	-28,780.00	32.51%
<b>Total Contract Labor</b>	<b>13,860.00</b>	<b>42,640.00</b>	<b>-28,780.00</b>	<b>32.51%</b>
<b>Contract Services</b>				
Accounting	2,355.86	3,000.00	-844.14	78.53%
Marketing "Storytelling"	0.00	0.00	0.00	0.0%
Professional Services	8,231.64	10,000.00	-1,768.36	82.32%
Public Relations	0.00	1,500.00	-1,500.00	0.0%
<b>Total Contract Services</b>	<b>10,587.50</b>	<b>14,500.00</b>	<b>-3,912.50</b>	<b>73.02%</b>
<b>Dues and Subscriptions</b>				
	150.00			
<b>Facilities and Equipment</b>				
Cleaning	0.00	150.00	-150.00	0.0%
Donated Facilities	26,221.80	42,995.00	-16,773.20	60.99%
Utilities	1,291.82	2,000.00	-708.18	64.59%
<b>Total Facilities and Equipment</b>	<b>27,513.62</b>	<b>45,145.00</b>	<b>-17,631.38</b>	<b>60.95%</b>
<b>Full Circle Training Center</b>				
Exchange Fees	1,500.00	2,500.00	-1,000.00	60.0%
NetWorx Fee	6,000.00	10,000.00	-4,000.00	60.0%
Recruiting	0.00	10,000.00	-10,000.00	0.0%
<b>Trainer Payroll</b>				
Benefits Expense	351.51	3,475.00	-3,123.49	10.12%
Employer Payroll Taxes Expense	303.03	3,650.00	-3,346.97	8.3%
Payroll Expense - Wages	1,882.68	20,550.00	-18,667.32	9.16%
<b>Total Trainer Payroll</b>	<b>2,537.22</b>	<b>27,675.00</b>	<b>-25,137.78</b>	<b>9.17%</b>
Training Center Travel	577.04			
Training Ctr Materials/Supplies	207.43	5,000.00	-4,792.57	4.15%
Virtual Consultation Technology	0.00	500.00	-500.00	0.0%
<b>Total Full Circle Training Center</b>	<b>10,821.69</b>	<b>55,675.00</b>	<b>-44,853.31</b>	<b>19.44%</b>
<b>Fundraising Expense</b>				
Gem of a Fundraiser	6,175.40			
Fundraising Expense - Other	0.00	9,450.00	-9,450.00	0.0%
<b>Total Fundraising Expense</b>	<b>6,175.40</b>	<b>9,450.00</b>	<b>-3,274.60</b>	<b>65.35%</b>
<b>Liability Insurance</b>				
	1,375.00	1,600.00	-225.00	85.94%
<b>Miscellaneous</b>				
	0.00	1,000.00	-1,000.00	0.0%
<b>Operations</b>				
Computer Expense	1,073.97	1,200.00	-126.03	89.5%
Internet	399.60	625.00	-225.40	83.94%
License and Permits	0.00	250.00	-250.00	0.0%
Postage and Delivery	790.87	500.00	290.87	158.17%
Website	0.00	200.00	-200.00	0.0%
<b>Total Operations</b>	<b>2,264.44</b>	<b>2,775.00</b>	<b>-510.56</b>	<b>81.6%</b>
<b>Program Expense</b>				
Adult Tutoring	2,482.63	1,500.00	982.63	165.51%
<b>Child Services</b>				
Child Care	683.07	6,590.00	-5,906.93	10.37%
Child Enrichment	598.11	2,500.00	-1,901.89	23.92%
Child Tutoring	405.00	7,000.00	-6,595.00	5.79%
<b>Total Child Services</b>	<b>1,686.18</b>	<b>16,090.00</b>	<b>-14,403.82</b>	<b>10.48%</b>
<b>Circles Manager Payroll</b>				

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**Capital City C.I.R.C.L.E.S. Initiative**  
**Income & Expense Budget vs. Actual**  
July 2015 through February 2016

	Actual Jul '15 - Feb '16	Budget	\$ Over Budget	% of Budget
Benefits Expense	4,783.19	3,475.00	1,308.19	137.65%
Bonus	1,000.00			
Employer Payroll Taxes Expense	4,306.99	3,650.00	656.99	118.0%
Payroll Expense - Wages	25,184.43	20,550.00	4,634.43	122.55%
<b>Total Circles Manager Payroll</b>	<b>35,274.61</b>	<b>27,675.00</b>	<b>7,599.61</b>	<b>127.46%</b>
Getting Ahead Material	0.00	5,000.00	-5,000.00	0.0%
Graduation	0.00	1,000.00	-1,000.00	0.0%
Materials and Supplies	1,070.85	3,300.00	-2,229.15	32.45%
Meals and Related Expense	5,482.71	14,040.00	-8,557.29	39.05%
Printing and Reproduction	560.01	3,900.00	-3,339.99	14.36%
Stipends	1,370.00	3,750.00	-2,380.00	36.53%
Telephone	1,099.11	2,500.00	-1,400.89	43.96%
Wheels to Work	654.49	3,000.00	-2,345.51	21.82%
Work Credit	30.00	1,000.00	-970.00	3.0%
<b>Total Program Expense</b>	<b>49,710.59</b>	<b>62,755.00</b>	<b>-33,044.41</b>	<b>60.07%</b>
Repairs				
Computer Repairs	35.00			
<b>Total Repairs</b>	<b>35.00</b>			
Revolving Loan Fund	0.00	2,000.00	-2,000.00	0.0%
Training	0.00	2,500.00	-2,500.00	0.0%
<b>Total Expense</b>	<b>122,619.79</b>	<b>260,040.00</b>	<b>-137,420.21</b>	<b>47.15%</b>
<b>Net Ordinary Income</b>	<b>-6,648.47</b>	<b>3,755.00</b>	<b>-10,403.47</b>	<b>-177.06%</b>
Other Income/Expense				
Other Income				
Interest Income	53.73			
<b>Total Other Income</b>	<b>53.73</b>			
Other Expense				
Bad Debt Expense	316.81	500.00	-183.19	63.36%
Contributions	150.00			
Depreciation	201.36	300.00	-98.64	67.12%
Other Expenses	0.00	2,000.00	-2,000.00	0.0%
<b>Total Other Expense</b>	<b>668.17</b>	<b>2,800.00</b>	<b>-2,131.83</b>	<b>23.86%</b>
<b>Net Other Income</b>	<b>-614.44</b>	<b>-2,800.00</b>	<b>2,185.56</b>	<b>21.94%</b>
<b>Net Income</b>	<b>-7,262.91</b>	<b>955.00</b>	<b>-8,217.91</b>	<b>-760.51%</b>

Our FYE is 6/30/2016

Budgeted Total Income reflected at \$263,795 and budgeted Total Expenses reflected at \$260,040 represents the entire FY funding. The Actual July '15 - Feb '16 at 2/29/2016 represents 8 months of Income and expenses.