



STAFF REPORT

Report To: Board of Supervisors **Meeting Date:** January 19, 2023

Staff Contact: Mirjana Gavric, Grants Administrator

Agenda Title: For Possible Action: Discussion and possible action regarding (1) the appropriation of grant funds in the amount of \$445,777 from the remaining \$1,160,414 of American Rescue Plan Act of 2021 ("ARPA") grant funds approved by the Board of Supervisors ("Board") for programs or projects that support the Carson City Housing Plan, and (2) direction on, or the further appropriation of, up to \$1,160,414 of ARPA grant funds, the remaining \$714,637 balance plus any funds not appropriated above, for further funding of the approved programs or projects or of the Carson City Housing Plan, funding for the Fire Station with shared facilities for an Emergency Operations Center, Backup Dispatch Station and Information Technology Offices project or funding for another ARPA eligible project. (Mirjana Gavric, mgavric@carson.org)

Staff Summary: The Board dedicated \$1,160,414 to be awarded to entities proposing a two-year program or project that supports unsheltered individuals and emergency housing in Carson City. On December 12, 2022, an Application Review Work Group ("ARWG") reviewed and ranked six eligible applications for recommendation to the Board, using federal guidelines and Carson City priorities. The ARWG recommends that four of the six applications be awarded a total amount of \$445,777. Staff seeks further direction from the Board on how the remaining funds of \$714,637, plus any funds not appropriated consistent with the ARWG recommendations, should be allocated.

Agenda Action: Formal Action / Motion **Time Requested:** 1 Hour

Proposed Motion

I move to approve the appropriation as recommended.

Board's Strategic Goal

Efficient Government

Previous Action

September 15, 2022 (Item 15A): The Board approved the Notice to Submit a Letter of Intent to be advertised for the available \$1,160,414 ARPA funds (the remaining \$1,090,414 plus \$70,000 that was reverted back due to ineligibility for funding).

August 18, 2022 (Item 26A): The Board approved the recommendation from the Board of Health to recognize that both unsheltered individuals and emergency housing are critical issues in Carson City and that the ARPA funding be awarded to programs or projects that support the Housing Plan and directed staff to return to the Board with the Notice to Submit a Letter of Intent for Board approval.

November 18, 2021 (Item 24A): The Board approved the appropriation of \$209,586 of the \$1.3 million of ARPA grant funds to five non-profit Carson City agencies, with the remaining funds of \$1,090,414 to be advertised in a second round of applications during Fiscal Year 2023.

August 5, 2021 (Item 12B): The Board approved Carson City's Plan of Expenditure for ARPA funding with \$1.3 million designated for non-profits.

Background/Issues & Analysis

Staff advertised the Notice to Submit the Letter of Intent and six eligible applicants submitted Letters of Intent by the October 14, 2022 deadline. These applicants then submitted ARPA grant applications, by the deadline of November 28, 2022, and made a presentation of their programs to the ARWG on December 12, 2022.

The total funding that was requested was \$2,135,843. The ARWG is recommending that Carson City allocate grant funding to four of the six applicants for a total amount of \$445,777, as follows:

- 1) Ron Wood Family Resource Center (Score 85%) - \$16,127;
- 2) Nights Off the Street (Score 85%) - \$148,770;
- 3) Saint Vincent de Paul (Score 74%) - \$57,500;
- 4) Community Counseling Center (Score 72%) - \$223,380 (for 2023 only).

The ARWG is recommending that the Community Counseling Center be awarded \$223,380 for the first year of their program, which is half of their request of \$446,760. Toward the end of the first year, December 2023, the Community Counseling Center would need to present to the ARWG a progress report, based on which a recommendation will be made to the Board regarding the funding of the second year of the program.

The remaining two applications scored below 70% and did not align their goals with the Carson City Housing Plan; therefore, the ARWG did not recommend funding.

- 5) Spirit of Hope Inc. (Score 62%) - no funding
- 6) Karma Box Inc. (Score 31%)- no funding

For the remaining balance of \$714,637, the Board may wish to consider the following:

- (a) Set-aside \$223,380 for a potential second year of funding for the Community Counseling Center Coronet Project.
- (b) Allocation of \$250,000 to fund a City contract for street outreach services to address Phase One - Survive of the Carson City Housing Plan.
- (c) Redirecting the remaining balance of \$241,257 to offset a portion of the anticipated shortfall in funding for the Fire Station with shared facilities for an Emergency Operations Center, Backup Dispatch Station and Information Technology Offices project.

Applicable Statute, Code, Policy, Rule or Regulation

ARPA

Financial Information

Is there a fiscal impact? Yes

If yes, account name/number: Grant Fund: \$445,777 from Expense G070121010 2750620-501225. Expenses incurred pursuant to the approved Plan of Expenditure will be fully funded from ARPA Federal Funding.

Is it currently budgeted? Yes

Explanation of Fiscal Impact: All ARPA Proceeds were budgeted in Fiscal Year 2022; therefore, unspent proceeds will roll-forward to be added to the Fiscal Year 2023 Budget during the first round of budget augmentations. The total unspent budget for ARPA funds set aside for Non-Profit or Housing Plan Grants as of June 30, 2022 is \$1,229,837.

Alternatives

Do not approve the appropriation and/or provide alternative direction to staff.

Attachments:

[Memo ARPA - ARWG Grant Funding Recommendations.pdf](#)

[Ron Wood Application 11-23-2022.pdf](#)

[N.O.T.S. Application 11-27-2022.pdf](#)

[Saint Vincent de Paul Society Application 11-18-2022.pdf](#)

[Community Counseling Center Application 11-28-2022.pdf](#)

[Spirit of Hope Application 11-28-2022.pdf](#)

[Karma Box Application 11-28-2022.pdf](#)

Board Action Taken:

Motion: _____	1) _____	Aye/Nay
	2) _____	_____

(Vote Recorded By)



CARSON CITY, NEVADA
CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

MEMORANDUM

To: Mayor and Board of Supervisors
From: Mirjana Gavric, Grants Administrator
Date: January 19, 2023
Subject: American Rescue Plan Act Allocations

The following is a summary of the American Rescue Plan Act (ARPA) second round of allocations for the COVID 19 pandemic assistance.

To be eligible for the ARPA allocations, Carson City businesses were required to submit eligible Letters of Intent by October 14, 2022, fill out complete applications by November 28, 2022, and meet with the Application Review Work Group (ARWG) in a public meeting, on December 12, 2022, to make a program presentation. Carson City received eligible Letters of Intent and complete applications from six businesses. The total request for the six applications is \$2,135,843. The total available funding is \$1,160,414.

The ARWG reviewed, evaluated, and scored the applications, and recommends the funding for four of the six programs, as follows:

ARWG Recommendations to fund.	
1) Project Name:	Carson City Homeless Services
Agency:	Ron Wood Family Resource Center (RWFRC)
Funding Request:	\$16,127
Recommendation:	\$16,127
Application Score:	85%
Description: RWFRC is requesting funding to provide needed documents for homeless individuals and families. RWFRC will work with several local non-profits to help homeless individuals through the process of a continuum of care by providing case management and the retrieval of documents like a birth certificate, ID Card, Driver's License, and any other document needed.	
The ARWG is recommending full funding for this program.	
2) Project Name:	Connecting Carson City's Homeless
Agency:	Nights Off the Street Inc. (N.O.T.S.)
Funding Request:	\$148,770
Recommendation:	\$148,770
Application Score:	85%
Description: N.O.T.S. is requesting funding to provide a full-time Center Manager for their overnight shelter that runs each year from November through March. One responsibility for the Center Manager is to work with Carson City and local non-profits to complete an assessment on each guest and to direct guests to services they need. The Center Manger will help to connect N.O.T.S. guests with agencies like Ron Wood Family Resource Center, Carson City Health and Human Services, Community Counseling Center, St. Vincent de Paul and so forth. N.O.T.S. is a temporary overnight shelter that is supported by 12 local churches and hundreds of volunteers.	
The ARWG is recommending full funding for this program.	

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

3) Project Name: Reunification Program for Unsheltered Homeless	
Agency:	Saint Teresa of Avila Conferences, Saint Vincent de Paul Society
Funding Request:	\$57,500
Recommendation:	\$57,500
Application Score:	74%
<p>Description: St. Vincent de Paul Society is requesting funding to provide one-way transportation and other miscellaneous costs to allow for homeless individuals to be reunited with their family and /or relatives who have agreed to provide shelter and a supportive environment. Estimated number of individuals to be reunited per year is 115.</p> <p>The ARWG is recommending full funding for this program.</p>	
4) Project Name: The Coronet Project	
Agency:	Carson City Community Counseling Center (CCC)
Funding Request:	\$446,760
Recommendation:	\$223,380
Application Score:	72%
<p>Description: CCC is requesting funding to implement a program that identifies 12 homeless individuals per year that want to enter the CCC program. CCC will provide temporary housing for up to 180 days, mental health services, referrals, transportation to other needed services, and CCC will teach appropriate and safe behaviors skills. The goal is to have each individual transition and be able to live in a permanent home.</p> <p>The ARWG is recommending partial funding due to the large cost associated with the program. The ARWG is supporting the first year of the program and requesting that Community Counseling staff prepare and present a progress report in December 2023 for the ARWG. Consideration for a second year of funding will be based on the progress report presented to the ARWG.</p>	

ARWG Recommendations not to fund.	
5) Project Name: Carson City Homeless Services	
Agency:	Spirit of Hope Inc.
Funding Request:	\$238,620
Recommendation:	\$0
Application Score:	62%
<p>Description: Spirit of Hope is requesting startup costs for two additional group homes that would house 12 homeless individuals, 6 per home. In addition, Spirit of Hope is requesting staffing costs to help manage the homes.</p> <p>The ARWG is recommending no funding based on the requirement that the individual(s) placed in a Spirit of Hope home must pay rent. Spirit of Hope's program is based on collecting social security or other forms of rent from the clients to pay for the rental of a shared room. If the individual is unable to pay for rent, then Spirit of Hope is unable to provide a room. The Spirit of Hope program does not meet the City's intended method on addressing unsheltered people.</p>	

CARSON CITY, NEVADA
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6) Project Name:	Homeless Outreach and Housing
Agency:	Karma Box Project
Funding Request:	\$1,228,066
Recommendation:	\$0
Application Score:	31%
Description: The Karma Box is requesting funds to provide a Street Outreach program for Carson City. The Street Outreach team would work with Carson City Health and Human Services to connect homeless individuals to services and temporary housing.	
The ARWG is recommending no funding based on the lack of information provided in both the application and presentation. The application was missing information on the organization, how goals would be accomplished. In addition, the application was missing information on methods of accomplishment, data, a sustainment plan, coordination with other agencies, and details on the budget justification.	



American Rescue Plan Act Application

Grant Period February 1, 2023 through December 31, 2024

GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

Phase Two – Stabilize

Temporary Housing

- Temporary housing for individuals without shelter.
- Length of stay approximately 180 days
 - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

Please e-mail your application before or on the due date to: grants@carson.org
Applications will not be received after the deadline stated above.

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

APPLICATION

- NEW APPLICANT** (Previously applied for CARES – not ARPA)
- PREVIOUSLY FUNDED APPLICATION** (AMOUNT \$ _____)

APPLICANT INFORMATION

Agency Name: RON WOOD FAMILY RESOURCE CENTER	
Agency Mailing Address: 2621 Northgate Lane #62, Carson City, NV 89706	
Project Name: Carson City Homeless Services	
Project Address if Different than Mailing Address: N/A	
Contact Person: Joyce Buckingham	
Office Number: (775) 884-2269	Email: executive_director@carson-family.org
Cell Phone: (775) 434-4075	Website: https://carson-family.org/

FISCAL MANAGER

Name:	Carol Wolff
Title:	Fiscal Manager
Phone Number:	(775) 884-2269
Email:	acct@carson-family.org

PROJECT FUNDING

Requested amount	7,905.00
February – December 2023	
Requested amount	8,222.00
January – December 2024	
Total project cost for two years	16,127.00

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS

Establishment of Applicant Agency: The Ron Wood Family Resource Center (RWFRC) established in 1995 through a combination of community efforts. It originally started as a truancy prevention project, but quickly grew to become a Family Resource Center and is now a comprehensive source of education and information for families to obtain services in Carson City and surrounding areas. The mission of the RWFRC is to create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy family relationships through education and support services. RWFRC's 22 programs operate under 20 grants and private donations. RWFRC provides between 8000 to 9000 units of service each month. There is no wait time for services – social workers and family advocates are available for emergency assistance, information and support services.

Funding to be used specifically for homeless residents: RWFRC intends to compliment the services provided by the Carson City Housing Plan, Carson City Health and Human Resources and by our partners and the Carson City Homeless Coalition. RWFRC currently offers case management including (but not limited to) one-on-one case management focusing on shelter, food, behavioral health, physical health, life skills, transportation, legal services, financial services, rental lease compliance and employment services.

RWFRC specifically is asking for \$16,127.48 to provide identification for homeless individuals and families. Identification is needed for employment, banking, temporary public benefits and housing. Our ability to provide FREE case management services is due to family resource center grant funding received yearly. RWFRC sees approximately 50 or more homeless individuals weekly. The intent is to provide our homeless population needed information and referrals, provide services through our center and navigation to our agency partners offering wrap-around services. Working with a continuum of care in our community is key to success. Collaboration with our Carson City Homeless Coalition has been in place for years. Coordinating services which align with the Carson City Housing Plan and Carson City Health and Human Services will compliment and increase services leading to less homeless on the street and more homeless individuals finding permanency in their housing and leading toward self-sufficiency. A current MOU is in place with Carson Homeless Coalition including (NOTS) Nights Off the Street, St. Vincent de Paul Society and Spirit of Hope. (See attached)

Alignment with the Carson City Housing Plan: RWFRC's intention to coordinate services as outlined in the Carson City Housing Plan – Survive, Stabilize and Thrive. RWFRC's role will be Stabilize. Offering case management, support services including access to identification for services, housing and employment.

Project – Population – Services to be provided and Impact on Community and Successful Outcomes: RWFRC Homeless Services program will offer case management, information, referrals and State birth certificates/picture ID to the targeted homeless population. The impact on the community will be less homeless on the streets and a higher quality of life for all. Successful outcomes include reduction in criminal activity, lessening the burden on public benefits/services and providing opportunities for employment, greater self-worth and productivity as a citizen of Carson City.

American Rescue Plan Act Application

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PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS

Description of the geographical area in Carson City affected: Areas affected in Carson City is primarily downtown, parks, recreational areas, river, alleys, business lots and virtually any area that is enclosed where the homeless individuals are hard to detect.

Description of the problem - contributing factors – quantifiable data: Homelessness has become a tremendous issue in the Carson City area. RWFRC sees at least 50 homeless individuals and families weekly. The homeless situation has worsened over the last 2 years to include many families living in cars, “couch-hopping” with friends and family, living in weekly motels and in tents within discrete areas of the city. The contributing factors include unavailable affordable housing, mental health issues and substance abuse issues. Unfortunately many of the homeless are relocating from Reno and California as well. RWFRC has participated in the Point in Time (PIT) count. Many of our homeless state they make themselves unavailable when the PIT volunteers come around to count the homeless which understates the PIT count.

Table 4 - Homeless Point-in-Time Count 2022 - Continuum of Care

Continuum of Care	Unsheltered Individuals	Individuals in emergency shelters or transitional	Individuals staying in weekly motels	Children with housing instability
Carson City	69	56	606	230

Who the problem affects and the consequences: The homeless situation has dire affects to both the homeless population as well as the community. The community suffers by added criminal activity, poor sanitation, panhandling and cost to governmental programs. The homeless population suffer with poor health, substance abuse, risk of victimization, poor self-esteem, depression and loneliness.

The circumstances that influence the problem occurring: Many variables influence homelessness. Losing income, losing a loved one, incarceration, mental health concerns, substance abuse and the COVID-19 pandemic to name a few.

Agencies assisting to alleviate the problem: Carson City has many non-profits and government agencies vested in assisting the homelessness problem. RWFRC works with Nights Off the Street (NOTS), St. Vincent de Paul, Dream Center, Spirit of Hope, Carson City Health and Human Services, FISH, Nevada Rural Housing and numerous agencies that both refer and receive referrals from RWFRC.

ARPA Funding will assist the mission: Through collaboration, funding availability and wrap around services, the ARPA funding will offer an opportunity to provide temporary to permanent housing, employment, access to vital services, health and wellness options and program continuity with Carson City Health and Human Services.

How will the proposed project help towards a solution: By offering wrap-around services including the needed case management and access to identification, these services will be coordinated and delivered in an expedient manner.

American Rescue Plan Act Application

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GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

Goals – What will this funding achieve: RWFRC will continue to provide case management services to our homeless population. The funding will enable RWFRC to provide access to state and out of state birth certificates and Nevada State photo identification and driver's license cards.

Goal #1 – Provide case management, informational referrals and wrap-around service with all ARPA and community partners. RWFRC has productive collaboration with all non-profit and public agencies to offer wrap-around services. RWFRC will accept both referrals and refer to partners for needed services.

Goal #1 - Intended impact/outcomes as a result of the program: RWFRC intends to capture program-specific data, engage each homeless individual in a strength-based manner and assist that individual in determining needed services.

Goal #1 – Objective #1: Perform intake, initiate case plan and provide services and referrals - 200 individuals

Goal #2 – Provide state birth certificates and state photo identification: RWFRC will accept all referrals and self-referrals from homeless individuals, coordinate and fund needed ID services.

Goal #2 - Intended impact/outcomes as a result of the program: RWFRC will offer the prompt and our professional ability to provide needed identification quickly. This ID will be required in the ability to acquire housing, employment, public services, etc.

Goal #2 – Objective #1: Assess the need for identification – 200 individuals

Goal #2 – Objective #2: Gather needed documentation from homeless client – 200 individuals

Goal #2 – Objective #3: Initiate identification paperwork to various states – 200 individuals

Goal #2 – Objective #4: Request and process checks for identification as per each state process – 200 individuals

What, Who, When, How and Timeline for Carson City Homeless Services at RWFRC:

What: Case Management and payment for expediting of identification needed for housing, public benefits, employment, banking and other needed services

Who: Family Advocates will provide case management and request for identification. Family Advocate Supervisor will monitor and approve requests. Executive Director will provide final approval and initiate request from fiscal manager. Fiscal Manager will prepare and distribute checks for approved expenditures.

When: February 1, 2023 – December 31, 2024

How: Family Advocates, Supervisor, Executive Director and Fiscal Manager will be available Monday – Friday and initiate check requests on a weekly basis. Reporting will be initiated on a monthly basis and reported by Family Advocates to Supervisor and Executive Director for final reporting to City of Carson (either monthly or quarterly as requested)

American Rescue Plan Act Application

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METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS

Approach, System, Method used to track and evaluate the project:

The approach is outlined in each Goal's objective: Homeless clientele will be served from walk-in traffic or served as a result of referrals from community partners. The method for serving and tracking these clients stems from utilizing both welcome forms from clients and gathering information during intake which is organized in our ELogic database system. Evaluation is performed monthly by gathering the needed data from case files and electronic data entry and monthly reporting.

Goal #1 – Provide case management, informational referrals and wrap-around service with all ARPA and community partners. RWFCRC has productive collaboration with all non-profit and public agencies to offer wrap-around services. RWFCRC will accept all referrals and refer to partners for needed services.

Goal #1 - Intended impact/outcomes as a result of the program: RWFCRC intends to capture program-specific data, engage each homeless individual in a strength-based manner and assist that individual in determining needed services.

Goal #1 – Objective #1: Perform intake, initiate case plan and provide services and referrals - 200 individuals

Goal #2 – Provide state birth certificates and state photo identification: RWFCRC will accept all referrals and self-referrals from homeless individuals and coordinate needed ID services.-

Goal #2 - Intended impact/outcomes as a result of the program: RWFCRC will offer the prompt and professional ability to provide needed identification quickly. This ID will be required in the ability to acquire housing, employment, public services, etc.

Goal #2 – Objective #1: Assess the need for identification – 200 individuals

Goal #2 – Objective #2: Gather needed documentation from homeless client – 200 individuals

Goal #2 – Objective #3: Initiate identification paperwork to various states – 200 individuals

Goal #2 – Objective #4: Request and process checks for identification as per each state process – 200 individuals

Instruments/Methodology utilized include: intake forms capturing all logistical information, case plans/family goal worksheets that outline client needs and services, data tracking is done through ELogic Database System and monthly reports to the family advocate supervisor and executive director. Fiscal accountability follows GAAP principals and QuickBooks financial management system.

Demonstrating Improvement: Improvement will be demonstrated by homeless applicants becoming more self-sufficient by realizing the assistance of an advocate guiding them through information, referrals and services including case management and issuance of identification. Advocates will encourage homeless clientele to keep in touch and each advocate will follow-up to determine additional needs, determine barriers to success and provide life skills to address these barriers.

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How grant funding will impact/solve problem: Homeless individuals will realize coordinated services through RWFRC, the ARPA partners and other public and private providers. The impact of providing immediate and expedient support services to address emergent issues such as food, shelter, ID, health, substance abuse prevention will create a healthier and more purposeful quality of life for these individuals. Homeless clients will be encouraged to come in to the center at least weekly to monthly to address progress and additional needs.

How will gaps be addressed in the community: RWFRC meets with the Carson City Homeless Coalition on a scheduled monthly meeting. More frequent communication ensues on a daily and weekly basis on a case-by-case basis. Gaps in services are identified and addressed as they become apparent and group consensus addresses the issues and works out solutions as much as possible.

Who are the organizational collaborators/partners: RWFRC has engaged and collaborated with the following agencies and non-profits to specifically address the homelessness situation; Carson City Health and Human Services, NOTS – Nights Off the Streets, Spirit of Hope, St. Vincent De Paul Society, Dream Center, Carson City Sheriff’s Department, Friends in Service Helping, Advocates to End Domestic Violence, Community Counseling Center, State of Nevada Child and Family Services, Salvation Army, State of Nevada Governor’s Office of Economic Development, NV Rural Housing Authority, NV Public and Behavioral Health, Carson Tahoe Regional Healthcare, FASTT Team and MOST Team.

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EQUITABLE OUTCOMES TWO PAGE LIMIT 20 POINTS

Equitable Outcomes: Describe what equity strategies are being utilized to address Negative Economic Impacts to Disproportionately Impact Communities:

Equity and Homelessness

People of color are disproportionately more likely than White people to experience homelessness in the US. Systemic discrimination and racism have resulted in disparities in the ways housing programs and homeless services impact diverse populations. When people of color experience homelessness, trauma, substance use, and mental health challenges, their housing stability is further undermined by racism, discrimination, and stigma.

Black, Indigenous, and Hispanic and Latinx people experiencing housing instability and homelessness need access to effective, culturally responsive, racially equitable services and supports.

Equity is a strategy to address disparities and achieve fairness for all. At RWFRC, we start with racial equity because racism permeates every institution and system in the US and Nevada, denying millions the right to a fair and just society in which they can thrive and prosper. Through partnership with communities and people with lived experience, we incorporate person-centered, recovery-oriented and trauma-informed approaches to understand factors that drive inequities and achieve transformative outcomes.

How will the program or project address equitable outcomes, barriers to services to individuals or families that are disadvantaged?

RWFRC has trained staff that complete ongoing training in Sensitivity, Diversity, Equitability and Ethics. These professionals are tasked with working with diverse populations, providing information and referrals based on barriers for individuals and families that are disadvantaged. These professionals are trained and educated to:

- Learn the history of race and housing discrimination and its impact on housing stability for marginalized populations
- Understand the impact of discrimination, racism, and racial trauma on people of color who experience housing instability and homelessness
- Understand the impact of racism on housing policies, programs, services, and outcomes
- Collect, identify and assess data and disaggregate data to differentiate populations that are most marginalized by homelessness and housing instability
- Review, update and operationalize policies and procedures to ensure equity
- Develop action steps to shift organizational culture and implement strategies for making equitable change
- Build shared accountability for achieving and sustaining results and measure progress towards goals

Will the program or project gather feedback from diverse constituents?

American Rescue Plan Act Application

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RWFRC encourages all clients and providers to provide feedback on the quality of services, programs and overall satisfaction with services provided. This measurement takes place by utilizing client satisfaction surveys and anonymous comment surveys in each physical location within the center. Partner feedback is encouraged at meetings and solicited on an ongoing basis.

Will the program or project building community capacity:

RWFRC will assist our homeless population and build community capacity through:

- Providing identification to enable homeless clientele to secure housing, employment and temporary public benefits
- A chronically homeless person costs the taxpayer an average of \$35,578 per year. On average costs are reduced by 49.5% when they are placed in supportive housing. Supportive housing costs on average \$12,800, making the net savings roughly \$4,800 per year. Addressing the homeless issue will reduce associated costs for taxpayers and develop capacity through building self-sufficiency and improving the quality of life for homeless individuals.
- Quality of life for the community will flourish. Less homeless on the streets diminishes criminal activity, panhandling, substance abuse and a drain on public services.

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SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

How will the proposed project continue operation when grant funds are no longer available?

RWFRC has provided case management to all individuals for over 27 years. Grants are in place to assist individuals with need services and supports. Funding identification for both photo ID and birth certificates are available in limited funding sources; FASTT grant, private donations and an opportunity to pay a limited number of requests from our general fund. If we have an issue providing this service to a homeless individual after the grant funding has stopped, we have an opportunity to place the individual on a “work detail” to clean the parking lot, wash windows, volunteer at the food bank. Once the task is completed, the ID will be offered through our general fund.

Provide a detailed summary and a timeline of the plan to continue operations after December 2024: RWFRC intends to provide the ID services through ARPA funding until December 2024. Once funding is depleted, the client will be screened for various programs including FASTT for free issuance of an ID or birth certificate. If this process does not prove to be conducive for an individual, we can either place the individual on work detail in lieu of payment or ask them to provide the funding via a money order and provide the service of applying for the needed ID/birth certificate through case management. RWFRC fully intends to continue providing case management and ID services after December 2024.

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COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS

Describe efforts to coordinate, cooperate and work with other entities: RWFRC has a long-standing reputation for coordinating and cooperating with our Carson City partners. Collaboration with the partners of our community is key to addressing the problem of homelessness. RWFRC coordinates service with Carson City Health and Human Services, FISH, Advocates to End Domestic Violence, Spirit of Hope, Nights Off the Street (NOTS), St. Vincent de Paul Society, FASTT and MOST regularly on homelessness. Many other programs have received our coordination; Mental health services, substance abuse services, food insecurity, child abuse and neglect, truancy, parenting and family education, just to name a few. A Memorandum of Understanding is included with this application.

We look forward to meeting with the ARPA partners, developing the methodology and provided the much needed services as set forth in the Carson City Housing Plan.

Thank you for your consideration.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

PROJECT BUDGET- 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title:	Requested Amount	Other Funding	Total Funds
Project Expenses February 2023-December 2024			
Personnel	2,703.00	16,304.00	19,007.00
Consultants/Contracts	174.00		174.00
Travel	5,000.00		5,000.00
Supplies/Operating	8,250.00		8,250.00
Equipment			
Other			
TOTALS	16,127.00	16,304.00	\$32,431.00

OTHER CARSON CITY CONTRIBUTIONS

- Has your agency received funding or other support from Carson City in the past 3 years?
 YES NO
- If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.
 - CSSG – 2019 – 20 - \$41,056.31
 - CSSG – 2020 – 21 - \$50,000.00
 - CSSG – 2021 – 26 - \$54,120.00 (each year)
 - CDBG – 2019 – 20 - \$32,000.00
 - CDBG – 2020 – 21 - \$20,000.00
 - CDBG – 2021 – 22 - \$120,000.00 + 100,000.00
 - CDBG – 2021 – 22 - \$60,958.00 - pending
 - CDBG – 2022 – 23 - \$35,000.00 – 60,958.00 - pending
 - Northgate Building Lease – 2010 to 2022 - \$107,553.60 per year – Fair Market Value

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used. (Attachment provided)

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

BUDGET JUSTIFICATION

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

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Fiscal Manager	2,703.00	76.5 hours @ 35.33 per hour .75 hours per week x 102 weeks Includes fringe – health benefit stipend, FICA/Medicare, Unemployment Insurance and Workers Comp based on FY22 rates and 2% pay increase FY23
Birth Certificate Fees	5,000.00	\$50 each x 100 requests Cost of Birth Certificate varies from state to state; Average cost is based on FY22 services provided
State ID's and/or Driver's Licenses Fees	8,250.00	\$41.25 each x 200 requests Cost of ID's and Driver's Licenses varies from state to state; Average cost is based on FY22 services provided
Office Supplies	60.00	\$.20 per check x 300 requests
Postage	114.00	\$1.14 per mailed request x 100 Birth Certificates Includes \$.57 to mail each request and a \$.57 stamped, self-addressed envelope for agency to return Certificate
<u>Personnel – In-Kind</u> Case Management and ID processing will be funded through the family resource center grant funding.	16,304.00	\$20.38 per hour x 8 hours per week x 100 weeks (2 years)

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

AGENCY INFORMATION	
Date of incorporation	4-9-1997
Date of IRS certification	5-23-1997
Tax exempt number	IRS – 86-0865470
UEI #	UEI# H6J6VMWGLFQ8

REQUIRED: Attach items 1-7 to your application. Item 8 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 https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ 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 ARPA funds.]	✓
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	✓
6	Profit and Loss Statements and Balance Sheets for prior 3 years	✓
7	Has your agency registered with the System for Award Management (SAM) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY’S SAM REGISTRATION	✓
8	Funding commitment letters and/or letters of support (if applicable) MOU	✓
9	Funding Narrative – Grant Funding/Lease from City of Carson	✓

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

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.

	<i>11/23/22</i>
Signature of Authorized Official	Date
Joyce Buckingham, Executive Director	775-884-2269
Typed Name and Title of Authorized Official	Phone Number

	<i>11/22/22</i>
Signature of President of Board of Directors	Date
Ali Banister, Chair Person of Board of Directors	775-887-2033
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:

AUG 29 2001

RON WOOD FAMILY RESOURCE CENTER
625 FAIRVIEW DR #113
CARSON CITY, NV 89701

Employer Identification Number:
86-0865470

DLN:
17053202737041

Contact Person:
STEPHANIE L JONES ID# 31395

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
May of 1997

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.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)

ATTACHMENT 1

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

RON WOOD FAMILY RESOURCE CENTER

Entity Number:

C7621-1997

Entity Type:

Domestic Nonprofit Corporation (82)

Entity Status:

Active ✓

Formation Date:

04/09/1997

NV Business ID:

NV19971146602 ✓

Termination Date:

Perpetual

Annual Report Due Date:

4/30/2023

Solicits Charitable Contribution:

Yes

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

CAROL WOLFF

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

860 VALLEY CREST , Carson City, NV, 89705, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
President	Ali Banister	2365 Kingsview Way, Carson City, NV, 89703, USA	03/02/2022	Active
Secretary	Greg Wood	201 Portrush Court, Dayton, NV, 89403, USA	03/02/2022	Active
Treasurer	Greg Wood	201 Portrush Court, Dayton, NV, 89403, USA	03/02/2022	Active
Director	Joyce Buckingham	1321 Kim Place, Minden, NV, 89423, USA	03/02/2022	Active
Other/	Savannah Wood	311 Sinclair Street , #4, Reno, NV, 89501, USA	03/02/2022	Active

< Previous ... 1 [2] [3] ... [Next >] Page 1 of 3, records 1 to 5 of 14 [Go to Page]

CURRENT SHARES

Class/Series	Type	Share Number	Value
No records to view.			

Number of No Par Value Shares:

0

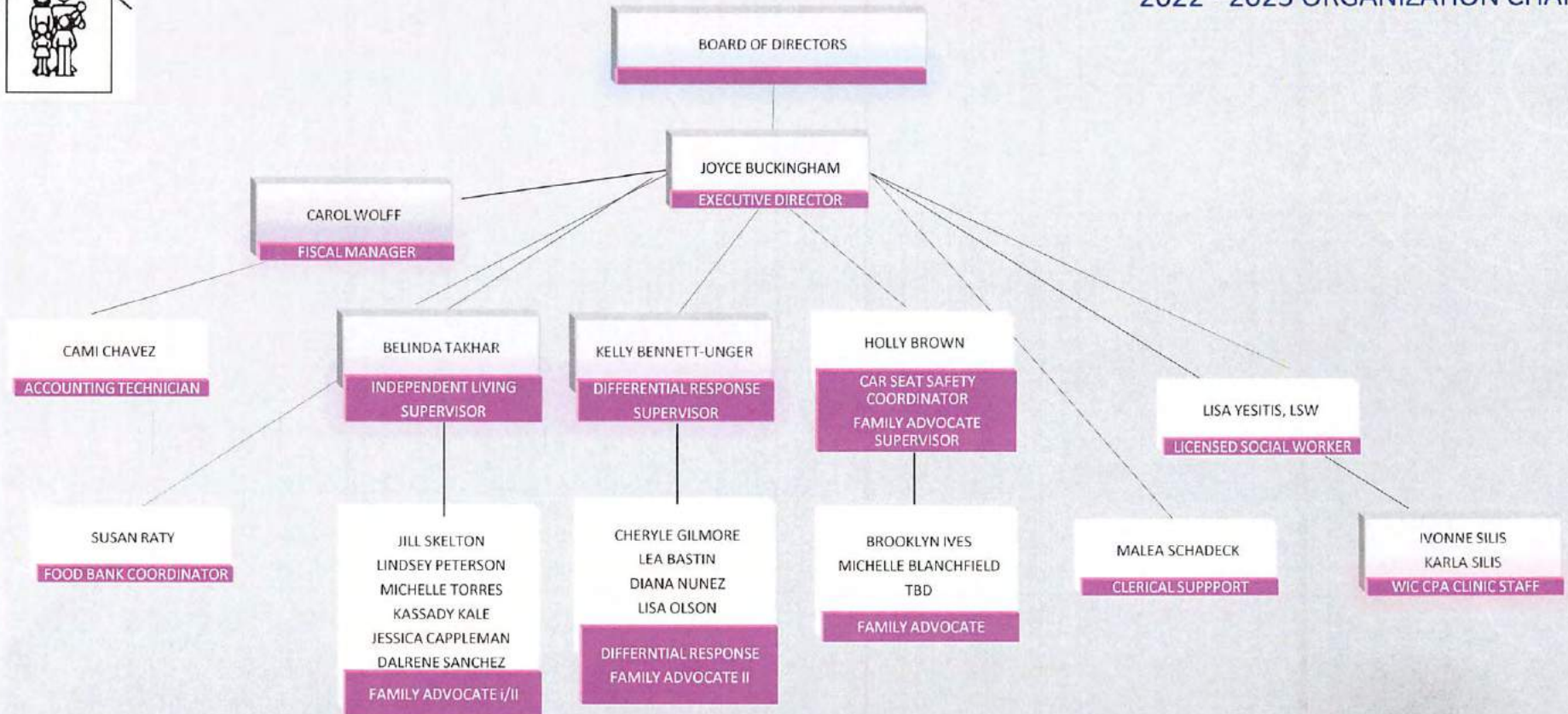
Total Authorized Capital:

[Filing History](#) [Name History](#) [Mergers/Conversions](#)

[Return to Search](#) [Return to Results](#)

RON WOOD FAMILY RESOURCE CENTER

2022 - 2023 ORGANIZATION CHART



*Ron Wood Family Resource Center
Board of Directors – 2021 - 2023*

Name	Work Address	Terms of office
Ali Banister Chairperson	Carson City Juvenile Services	2 Year Term until July 2023
Savannah Wood Vice-Chairperson	Carson Tahoe Healthcare	2 Year Term until July 2023
Greg Wood Secretary- Treasurer	Self Employed	2 Year Term until July 2023
BOARD MEMBERS		
Linda Allen	TRPA	2 Year Term until July 2023
Gere' Clark	James Gaskets – Owner/Manager	2 Year Term until July 2023
Trina Dahlin	Retired	2 Year Term until July 2023
Evie Dean	Retired	2 Year Term until July 2023
Sheri Hixon- Brenenstall	Self-Employer Nevada Licensed Psychologist	2 Year Term until July 2023
Ken Furlong	Carson City Sheriff's Office 911 East Musser Street Carson City, NV. 89701	2 Year Term until July 2023
Rick Redican	Retired	2 Year Term until July 2023
Valeri Wood	Retired	2 Year Term until July 2023

ATTACHMENT 4

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

2020

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization RON WOOD FAMILY RESOURCE CENTER		D Employer identification number 86-0865470
	Doing business as		E Telephone number 775-884-2269
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,381,872.
	2621 NORTHGATE LANE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CARSON CITY, NV 89706-1619		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JOYCE BUCKINGHAM 2621 NORTHGATE LANE STE 62, CARSON CITY, NV			H(c) Group exemption number ▶
I 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			
J Website: ▶ HTTPS://CARSON-FAMILY.ORG/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1997 M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION WAS CREATED TO PROVIDE A COMMUNITY-WIDE COOPERATIVE EFFORT BETWEEN THE PRIVATE		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	173
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,625,193.	Current Year 2,372,172.
	9 Program service revenue (Part VIII, line 2g)	11,388.	9,666.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55.	34.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,636,636.	2,381,872.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,062,231.	1,150,503.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,415,844.	1,131,482.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,478,075.	2,281,985.	
19 Revenue less expenses. Subtract line 18 from line 12	158,561.	99,887.	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year 458,944.	End of Year 558,434.
	21 Total liabilities (Part X, line 26)	43,748.	43,351.
	22 Net assets or fund balances. Subtract line 21 from line 20	415,196.	515,083.

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			
	JOYCE BUCKINGHAM, EXECUTIVE DIRECTOR Type or print name and title				
Preparer Use Only	Print/type preparer's name DAVID E. SILVA	Preparer's signature DAVID E. SILVA	Date 05/03/22	Check <input type="checkbox"/> self-employed	PTIN P00435696
	Firm's name ▶ SILVA SCEIRINE & ASSOCIATES LLC	Firm's EIN ▶ 81-0895382	Firm's address ▶ 9585 PROTOTYPE COURT, SUITE C RENO, NV 89521	Phone no. 775-624-9105	

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 [X]

1 Briefly describe the organization's mission: THE ORGANIZATION WAS CREATED TO PROVIDE A COMMUNITY-WIDE COOPERATIVE BETWEEN THE PRIVATE SECOT AND GOVERNMENTAL AGENCIES IN ORDER TO PROMOTE HEALTHY FAMILY RELATIONSHIPS.

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

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

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 \$ 2,167,743. including grants of \$) (Revenue \$ 2,381,838.)

FOOD PROGRAMS
EDUCATION, TRAINING AND REFERRAL
ADVOCACY AND CASE MANAGEMENT
OTHER

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 9,666.)

4e Total program service expenses 2,167,743.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

RON WOOD FAMILY RESOURCE CENTER

86-0865470

Name and title of officer or person subject to tax

JOYCE BUCKINGHAM 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one line in Part I.

Table with 7 rows (1a-7a) and 2 columns (b Total revenue, tax, etc.). Row 1a is checked with amount 2,381,872.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization) (EIN) and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize SILVA SCEIRINE & ASSOCIATES LLC to enter my PIN 65470. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

Date 5-11-2022

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.

88548035696 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 David Date 05/03/22

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

SILVA, SCEIRINE & ASSOCIATES, LLC
9585 PROTOTYPE COURT, SUITE C
RENO, NV 89521

MAY 3, 2022

RON WOOD FAMILY RESOURCE CENTER
2621 NORTHGATE LANE NO. 62
CARSON CITY, NV 89706-1619

RON WOOD FAMILY RESOURCE CENTER:

ENCLOSED IS THE ORGANIZATION'S 2020 EXEMPT ORGANIZATION
RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU
WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE
SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL
THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A
PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO
US BY MAY 16, 2022.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

WITH BEST REGARDS,

DAVID E. SILVA

ATTACHMENT 5

AS of 10/31/22

FY 2022-23

Ron Wood Family Resource Center
 Fiscal Report as of 10/31/22 (cash basis)
 Fiscal Year Ending 06/30/2023

Cash Balance at 10/31/22		Net Income: 07/01/22 to 10/31/22	
Checking Acct Balance	\$ 653,494	Receipts	\$ 792,093
Money Market Balance	\$ 2,829		
Savings Account Balance	\$ 330	Expenses	\$ 638,512
PayPal Account Balance	\$ 1,525		
Total Cash Balance:	\$ 658,178	Balance:	\$ 153,581

Activity To Date for Fiscal Year End 06/30/2023	FY 2023 Est. Budget	Posted 07/01/22 - 10/31/22	Comments
Grant Income	\$ 1,913,557	\$ 633,852	Govt Grants & CTH Contract
Other Income - Program Services	\$ 13,150	\$ 5,115	Supv Visits, Co-Parenting, Car Seats, Other
Other Income - Fundraising + Restricted Donations	\$ 141,000	\$ 65,572	RWCC, Restricted Donations, Leg Grace
Other Income - Health Services Revenue	\$ 80,000	\$ -	Medicaid & Other Third Party
Donations - Cash Receipts Unrestricted	\$ 75,000	\$ 2,849	Over Counter, PayPal, Food Bank
Donations - In-Kind	\$ 223,714	\$ 82,957	Includes FAFFY Grant Match & Volunteers
Accts Receivable	\$ 5,700	\$ 1,748	Janitorial Assessments
Total Income:	\$ 2,452,121	\$ 792,093	
7000 · Grant & Contract Expense	\$ 177,003	\$ 102,388	Direct Services, Car Seats, Birth Certificates
7200 · Personnel Expense	\$ 1,635,516	\$ 371,011	
7500 · Contractual Services	\$ 56,259	\$ 18,293	Audit, IT Contactors, Health Professionals
8100 · Operating Expenses	\$ 70,599	\$ 32,190	
8200 · Occupancy Expense	\$ 39,274	\$ 14,568	Includes Janitorial, Utilities
8300 · Travel & Meetings Expense	\$ 65,754	\$ 14,032	Includes Auto Mileage
8350 · Training - Staff Development	\$ 4,796	\$ 566	
8500 · Equipment	\$ 45,225	\$ 1,259	
8700 · Board Fundraiser Expense	\$ 1,100	\$ 1,191	Annual Christmas/Food Drive/RWCC
8900 · Leasehold Improvement Expense	\$ -		RWCC
9100 · MISC Expense - Admin	\$ 700	\$ 57	PayPal Fees, LOC Interest, Bus Lic Fees
9000 · Indirect	\$ 132,181	\$ -	Grant Income offset for non-budgeted expenses
Required Match	\$ 223,714	\$ 82,957	
Total Expenses:	\$2,452,121	\$638,512	

0 153,581

Fy 2021-22

Ron Wood Family Resource Center
Fiscal Report as of 07/31/21 (cash basis)
Fiscal Year Ending 6/30/2022

Cash Balance at 07/31/21		Net Income: 07/01/21 to 07/31/21	
Checking Acct Balance	\$ 416,294	Receipts	\$ 160,683
Money Market Balance	\$ 2,823		
Savings Account Balance	\$ 329	Expenses	\$ 116,856
PayPal Account Balance	\$ -		
Total Cash Balance:		Balance:	\$ 43,827

Activity To Date for Fiscal Year End 6/30/2022	FY 2022 Est. Budget	Posted 07/01/21 - 07/31/21	Comments
Grant Income	\$ 2,075,894	\$ 135,909	
Other Income - Program Services	\$ 10,700	\$ 1,123	Supv Visits, Co-Parenting, Car Seats, Other
Other Income - Fundraising + Restricted Donations	\$ -	\$ 109	Bldg Fund, Restricted Donations
Donations - Cash Receipts	\$ 56,000	\$ 1,485	Over Counter, PayPal, Food Bank, Leg Grace
Donations - In-Kind	\$ 224,599	\$ 21,993	Includes FAFFY Grant Match & Volunteers
Accts Receivable	\$ 5,700	\$ 64	Janitorial Assessments
Total Income:	\$ 2,372,893	\$ 160,683	
7000 · Grant & Contract Expense	\$ 542,771	\$ 20,075	Direct Services, Car Seats, Birth Certificates
7200 · Personnel Expense	\$ 1,228,569	\$ 59,668	
7500 · Contractual Services	\$ 59,817	\$ 1,259	Audit, Acctg, IT Contactors
8100 · Operating Expenses	\$ 65,206	\$ 9,697	
8200 · Occupancy Expense	\$ 39,951	\$ 2,050	Includes Janitorial
8300 · Travel & Meetings Expense	\$ 63,624	\$ 779	
8350 · Training - Staff Development	\$ 6,175	\$ 350	
8500 · Equipment	\$ 3,065	\$ 879	
8900 · Leasehold Improvements Expense	\$ -		CMHC
9000 · Indirect	\$ 139,116		Grant Income offset for non-budgeted expenses
Required Match	\$ 224,599	\$ 21,993	
MISC Expense · Admin	\$ -	\$ 106	PayPal Fees, LOC Interest, Bus Lic Fees
Total Expenses:	\$2,372,893	\$116,856	

43,827

FY 2020-21

Ron Wood Family Resource Center
Fiscal Report as of 07/31/20 (cash basis)
Fiscal Year Ending 6/30/2021

Cash Balance at 07/31/20		Net Income: 07/01/20 to 07/31/20	
Checking Acct Balance	\$ 349,205	Receipts	\$ 153,612
Money Market Balance	\$ 2,824		
Savings Account Balance	\$ 329	Expenses	\$ 84,628
PayPal Account Balance	\$ 131		
Total Cash Balance:	\$ 352,489	Balance:	\$ 68,984

Activity To Date for Fiscal Year End 6/30/2021	FY 2021 Est. Budget	Posted 07/01/20-07/31/20	Comments
Grant Income	\$ 1,600,631	\$ 137,830	
Other Income - Program Services	\$ 14,400	\$ 1,213	Supv Visits, Co-Parenting, Car Seats, Other
Other Income - Fundraising + Restricted Donations	\$ -	\$ 150	Bldg Fund, Restricted Donations
Donations - Cash Receipts	\$ 51,000	\$ 1,560	Over Counter, PayPal, Food Bank, Leg Grace
Donations - In-Kind	\$ 184,524	\$ 12,384	Includes FAFFY Grant Match & Volunteers
Accts Receivable	\$ 5,700	\$ 475	Janitorial Restroom Assessments
Total Income:	\$ 1,856,255	\$ 153,612	
7000 - Grant & Contract Expense	\$ 168,223	\$ 1,672	Direct Services, Car Seats, Birth Certificates
7200 - Personnel Expense	\$ 1,177,323	\$ 59,019	
7500 - Contractual Services	\$ 46,607	\$ 1,400	Audit, Acctg, IT Contactors
8100 - Operating Expenses	\$ 61,924	\$ 7,619	
8200 - Occupancy Expense	\$ 41,413	\$ 1,488	Includes Janitorial RR
8300 - Travel & Meetings Expense	\$ 70,795	\$ 1,042	
8350 - Training - Staff Development	\$ 2,423		
8500 - Equipment	\$ 47		
8900 - Leasehold Improvements Expense	\$ -		CMHC
9000 - Indirect	\$ 102,976		Grant Income offset for non-budgeted expenses
Required Match	\$ 184,524	\$ 12,384	
MISC Expense - Admin	\$ -	\$ 4	PayPal Fees, LOC Interest, Bus Lic Fees
Total Expenses:	\$1,856,255	\$84,628	

- 68,984

Fy 2019 - 20

Ron Wood Family Resource Center
Fiscal Report as of 07/31/19 (cash basis)
Fiscal Year Ending 6/30/2020

Cash Balance at 07/31/19		Net Income: 07/01/19 to 07/31/19	
Checking Acct Balance	\$ 184,603	Receipts	\$ 197,742
Money Market Balance	\$ 2,822		
Savings Account Balance	\$ 328	Expenses	\$ 86,629
PayPal Account Balance	\$ 288		
Total Cash Balance:	\$ 188,041	Balance:	\$ 111,113

Activity To Date for Fiscal Year End 6/30/2020	FY 2020 Est. Budget	Posted 07/01/19 - 07/31/19	Comments
Grant Income	\$ 1,102,329	\$ 169,576	
Other Income	\$ 12,400	\$ 1,849	Supv Visits, Parenting, Car Seats, Other
Other Fundraising Donations	\$ 15,000	\$ 20,000	Bldg Fund, Restricted Donations
Donations - Cash Receipts	\$ 43,600	\$ 1,901	Over Counter, PayPal, Food Bank, Leg Grace
Donations - In-Kind	\$ 66,049	\$ 4,416	Includes FAFFY Grant Match & Volunteers
Total Income:	\$ 1,239,378	\$ 197,742	
7000 · Grant & contract expense	\$ 33,675	\$ 290	Direct Services, Car Seats, Birth Certificates
7200 · Personnel Expense	\$ 911,222	\$ 73,597	
7500 · Contractual Services	\$ 36,253	\$ (41)	Audit, Acctg and IT Contactors
8100 · Operating Expenses	\$ 44,494	\$ 2,254	
8200 · Occupancy Expenses	\$ 25,643	\$ 4,519	
8300 · Travel & meetings expenses	\$ 47,212	\$ 1,594	
8350 · Training - Staff Development	\$ 1,035		
8500 · Equipment	\$ 3,200		
8700 · Board Fundraiser	\$ -	\$ -	
9000 · Indirect	\$ 70,595	\$ -	Grant Income offset for non-budgeted expenses
Required Match	\$ 66,049	\$ 4,416	
MISC Expense · Admin	\$ -		PayPal Fees, LOC Interest, Bus Lic Fees
Total Expenses:	\$1,239,378	\$86,629	

111,113

RON WOOD FAMILY RESOURCE CENTER

ALERT! This entity is only available FOR OFFICIAL USE ONLY.

Unique Entity ID H6J6VMWGLFQ8	CAGE / NCAGE 3UXV9	Purpose of Registration Federal Assistance Awards Only
Registration Status Submitted Registration	Expiration Date May 5, 2023	
Physical Address 2621 Northgate LN STE 62 Carson City, Nevada 89706-1619 United States	Mailing Address 2621 Northgate Lane - Suite 62 Carson City, Nevada 89706-2251 United States	

Business Information

Doing Business as (blank)	Division Name Ron Wood Family Resource Center	Division Number (blank)
Congressional District Nevada 02	State / Country of Incorporation Nevada / United States	URL www.carson-family.org
MPIN *****2020		

Registration Dates

Activation Date (blank)	Submission Date May 5, 2022	Initial Registration Date May 6, 2004
-----------------------------------	---------------------------------------	---

Entity Dates

Entity Start Date Sep 1, 1995	Fiscal Year End Close Date Jun 30
---	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

Yes

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

No

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty,

ATTACHMENT 7

reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure

Corporate Entity (Tax Exempt)

Entity Type

Business or Organization

Organization Factors

(blank)

Profit Structure

Non-Profit Organization

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments

No

Debt Subject To Offset

No

EFT Indicator

0000

CAGE Code

3UXV9

Electronic Funds Transfer

Account Type

Checking

Routing Number

******6066**

Lock Box Number

(blank)

Financial Institution

CITY NATIONAL BANK

Account Number

******1200**

Automated Clearing House

Phone (U.S.)

7758851230

Email

LHaney@cnb.com

Phone (non-U.S.)

(blank)

Fax

7758851238

Remittance Address

RON WOOD FAMILY RESOURCE CENTER

2621 Northgate Lane - Suite 62

Carson City, Nevada 89706

United States

Taxpayer Information

EIN

*******5470**

Type of Tax

Applicable Federal Tax

Taxpayer Name

RON WOOD FAMILY RESOURCE CENTER

Tax Year (Most Recent Tax Year)

2009

Name/Title of Individual Executing Consent

Executive Director

TIN Consent Date

May 5, 2022

Address

2621 Northgate Lane - Suite 62

Carson City, Nevada 89706

Signature

JOYCE BUCKINGHAM

ATTACHMENT 7

Points of Contact

Accounts Receivable POC

♀
Carol Wolff, Fiscal Manager
 acct@carson-family.org
 7758842269

Electronic Business

♀
JOYCE BUCKINGHAM
 executive_director@carson-family.org
 7758842269

2621 Northgate Lane - Suite 62
 Carson City, Nevada 89706
 United States

JOYCE BUCKINGHAM
 executive_director@carson-family.org
 7758842269

2621 Northgate Lane - Suite 62
 Carson City, Nevada 89706
 United States

Government Business

♀
Joyce Buckingham, Executive Director
 executive_director@carson-family.org
 7758842269

2621 Northgate Lane #62
 Suite 62
 Carson City, Nevada 89706
 United States

JOYCE BUCKINGHAM
 executive_director@carson-family.org
 7758842269

2621 Northgate Lane - Suite 62
 Carson City, Nevada 89706
 United States

Past Performance

♀
SHARLEA PAYNE
 rwfrc@carson-family.org
 7758842269

212 E. Winnie LN.
 Carson City, Nevada 89706
 United States

DENA WOOD
 dena@carson-family.org
 7758842269

212 E. Winnie LN.
 Carson City, Nevada 89706
 United States

Security Information

Company Security Level
 (blank)

Highest Level Employee Security Level
 (blank)

Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
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Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
 (blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121) (blank)	Number of Employees (in accordance with 13 CFR 121) (blank)
--	--

Location

Annual Receipts (in accordance with 13 CFR 121) (blank)	Number of Employees (in accordance with 13 CFR 121) (blank)
--	--

Industry-Specific

Barrels Capacity (blank)	Megawatt Hours (blank)	Total Assets (blank)
-----------------------------	---------------------------	-------------------------

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

ATTACHMENT 7

Disaster Response

This entity does not appear in the disaster response registry.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
NIGHT OFF THE STREETS INC.
RON WOOD FAMILY RESOURCE CENTER
ST. VINCENT DE PAUL SOCIETY
SPIRIT OF HOPE INC.**

Purpose:

To establish a consortium of organizations that facilitates communication and linkages between organizations. These organizations all have in their mission the servicing of individuals and families in crisis, homelessness and unsheltered. The consortium's primary goals are to: 1) strive to create and provide a full continuum of care through partnering, collaborating and assisting each other in identifying gaps and challenges and using creative problem solving to address those challenges, 2) enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community, 3) coordinate efforts, share resources and strive for an environment of cooperation over competition.

This is not a legally binding agreement. This MOU has no fiscal promises nor bindings.

Members Mission Statements

Ron Wood Family Resource Center

To create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy family relationships through education and support services.

Night Off The Streets Inc.

To operate a barrier free warming center that ensures no unhoused person dies in Carson City streets due to exposure.

St. Vincent de Paul Society

A network of friends, inspired by Gospel values, growing in holiness and building a more just world through personal relationships with and service to people in need.

Spirit of Hope


It is our quest to recognize significant and important needs in society and to be a catalyst of change. Spirit of Hope believes that purposeful acts of kindness can remove despair and replace it with hope. It is our mission to restore faith and confidence in others so they have the will and means to live a safe, independent, and meaningful life.

THESE ORGANIZATIONS agree to:

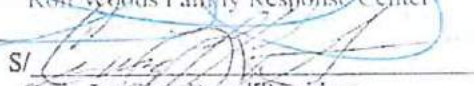
1. Identify for each organization a liaison/representative to facilitate implementation. Meet one time per month at a minimum, to give updates on programs as determined by the group.
2. Meeting topics may include: potential safety concerns, difficulty in making contact, case referrals, program challenges, lack of progress in service planning, grant management and writing/application challenges, shared training needs to enhance knowledge and practical experience, volunteer and job opportunities, develop and manage program statistics, identify gaps, needs, and duplication of services.
3. Provide opportunities for staff to collaborate with each other including job shadowing and other activities that will enhance knowledge of all programs.

4. Write Letters of support as requested by consortium members for grant applications and other fundraising efforts.
5. Act in a professional manner aimed at preserving and safeguarding the confidentiality of all programs and participants in conformity with State and Federal laws.

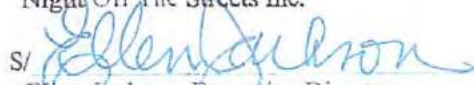
Date of this agreement begins upon final signature for ONE YEAR.

S/ 
 Joyce Buckingham Executive Director
 Ron Woods Family Response Center

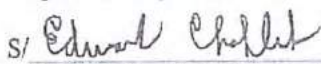
Date 10-6-2022

S/ 
 Craig La Gier, Board President
 Night Off The Streets Inc.

Date 10/6/22

S/ 
 Ellen Jackson, Executive Director
 Spirit of Hope Inc.

Date 10/6/22

S/ 
 Edward Choklek, President
 St. Vincent de Paul Society

Date 10/6/22

Joyce Buckingham, Executive Director
 Ron Wood Family Resource Center
 2621 Northgate Lane #62
 Carson City, NV 89706
 (775) 884-2269
 Email: executive_director@carson-family.org

Ellen Jackson, Executive Director
 Spirit of Hope
 411 N. Division Street
 Carson City, NV 89703
 ((775) 462-3331
ellen@spiritofhopeincnv.org

Edward Choklek, President
 St. Vincent de Paul Society
 775-882-1968 ext. 119
edchoklek@gmail.com

Craig La Gier, President
 Night off the Streets Inc. NOTS
 PO Box 1480
 Carson City, NV 89702
craig.lagier@gmail.com



RON WOOD FAMILY RESOURCE CENTER

November 22, 2022

ARPA - Application Review Workgroup
Mirjana Gavric, Grants Administrator
Carson City, Department of Finance
201 N. Carson Street #3
Carson City, NV 89704

2621 Northgate Lane
Suite 62
Carson City, NV 89706
(775) 884-2269 - Phone
(775) 884-2730 - Fax
www.carson-family.org

In Re: City of Carson Funding Narrative - ARPA Application

As per your request, please find the narrative that highlights the funding and lease space provided by the City of Carson.

BOARD OFFICERS

Ali Bantster
Chairperson

Savannah Wood
Vice - Chairperson

Greg Wood
Secretary/Treasurer

1. CSSG - 2019 - 20 - \$41,056.31
2. CSSG - 2020 - 21 - \$50,000.00
3. CSSG - 2021 - 26 - \$54,120.00 (each year)

CSSG services provided Reach Up! mental health services, cooperative parenting classes, supervised visitation for non-custodial parents, truancy prevention, emotional regulation management and prevention of bullying program. 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.

BOARD OF DIRECTORS

Linda Allen

Gere Clark

Trina Dahlin

Evie Dean

Ken Furlong

Sheri Hixon-Brenenstall

Rick Redican

Valeri Wood

4. CDBG - 2019 - 20 - \$32,000.00
5. CDBG - 2020 - 21 - \$20,000.00

CDBG funding from 2019 - 2021 provided funding to address Prevention of Chronic Absenteeism for youth toward attending school during the COVID-19 pandemic.

6. CDBG - 2021 - 22 - \$120,000.00 - 100,000.00
7. CDBG - 2021 - 22 - \$60,958.00 pending

CDBG funding from 2021 - 22 - Housing assistance for circumstances due to COVID-19. \$60,958.00 is surplus COVID housing funding the City of Carson has requested we spend out. This award is pending.

8. CDBG - 2022 - 23 - \$35,000.00

CDBG funding for the Family Resiliency Project addressing intergenerational trauma in families that stem from referrals from mental health court, drug court, child and family services and the school district.

9. Northgate Building Lease - 2010 to 2022 - \$107,553.60 per year FMV

Ron Wood Family Resource Center received a lease from the City of Carson in 2010 to occupy approximately 8300 square feet at 2621 Northgate Lane. This space enabled the center to provide more services to the community reducing leasing overhead.

EXECUTIVE DIRECTOR

Joyce Buckingham

Promoting
Healthy
Family
Relationships
Through
Education
& Support Services

Respectfully submitted,


Joyce Buckingham
Executive Director, Ron Wood Family Resource Center

ATTACHMENT 9



GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

X Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services.

Phase Two – Stabilize

Temporary Housing

- Temporary housing for individuals without shelter.
 - Length of stay approximately 180 days
 - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

**Please e-mail your application before or on the due date to: grants@carson.org
Applications will not be received after the deadline stated above.**

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

APPLICATION

NEW APPLICANT

PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ _____)

APPLICANT INFORMATION

Agency Name: Night Off The Streets Inc.	
Agency Mailing Address: PO Box 1480 Carson City NV 89702	
Project Name: Connecting Carson City's Homeless	
Project Address if Different than Mailing Address:	
Contact Person: Jennifer Scanland	
Office Number:	Email: jenscannv@gmail.com
Cell Phone: 775-297-2061	Website: notscarson.org

FISCAL MANAGER

Name:	Colleen Crum
Title:	Treasurer
Phone Number:	775-220-8187
Email:	crum91@icloud.com

PROJECT FUNDING

Requested amount February – December 2023	\$ 78,000
Requested amount January – December 2024	\$ 70,770
Total project cost for two years	\$148,770

Night Off the Streets (NOTS) was established six years ago after four unsheltered individuals died from cold exposure between November 2016 and January 2017. NOTS' objective is to provide shelter for unhoused people in Carson City. NOTS, which attained 501(c) 3 status in 2022, is supported by 12 area churches and hundreds of volunteers. Since establishing NOTS, no one has died from exposure during the winter months.

Carson City's homeless response system encompasses three critical elements -- Survive-Stabilize-Thrive. NOTS is dedicated to serving the critical role of SURVIVE. NOTS serves as a "front door" for the homeless response system and entry into a continuum of care offered by Carson City Health and Human Services (CCHHS) and other agencies. NOTS keeps homeless guests alive and safe by providing low-barrier access to safe shelter and referral services to anyone that needs it. We are often the first point of contact for those without shelter and frequently provide the first engagement opportunity to begin the process of transitioning people to housing.

The ARPA funds requested in this application will be used to hire a full-time Center Manager under a two-year contract and purchase office and Center supplies. The addition of a Center Manager to the NOTS team will result in increased one-on-one attention for each NOTS guest that will enable more intensive and faster identification of how best to refer our guests for assistance. The objective is to accelerate the time it takes for NOTS guests to find housing.

The Manager is expected to strengthen and sustain effective, consistent and ongoing partnerships with State and City agencies and other non-profit organizations that serve the homeless. The Manager will be trained on how best to work with CCHHS and to utilize the Mobile Outreach Safety Team (MOST), and other City, State and non-profit organization partners.

NOTS is positively recognized in the community for creating temporary safe housing for people without shelter. Over the past six years, NOTS has provided more than 17,000 beds for homeless individuals, which include men, women and minor children. The addition of a Manager will enable homeless people to more quickly obtain the assistance needed to find shelter and jobs. The outcomes achieved during the past six years are detailed in the Problem Statement. By more closely working with CCHHS and other community partners, we expect a greater number of homeless people to find full- or part-time work and permanent housing. They will more quickly find solutions that currently prevent them from finding shelter. Some examples include: Referrals to community partners and CCHHS that result in arranging medical care, entry into rehabilitation and behavioral health programs and obtaining documents needed to receive assistance and medical help, such as Social Security and Medicare cards.

PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS

People without shelter are a growing problem in Carson City. This problem is recognized by Carson City’s Board of Supervisors as well as Carson City’s Health and Human Services. There is an immediate, ongoing need to provide temporary shelter in a safe environment. There is also a need for State and City agencies to partner with local agencies and non-profit organizations to find permanent and more affordable housing for the unsheltered.

At present, the number of establishments offering beds to the unhoused is not sufficient to house all of the people without shelter in Carson City. During the day and night, homeless individuals resort to finding places outdoors in which to shelter. Merchants in the city complain about urine and feces left by people sleeping in their store fronts and back alleys. The U.S. Supreme Court has ruled that criminalization of homelessness is a violation of an individual’s constitutional rights. This challenges communities to find the best methods for managing the impact of homelessness on individuals, businesses, and community quality of life when there are no practicable beds available to those without shelter.

It is also a financial burden to Carson City for the Sheriff’s Office to house the homeless in the county jail. According to the Sheriff’s Office, the cost of processing one person off the street is \$3,000. Providing an alternative shelter for our homeless also benefits Carson City’s tourism and hospitality industries as well as community and visitors’ quality of life. It reduces the unsightly and unsanitary waste that litters Carson City streets and alleys when the only option for the homeless is to live on the streets.

NOTS measures the impact its Center has on the wellbeing of the guests and, by extension, the community itself. Following are the outcome measures for the past six seasons:

Outcomes During the Nov. 1- Mar. 31 Seasons, by Year

	2017	2017-18	2018-19	2019-20	2020-21	2021-22	TOTALS
Total Nights	32	134	151	151	129	151	748
Total Beds	439	3,151	4,178	4,283	2,012	3,600	17,663
Total Bussed	No data	415	619	10,22	1,582	1,633	5,271
Minor Children	No data	5	No data	2	2	5	14
Found Full Time Work	No data	5	No data	2	4	9	14
Found Part-time Work	No data	No data	No data	1	No data	2	3
Found Permanent Housing	No data	7	No data	3	6	6	22
Child Guests Entered Foster Care	0	0	0	0	0	2	2
Entered Rehab or Behavioral Health Services	No data	1	No data	3	3	5	12
Police Delivered					2	5	7

These outcome measures demonstrate that the NOTS Center is imperative to achieving the SURVIVAL element of Carson City’s homeless response system.

GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

GOAL A: Orientation of NOTS Center Manager on the Center's operational management, policies and procedures.

OBJECTIVE #1 *Within the first month of being hired, the Manager will read and review all NOTS policies, procedures and bylaws. The Manager will also review the NOTS operations manual and will complete the training for volunteers. Orientation of the Center Manager in the first month will include discussion with NOTS' Board member and key volunteers.*

GOAL B: Create Referral Framework NOTS Manager will collaborate with Community partners to develop referral procedures.

OBJECTIVE #1 *Within the first month after being hired, the NOTS manager will collaborate with community partners to develop referral procedures.*

OBJECTIVE #2 *Within two weeks after the framework is complete, Manager will create a one-page handout that describes NOTS' referral service. The handout will be given to all Center guests.*

GOAL C: Create Referral Process, Procedure and Train Volunteers

OBJECTIVE #1 *Manager will develop a procedure for volunteers to assist in the referral process and data collection.*

OBJECTIVE #2 *NOTS will hold training for volunteers either individually and/or as a group on the procedure.*

GOAL D: Initiate Client/Guest Referrals

OBJECTIVE #1 *Once the framework and referral processes are implemented, NOTS will make initial contact with 100% of guests each evening to inform them of the referral service by giving them the handout and answering questions.*

OBJECTIVE #2 *NOTS will average one-on-one contact with two guests per week to interview and determine referral strategy. Manager or volunteer will follow up with each client/guest a minimum of three times on referrals.*

GOAL E: On-Going Data Collection and Reporting

OBJECTIVE #1 *Data on each guest will be collected and stored confidentially. Data will be compiled monthly for reporting to CCHHS in required format and to NOTS board.*

METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS

Accomplishment of the stated goals will result in a more consistent and effective process for making referrals so that guests can more quickly resolve issues that have caused them to be without shelter. Improving the referral process involves identifying the needs of each Center guest, collecting correct data; and ensuring data is reported to CCHHS in order to get the guest a more successful result; and ensuring that all partners are communicating and collaborating in order to identify gaps and challenges in services.

GOAL A - Center Management: The Center Manager will have overall strategic and operational responsibility for the NOTS Center, and execution of the NOTS mission. The Center Manager works with and reports to the NOTS Board of Directors. The Manager will initially develop extensive knowledge of policies, procedures, core program goals, field operations, business plan and financial policies and structure. The Manager position is the key leader of NOTS, and is also responsible for coordinating fundraising, marketing, and community outreach and volunteer management. NOTS will continue to operate the Center and is presently working to find a permanent facility to offer year-round survival services.

The Manager position is key to transitioning guests through the Carson City homeless response system. The NOTS Board of Directors will ensure that a qualified Manager is engaged and trained on NOTS' operations, policies, procedures, and processes. The full-time Manager will be responsible for the operations of the Center, in particular the referral process and relationships with partners. The Manager will play a critical role in guiding the NOTS Board and partners on how to best meet the needs of guests and the Carson City community. The Board will conduct a performance review every six months. A plan for any improvements will be created and monitored.

GOAL B – Referral Framework: The Manager is expected to strengthen and sustain effective, consistent and ongoing referral partnerships with State and City agencies and other non-profit organizations that serve the homeless. This will be done through the creation and implementation of the NOTS Referral Framework. A plan for creating the framework will be agreed upon and execution will be monitored by the NOTS Board, with the intention of helping to remove any barriers to completing, communicating, and implementing the framework. This effort involves collaboration and engagement with partners, including CCHHS and other community partners.

GOAL C -- Referral Process Implementation and Training: It is understood that the Referral Framework will be dynamic in order to react positively to community, partner and client feedback. The NOTS Board, which meets quarterly, will discuss ways that the referral process needs to be adjusted and will task the Center Manager with communicating recommendations to CCHHS and other partners. This review will also address effectiveness of data collection and reporting. NOTS will hold training for volunteers on the referral process and procedures. When new volunteers work in the Center, the referral process will be included in their training.

GOAL D -- Client/Guest Referral Contacts Initiated: Formal referrals in the Center will occur year long, both during the winter months and through the other seasons. When guests enter the NOTS Center, we will make initial contact with 100% of guests to inform them of the referral service. Each guest will receive the handout. Guests will also be assessed through conversations and observation to determine their level of risk. High-risk guests – women, families, children, veterans, the elderly and those with medical emergencies – receive priority attention for referral.

The Center Manager will continue to manage NOTS generated referrals through collaboration

with the Sheriff's Outreach Teams, the CCHHS street outreach team, and other community partners as appropriate.

NOTS has provided shelter for up to 50 guests per night in the past. The Center Manager will be expected (and measured) to average one-on-one contact with at least two guests per week to interview and determine referral strategy. The goal is to average at least 10 referrals per month. Manager or volunteer will follow up with each guest a minimum of three times following a community referral to ensure the client/guest has been successfully connected to the appropriate level of care. The NOTS Board will utilize performance measures to identify ways to achieve – and exceed that goal, using a Plan-Do-Check-Act methodology for both referrals and follow-up with guests a minimum of three times for each referral.

The NOTS Board will employ a continuous improvement methodology to increase the one-on-one attention provided by the Center Manager and volunteers to facilitate faster and more fruitful referrals to City and State agencies and partners. With the input of the Center Manager and the Board, the Board will make decisions on creating more intensive and faster identification of how best to refer our guests for assistance. The aim is to achieve a higher success rate of moving guests from “Survive” to “Stabilize” and then “Thrive.”

GOAL E -- Data Collection and Reporting: The Center Manager with the assistance of a database expert will create a NOTS database to document and store confidentially all data needed for reporting to CCHHS. The data will be collected and updated on-going for each NOTS guest. The NOTS data will be compiled monthly for reporting to CCHHS in the required format and to the NOTS Board. After six months of operating the NOTS database, a review of functionality, ease of use, and ability to facilitate reporting will be led by the Manager. The review will also seek input from CCHHS and partners. This review will include recommendations to the Board for changes and improvements. The Board will agree on any actions to take based on the review and recommendation. Subsequent reviews will be conducted every six months.

1. How will the program or project address equitable outcomes, barriers to services to individuals or families that are disadvantaged?

For NOTS, diversity, equity, and inclusion is more than a philosophy. NOTS' commitment to equitable outcomes is demonstrated through actions. For six years, NOTS has welcomed guests to our Center regardless of age, race, gender identity and medical and mental health disabilities.

NOTS freely accepts families with minor children, unaccompanied youth; and the elderly into the Center. We also accept people with pets. Sobriety is not required in order for guests to receive a safe space to sleep.

Without this fundamental action of inclusiveness, it would not be possible to start the referral process to address barriers that cause – and keep – people homeless. The records of guests documented in the NOTS database do not identify race, gender identity, or medical, mental health, or sobriety conditions.

An element of the NOTS Board's review of the Manager will include a measure of how well the Manager and Center volunteers have supported diversity, equity and inclusion in working with our guests. Actions will be taken as needed to fulfill our commitment to equitable outcomes.

2. Will the program or project gather feedback from diverse constituents, how?

NOTS will gather feedback through interviews with current and past guests to determine how well they believe NOTS has offered inclusivity, diversity and equity in interactions with them. These interviews will be part of the previously noted review process.

Should guests and volunteers at any time provide feedback of problems with being un-inclusive and inequitable, this feedback will be communicated to the Manager and Board. Together, they will seek additional input and determine actions that need to be taken to rectify the issue.

Feedback may also be received from CCHHS, the Sheriff's Office and our other partners. NOTS will work collaboratively with partners to understand the feedback and to determine the best actions to take. The cooperative and dynamic nature of the Referral Framework within the Continuum of Care System is critical to addressing issues that may be raised.

3. Building Community Capacity.

NOTS Political and Community Outreach Committee will continue to hold gatherings within the Carson City community. NOTS has held or attended meetings in the past year with community leadership and local business owners to gather opinion and advice and to understand challenges community members and sectors face.

Some examples include: Adams Hub, Nevada Rural Housing, Healthy Communities, Partnership Carson City, Carson City Commissioners, local churches, Sheriff's Office, downtown businesses, Salvation Army and partnering homeless service providers mentioned in other sections of this document. NOTS will continue to reach out and build relationships with new partners

These discussions have – and will continue – to provide an opportunity to address the needs of the homeless community. It creates a better understanding of the need to work together to achieve the goal of moving Carson City’s homeless population from surviving to thriving – without consideration of race, gender or age. NOTS reinforces this message through the Website, Facebook page, media interviews and other types of community presentations.

SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

Attaining 501(c3) non-profit organization status is enabling NOTS to develop funding to support the financial needs of managing and operating the Center year round. We have already begun to take actions to ensure program sustainability beyond the 2023 ARPA funding dates:

1. A “Sourcing and Funding” subcommittee, led by two board members, was created in January of 2021 to develop fundraising activities. Over the past six years, NOTS has developed a base of both cash and non-cash donors and is in contact with those donors. NOTS is also planning other fundraising events.
2. A professional grant writer/administrator, fiscal officers and bookkeeper are in place to apply for and manage appropriate grants from Federal, State, and City agencies, foundations and other sources as they become available.
3. NOTS timeline for evaluating community fundraising opportunities began in November 2021 with the goal of hosting large fundraising events. Multiple events and fundraising strategies are being vetted, and events are slated to begin in January 2023.
4. Cash and in-kind donations will continue to be solicited from merchants and private donors. We are fortunate to have committed donors in our community.
5. Meetings of the Homeless Consortium, as explained below, include sharing of surplus donated supplies as much as possible to avoid duplicative investments and to identify gaps in the availability of supplies. These meetings include collaboration on grants and fundraising to develop synergies in serving those without housing.
6. NOTS is on track to financially sustain the Center Manager through 2025.

COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS

Over the past six years NOTS has built relationships with Carson City government entities, the Carson City Sheriff’s Office and other non-profit organizations. The partnership between the Ron Wood Family Resource Center (RWFRC), St. Vincent de Paul Society, Spirit of Hope and NOTS has been formalized into a Homeless Consortium through a Memorandum of Understanding (Attachment 8).

Other partners are attending the Homeless Consortium collaborative meetings including the Northern Nevada Dream Center. Consortium partners meet monthly to collaborate on how best to achieve the Carson City Housing Plan and to avoid unproductive overlap in providing services to the homeless.

NOTS has created valuable connections with other community groups and entities as well. NOTS actively participates in the meetings of the following: Carson Tahoe Hospital Coalition Board, CAAN-Carson Action Agency Network, the Carson City Sheriff’s Mobile Outreach Safety Team, Transitional Housing Authority, and the Nevada Rural Housing Authority.

PROJECT BUDGET - 20 POINTS

PERSONNEL COSTS/CONTRACT

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title: Connecting Carson City’s Homeless Project Expenses February 2023-December 2024	Requested Amount	Other Funding	Total Funds
Equipment Computer equipment, printer	\$5,000		\$5,000
Contractual	\$130,000		\$130,000
Travel /Training	\$4,490		\$4,490
Office Supplies and incidentals	\$4,000		\$4,000
Other Supplies [120 sleeping bags (\$35 ea. = \$4,200)]; [120 moving blankets and 120 plastic tarps (\$4.50 ea. =\$1,080)]	\$5,280		\$5,280
TOTALS	\$148,770		\$148,770

OTHER CARSON CITY CONTRIBUTIONS

1. Has your agency received funding or other support from Carson City in the past 3 years?

YES NO **XX**

2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used.

BUDGET JUSTIFICATION

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

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Equipment	\$5,000	Laptop computer and printer equipment.
Consultants/Contracts	\$130,000	Full-time Center Manager position (Form 1099) 2 year contract. [\$31.25 per hour x 40 hrs./week = \$1,250 per week and \$1,250 week x 52 weeks = \$65,000 per year. And \$65,000 per year X 2 years = \$130,000]
Travel and Training	\$4,490	Conferences and other training programs as recommended by CCHHS. (Example: National Homeless Alliance conference, \$775 Registration, Hotel \$275 x 4 nights = \$1,100; per diem, and other tax = 5 x \$74 = \$370.) \$2,245 x 2 conferences or training programs = \$4,490.
Office Supplies and Incidentals)	\$4,000	Supplies for <u>two years</u> . Includes paper, pens, printer ink, binders and other office supplies eligible as listed in the grant announcement.
Supplies for Center Guests	\$5,280	120 sleeping bags (\$35 ea. = \$4,200); 120 moving blankets and 120 plastic tarps (\$4.50 ea. = \$1,080)] Total \$5,280

AGENCY INFORMATION

Date of incorporation	2/22/2022
Date of IRS certification	2/17/2022
Tax exempt number	880758891
UEI #	NESAQ3LHK6U7

REQUIRED: Attach items 1-7 to your application. Item 8 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 https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ and print your business entity information	✓
3	Current Organization Chart with names of staff members	NA no employees yet
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 ARPA funds.]	✓
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	NA not through our first year yet
6	<u>Profit and Loss Statements</u> and Balance Sheets for prior <u>3</u> years. 2022 attached.	✓ Profit and loss for 2022 and; Revenue/Expense Statement for 2023-2025 attached.
7	Has your agency registered with the System for Award Management (SAM) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY’S SAM REGISTRATION	✓
8	Funding commitment letters and/or letters of support (if applicable)	MOU ✓

Date of this notice: 02-17-2022

Employer Identification Number:
88-0758891

Form: SS-4

Number of this notice: CP 575 E

NIGHT OFF THE STREETS INC
NOTS
% GEIGY STRINGER
PO BOX 100
CARSON CITY, NV 89702

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-0758891. This EIN will identify your entity, accounts, tax returns, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for business and tax purposes. Some taxpayers receive CP575 notices when another person has stolen their identity and are operating using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status, organizations must complete an application on one of the following forms: Form 1023, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1023-EZ, Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code; Form 1024, Application for Recognition Under Section 501(a); or Form 1024-A, Application for Recognition of Exemption Under Section 501(c)(4) of the Internal Revenue Code.

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

If you become tax-exempt, you will lose tax-exempt status if you fail to file a required return or notice for three consecutive years, unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File). We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter. For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is NIGH. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

999999999

Your Telephone Number () - Best Time to Call

DATE OF THIS NOTICE: 02-17-2022
EMPLOYER IDENTIFICATION NUMBER: 88-0758891
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

NIGHT OFF THE STREETS INC
NOTS
% GEIGY STRINGER
PO BOX 100
CARSON CITY, NV 89702

SECRETARY OF STATE



DOMESTIC NONPROFIT CORPORATION (82) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Night Off the Streets, Inc.** did, on 02/22/2022, file in this office the original ARTICLES OF INCORPORATION-NONPROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/09/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202203092473404
You may verify this certificate
online at <http://www.nvsos.gov>

NOTS Current Board of Directors and terms of Office

President: Craig La Gier 2021-2023

Secretary: Linda Flaherty 2022-2024

Treasurer: Colleen Crum 2021-2023

Jennifer Scanland 2021-2023

Barbara Ford 2022-2024

Molly McGregor 2021-2023

Brian Rasmussen 2021-2023

Nancy Haffey – Volunteer Bookkeeper

Profit and Loss

Night Off The Streets Inc

Date Range: Jan 01, 2022 to Nov 26, 2022

ACCOUNTS

Jan 01, 2022
to Nov 26, 2022

Income

Direct Public Support – Charity or Business Contributions	\$3,900.00
Direct Public Support – Corporate Contributions	\$10,000.00
Direct Public Support – Individual Contributions	\$5,353.00
Indirect Public Support	\$5,110.59
Miscellaneous Revenue	\$131.36
Total Income	\$24,494.95

Total Cost of Goods Sold

\$0.00

Gross Profit

\$24,494.95

As a percentage of Total Income

100.00%

Operating Expenses

Accounting Fees	\$131.36
Contract & Website Expense	\$143.34
Insurance	\$854.00
Postage & Delivery	\$129.00
Shelter supplies	\$394.38
Total Operating Expenses	\$1,652.08

Net Profit

\$22,842.87

As a percentage of Total Income

93.26%

Balance Sheet

Night Off The Streets Inc

As of Nov 26, 2022

ACCOUNTS	Nov 26, 2022
Assets	
Cash and Bank	
Main checking	\$22,842.87
Total Cash and Bank	\$22,842.87
Other Current Assets	
Total Other Current Assets	\$0.00
Long-term Assets	
Total Long-term Assets	\$0.00
Total Assets	\$22,842.87
Liabilities	
Current Liabilities	
Total Current Liabilities	\$0.00
Long-term Liabilities	
Total Long-term Liabilities	\$0.00
Total Liabilities	\$0.00
Equity	
Retained Earnings	
Profit between Jan 1, 2022 and Nov 26, 2022	\$22,842.87
Total Retained Earnings	\$22,842.87
Total Equity	\$22,842.87

Night Off the Streets Inc.
2023-2025 Revenue/Expense Statement - WITH CENTER MANAGER

October 2022

Bank Balance 12/31/22	\$23,500
Reserve for 3 months Center Manager Pay	\$16,250
Available cash 1/1/23	\$7,250

REVENUE	2023	2024	2025
ARPA grant	\$74,350	\$74,350	
Community grants and donations		\$100,000	\$100,000
Fundraiser - annual	\$12,000	\$30,000	\$50,000
Donations - Christ Among the People (Expect in Mar. 2023)	\$70,000		
Total Revenue	\$156,350	\$204,350	\$150,000

EXPENSES	2023	2024	2025
ADMINISTRATIVE			
Accounting	\$6,500	\$6,500	\$6,500
Insurance - Liability	\$900	\$900	\$1,000
Grant administration	\$16,000	\$16,000	\$16,000
Total	\$23,400	\$23,400	\$23,500

STAFFING			
Outside 1099 Full-time Center Manager	\$65,000	\$65,000	\$67,000
Outside 1099 Part-time Volunteer Coordinator		\$19,000	\$21,000
Training	\$5,000	\$5,000	\$6,000
Total	\$70,000	\$89,000	\$94,000

SUPPLIES			
Sleeping bags, blankets, pillows, storage bags	\$5,300	\$5,000	\$5,000
Disinfectant and cleaning supplies	\$1,800	\$1,800	\$1,800
First aid and personal hygiene supplies	\$300	\$350	\$400
Office Supplies	\$4,000	\$4,000	\$4,000
Coffee, tea, and water supplies	\$3,700	\$3,800	\$3,900
Total	\$15,100	\$14,950	\$15,100

TRANSPORTATION			
Fuel, maintenance, and repair of bus	\$1,500	\$1,800	\$2,100
Total	\$1,500	\$1,800	\$2,100

Total Expenses \$110,000 \$129,150 \$134,700

REVENUE/EXPENSE SUMMARY	2023	2024	2025
Starting Cash	\$23,500	\$46,350	\$121,550
Revenue	\$156,350	\$204,350	\$150,000
Total Available Cash	\$179,850	\$250,700	\$271,550
Expenses	\$110,000	\$129,150	\$134,700
Surplus to Rollover to Next Year	\$46,350	\$121,550	\$136,850



Home Search Databank Data Services Help

- Register Entity
- Core Data
- Representations and Certifications
- Points of Contact
- Submit Registration
- **Entity Review**
- Back to Workspace

Submit Registration

NIGHTS OFF THE STREETS INC

Entity Review

Unique Entity ID: NESAQ3LHK6U7

Page Description

You have completed all sections of your entity's registration in SAM. Please validate the information presented on this page is correct before continuing. Select Edit to make changes to the appropriate sections. If you are satisfied with the information entered, select Submit.

Unique Entity ID:	NESAQ3LHK6U7
Legal Business Name:	NIGHTS OFF THE STREETS INC
Doing Business As:	(none)

Core Data

Business & TIN Information:

EDIT

Business Information:

Entity Start Date:	02/22/2022
Fiscal Year End Close Date:	04/30
Entity Division Name:	nots
Entity Division Number:	
Entity URL:	
Congressional District:	NV 02
MPIN:	*****ng11

Physical Address:

Address Line 1:	4771 LANGO DR
City:	CARSON CITY
State/Province:	NV
Country:	UNITED STATES
ZIP/Postal Code:	89706 - 8121

Mailing Address:

Address Line 1:	PO BOX 1480
City:	CARSON CITY
State/Province:	NV
Country:	UNITED STATES
ZIP/Postal Code:	89706 - 8121

Sensitive Identifiers:

EIN:	*****8891
------	-----------

IRS consent:

Tax Payer Name:	NIGHT OFF THE STREETS
Address Line 1:	4771 LANGO DR

Address Line 2:
City: CARSON CITY
State: NV
Country: UNITED STATES
ZIP/Postal Code: 89706 - 8121
Type of Tax: Applicable Federal Tax
Tax Year:
(Most Recent Tax Year) 2022
Name of Individual Executing Consent: Craig LaGier
Title of the Individual Executing President
Consent:
Signature: Craig LaGier

CAGE/NCAGE Code

EDIT

Entity's CAGE Code:

General Information

EDIT

Country of Incorporation: UNITED STATES
State of Incorporation: NV
Entity Security Level:
Highest Employee Security Level:

Business Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the [SBA's Dynamic Small Business Search](#) if the entity completed the SBA Supplemental Pages during registration.

Entity Structure

Corporate Entity (Tax Exempt)

Profit Structure

Non-Profit Organization

Entity Type

Business or Organization

Purpose of Registration

Federal Assistance Awards

Financial Information

EDIT

Do you accept credit cards as a method of payment? No
Delinquent Federal Debt:

Account Details: New Account

Electronic Funds Transfer:

Account Type: Checking

Financial Institute:
ABA Routing Number:
Account Number:
Lockbox Number:

Automated Clearing House (ACH):

ACH U.S. Phone:
ACH Non-U.S. Phone:
ACH Fax:
ACH Email:

Remittance Address:

Remittance Name:
Address Line 1:
Address Line 2:
City:
State:
Country: UNITED STATES
ZIP/Postal Code:

Executive Compensation Questions

EDIT

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

EDIT

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this

specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results: **Yes**

Representations and Certifications

Grants Certifications

EDIT

The Grants Certifications are a common set of certifications and representations required by Federal statutes or regulations in accordance with the grants guidance under Title 2 of the Code of Federal Regulations (2 CFR 200.208 Certifications and Representations). Those non-Federal entities who intend to apply for, or are already recipients of Federal grants or agreements, must read and agree to the corresponding certifications and representations. Registrants who reply yes to the following question are required to keep these certifications and representations current, accurate, and complete as part of their entity registration.

Does NIGHTS OFF THE STREETS INC wish to apply for a Federal financial assistance project or program, or is NIGHTS OFF THE STREETS INC currently the recipient of funding under any Federal financial assistance project or program? **No**

Points of Contact

Mandatory Points of Contact:

EDIT

Accounts Receivable POC	
Title:	
First Name:	Jennifer
Middle Name:	

Last Name:	scanland
Email:	jenscannv@gmail.com
US Phone:	(775)297-2061
Extension:	
NON US Phone:	
Notes:	

Electronic Business POC	
Title:	
First Name:	jennifer
Middle Name:	L
Last Name:	scanland
Email:	jenscannv@gmail.com
US Phone:	(775)297-2061
Extension:	
NON US Phone:	
Notes:	
Address Line 1:	1300 Pinion Hills Dr.
Address Line 2:	
City:	CARSON CITY
State/Province:	NV
Country:	UNITED STATES
ZIP/Postal Code:	89701

Government Business POC	
Title:	
First Name:	jennifer
Middle Name:	L
Last Name:	scanland
Email:	jenscannv@gmail.com
US Phone:	(775)297-2061
Extension:	
NON US Phone:	
Notes:	
Address Line 1:	1300 Pinion Hills Dr.
Address Line 2:	
City:	CARSON CITY
State/Province:	NV
Country:	UNITED STATES
ZIP/Postal Code:	89701

Optional Points of Contact:

Past Performance Alternate POC	
Title:	president

First Name: craig
Middle Name:
Last Name: lagier
Email: rileylagier@gmail.com
US Phone: (775)720-2218
Extension:
NON US Phone:
Fax:
Notes:
Address Line 1: 4771 Lango Drive
Address Line 2:
City: carson city
State/Province: NV
Country: UNITED STATES
ZIP/Postal Code: 89706

Electronic Business Alternate POC

Title: president
First Name: craig
Middle Name:
Last Name: lagier
Email: rileylagier@gmail.com
US Phone: (775)720-2218
Extension:
NON US Phone:
Fax:
Notes:
Address Line 1: 4771 Lango Drive
Address Line 2:
City: carson city
State/Province: NV
Country: UNITED STATES
ZIP/Postal Code: 89706

Government Business Alternate POC

Title: president
First Name: craig
Middle Name:
Last Name: lagier
Email: rileylagier@gmail.com
US Phone: (775)720-2218
Extension:
NON US Phone:
Fax:
Notes:

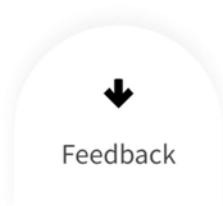
Address Line 1:	4771 Lango Drive
Address Line 2:	
City:	carson city
State/Province:	NV
Country:	UNITED STATES
ZIP/Postal Code:	89706

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This is a U.S. General Services Administration Federal Government computer system that is **"FOR OFFICIAL USE ONLY!"** This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
NIGHT OFF THE STREETS INC.
RON WOOD FAMILY RESOURCE CENTER
ST. VINCENT DE PAUL SOCIETY
SPIRIT OF HOPE INC.**

Purpose:

To establish a consortium of organizations that facilitates communication and linkages between organizations. These organizations all have in their mission the servicing of individuals and families in crisis, homelessness and unsheltered. The consortium's primary goals are to: 1) strive to create and provide a full continuum of care through partnering, collaborating and assisting each other in identifying gaps and challenges and using creative problem solving to address those challenges, 2) enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community, 3) coordinate efforts, share resources and strive for an environment of cooperation over competition.

This is not a legally binding agreement. This MOU has no fiscal promises nor bindings.

Members Mission Statements

Ron Wood Family Resource Center

To create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy family relationships through education and support services.

Night Off The Streets Inc.

To operate a barrier free warming center that ensures no unhoused person dies in Carson City streets due to exposure.

St. Vincent de Paul Society

A network of friends, inspired by Gospel values, growing in holiness and building a more just world through personal relationships with and service to people in need.

Spirit of Hope

It is our quest to recognize significant and important needs in society and to be a catalyst of change. Spirit of Hope believes that purposeful acts of kindness can remove despair and replace it with hope. It is our mission to restore faith and confidence in others so they have the will and means to live a safe, independent, and meaningful life.

THESE ORGANIZATIONS agree to:

1. Identify for each organization a liaison/representative to facilitate implementation. Meet one time per month at a minimum, to give updates on programs as determined by the group.
2. Meeting topics may include: potential safety concerns, difficulty in making contact, case referrals, program challenges, lack of progress in service planning, grant management and writing/application challenges, shared training needs to enhance knowledge and practical experience, volunteer and job opportunities, develop and manage program statistics, identify gaps, needs, and duplication of services.
3. Provide opportunities for staff to collaborate with each other including job shadowing and other activities that will enhance knowledge of all programs.

4. Write Letters of support as requested by consortium members for grant applications and other fundraising efforts.
5. Act in a professional manner aimed at preserving and safeguarding the confidentiality of all programs and participants in conformity with State and Federal laws.

Date of this agreement begins upon final signature for ONE YEAR.

S/ 

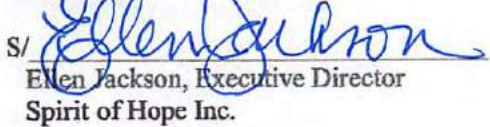
Joyce Buckingham Executive Director
Ron Woods Family Response Center

Date 10-6-2022

S/ 

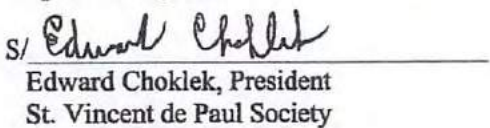
Craig La Gier, Board President
Night Off The Streets Inc.

Date 10/6/22

S/ 

Ellen Jackson, Executive Director
Spirit of Hope Inc.

Date 10/6/22

S/ 

Edward Choklek, President
St. Vincent de Paul Society

Date 10/6/22

Joyce Buckingham, Executive Director
Ron Wood Family Resource Center
2621 Northgate Lane #62
Carson City, NV 89706
(775) 884-2269
Email: executive_director@carson-family.org

Ellen Jackson, Executive Director
Spirit of Hope
411 N. Division Street
Carson City, NV 89703
(775) 462-3331
ellen@spiritofhopcincnv.org

Edward Choklek, President
St. Vincent de Paul Society
775-882-1968 ext. 119
edchoklek@gmail.com

Craig La Gier, President
Night off the Streets Inc. NOTS
PO Box 1480
Carson City, NV 89702
rilevlagier@gmail.com

CERTIFICATION

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.

<i>Colleen Crum</i>	<i>11-25-22</i>
Signature of Authorized Official	Date
Colleen Crum, Treasurer	775-220-8187
Typed Name and Title of Authorized Official	Phone Number

<i>Craig La Gier</i>	<i>11-25-22.</i>
Signature of President of Board of Directors	Date
Craig La Gier	775-720-2218
Typed Name of President of Board of Directors	Phone Number



American Rescue Plan Act Application Grant Period February 1, 2023, through December 31, 2024

GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

Phase Two – Stabilize

Temporary Housing

- Temporary housing for individuals without shelter.
- Length of stay approximately 180 days
 - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

**Please e-mail your application before or on the due date to: grants@carson.org
Applications will not be received after the deadline stated above.**

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

APPLICATION

NEW APPLICANT

PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ _____)

APPLICANT INFORMATION

Agency Name: Saint Teresa of Avila Conference, Saint Vincent de Paul Society	
Agency Mailing Address: 3000 N. Lompa Lane, Carson City, NV 89706	
Project Name: Reunification Program for Unsheltered Homeless	
Project Address if Different than Mailing Address:	
Contact Person: Edward Choklek	
Office Number: 775-882-1968 x119	Email: edchoklek@gmail.com
Cell Phone: 630-991-1065	Website: N.A.

FISCAL MANAGER

Name:	Sharon McCloskey
Title:	Treasurer
Phone Number:	775-882-1968 x119
Email:	sharonmccl@aol.com

PROJECT FUNDING

Requested amount February – December 2023	\$27,500
Requested amount January – December 2024	\$30,000
Total project cost for two years	\$57,500

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS

The Saint Teresa of Avila Conference, Saint Vincent de Paul Society (SVDPS) was established as a non-profit 501 (c)(3) organization in 2010 to serve the poor in Carson City with various types of financial assistance to combat short-term poverty. Our conference is hosted by and provided with in-kind support by Saint Teresa of Avila Catholic Church. We are a part of the 10-state Western Region of SVDPS USA which was founded in St. Louis, Missouri, in 1845. We are a 100% volunteer group who assist low-income and very low-income residents throughout Carson City from our homes in order to keep our operating expenses and overhead costs as low as possible for an organization of 21 volunteers. **96.6% of last fiscal year's SVDPS income went directly to assist our "Neighbors in Need"**. The two primary income sources that support SVDPS programs are private donations from individuals and grants from government entities such as Carson City and the State of Nevada. SVDPS financial support and services are available to individuals and families located in Carson City. We assist people regardless of age, ethnicity, gender, income, race or religion, but due to finite weekly resources, we have had to implement an annual limit of \$300-\$350 per household for financial assistance.

This ARPA Grant application/request for the SVDPS Reunification Program for Unsheltered Homeless seeks \$57,500 in funding to provide one-way transportation (airplane/bus/train tickets) and other miscellaneous costs to allow for unsheltered homeless individuals to be reunited with their family and/or relatives who have agreed to provide shelter and a supportive environment. SVDPS currently uses private donations to respond to requests for this unique type of financial assistance from Carson City Human Services (CCHS) and other local social service agencies (FISH, Northern NV Dream Center, Ron Wood Family Resource Center, etc.) During our last three fiscal years, SVDPS has reunited 25 unsheltered homeless persons from Carson City with their families and/or relatives. The Reunification Program would directly support the Carson City Housing Plan during its STABILIZE phase by utilizing the unsheltered homeless persons' family and/or relatives to end their homelessness while wisely using taxpayers' dollars. We estimate a cost of \$500 for each "Neighbor in Need" who is transported via airplane/bus/train to be reunited with their families and/or relatives. (It costs at least \$350/week to house a homeless individual in a local hotel/motel. A group home that can house 4-6 homeless adults likely costs \$300,000+ in today's housing market. New tiny homes have costs ranging from \$25,000-\$60,000 for homeless individuals or families. Modular shelters for individuals are estimated to cost \$10,000 with an annual operations cost of \$15,000 each.) \$57,000 in ARPA Grant funding would allow SVDPS to house 115 unsheltered homeless persons away from Carson City. The SVDPS Reunification Program will reduce the number of unsheltered homeless in Carson City and offer taxpayers the most bang for their buck in dealing with our homelessness crisis.

100% of any funds received by SVDPS from this ARPA Grant will be used to support the Reunification Program for Unsheltered Homeless until the grant funding is exhausted. Private donations will then be utilized to continue this program during the remainder of the grant cycle (February 1, 2023 – December 31, 2024) and throughout calendar year 2025.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS

2020 US Census Data for Nevada indicates a total of 6900 homeless individuals which includes 159 families, 924 veterans and 570 young adults between the ages of 18-25. 1369 of Nevada's homeless citizens are categorized as chronic homeless – indicating that they can't afford nor arrange any overnight shelter for more than six months out of a calendar year. The 2020 Annual Homeless Assessment to Congress from the US Department of Housing and Urban Development states that on any single night in America, 580,000 individuals are experiencing homelessness. The APPENDIX section of this application contains select pages from this document that breaks down homeless populations to the state level. **The most alarming statistic from this report shows that Nevada has the second highest rate in the United States of unsheltered homeless individuals. (61% on any given night)** California has the highest % of unsheltered homeless.

“The human costs of homelessness are incalculable – trauma, despair, loss of family, job and community, illness and injury. Homelessness is also costly for the state and local governing bodies, and taking steps to address this problem is fiscally wise. In communities that have engaged actively in ending homelessness, public costs have been reduced – often substantially – in the areas of crisis response, public safety and emergency services.”

The above statement comes from the 2015 Strategic Plan of the Nevada Interagency Council of the Homeless (Updated in August 2017). An update to this plan is on hold due to COVID-19.

Carson City's mayors have seen the number of homeless citizens dramatically increase since 2015 primarily due to the lack of affordable housing and the proliferation of low-paying jobs in this community focused on the service and travel industries. Each January, Carson City Human Services conducts a Point-In-Time Count to gather data on the local homeless population. One trend has been the continuous increase each year in the number of unsheltered homeless persons who can't afford nor arrange any overnight shelter for more than six months out of a calendar year. A special housing task force comprised of private citizens, local government staff and representatives from social service agencies developed the Carson City Housing Plan which was adopted by the Carson City Board of Supervisors and presented to Carson City residents earlier this year. This plan has three distinct phases of implementation called SURVIVE, STABILIZE and THRIVE. The ultimate goals of the Carson City Housing Plan are to first dramatically reduce the number of unsheltered homeless citizens (estimated at 70) and then to prevent Carson City individuals and families from losing their primary residence and becoming homeless.

The SVDPS Reunification Program for Unsheltered Homeless has a 2-year goal of reducing the number of unsheltered homeless citizens by 50%. This program will be a collaboration between SVDPS, Carson City Human Services, the Carson City Street Outreach team, the Carson City Sheriff Department's MOST team and multiple local social service agencies. All of the entities involved in the Reunification Program who interact with our homeless citizens on a frequent basis will bring their specialized areas of expertise to this program.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

GOAL – Reduce the number of unsheltered homeless citizens in Carson City from an estimated number of 70 persons in early 2022 to below 35 individuals in early 2025 based upon the data gathered from the annual Point-in-Time Count held during the last week of each January.

OBJECTIVES

1. Identify 50-60 unsheltered homeless individuals during each year of the ARPA grant (2023 and 2024) who are eligible to participate in the Reunification Program for Unsheltered Homeless through collaboration among SVDPS, the Carson City Street Outreach team, multiple local non-profits and social service agencies, the Carson City Sheriff's Department MOST team and Carson City Human Services.
2. Arrange one-way transportation via airplane/bus/train ticket and purchase these tickets for 115 unsheltered homeless persons between February 1, 2023 and December 31, 2024. This objective is the responsibility of SVDPS once it is determined that the unsheltered homeless citizen is eligible to participate in the Reunification Program.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS

The Reunification Program for Unsheltered Homeless will commence with the completion of the 2023 CCHS Annual Point-In-Time Count that is scheduled for January 26, 2023. An updated estimate of the number of unsheltered homeless citizens and their identities will result from this effort. In addition, the names of all unsheltered homeless individuals who utilize the Night Off The Street (N.O.T.S.) warming shelter in February and March will be provided to CCHS. The names of any unsheltered homeless persons who interact with a local social service agency (FISH, Northern Nevada Dream Center, Ron Wood Family Resource Center, SVDPS, etc.) during the ARPA grant period will also be provided to CCHS. It is our understanding that CCHS will create/maintain/update an electronic database with information on the homeless population of Carson City to streamline all further assistance provided to our community's homeless.

CCHS will then utilize the Carson City Street Outreach Team to interview as many unsheltered homeless persons as possible to gather additional information, assess their mental/physical health and to determine the most urgent needs. If follow-up interviews ascertain that the unsheltered homeless individual might be a good candidate for being reunited with a family member and/or a relative who is willing to provide shelter and a supportive environment, additional evaluations will be made by the Carson City Sheriff Department's MOST Team supported by CCHS and local social service agencies. More investigation and research will occur to verify information.

Once CCHS confirms that an unsheltered homeless individual would benefit from being reunited with a family member and/or a relative and contact is made with the family member and/or relative to confirm that they agree to provide shelter and a supportive environment for the unsheltered homeless person, SVDPS will be contacted to coordinate the travel arrangements. SVDPS will determine the best mode of travel (airplane/bus/train) to the desired location, make all the necessary travel arrangements for the unsheltered homeless person and purchase the one-way airplane/bus/train ticket with Reno, NV, as the departing location. If the travel arrangements exceed one day, SVDPS will also determine if clothing, food, personal care and hygiene items are needed for a comfortable journey. If necessary, the Carson City Sheriff Department's MOST team will transport the unsheltered homeless individual to the airport or bus/train station and make sure that they leave Reno as scheduled with their travel itinerary.

Additional information about the process being used for the SVDPS Reunification Program can be found in the APPENDIX – Notes from the November 3, 2022, meeting between SVDPS, CCHS and Carson City. CCHS also plans to hold multiple meetings with local service agencies and the Carson City Street Outreach Team in early 2023 so that leadership, case managers, social workers and volunteers from all of these organizations understand their roles in supporting the SVDPS Reunification Program for Unsheltered Homeless. Collaboration and cooperation among all groups and organizations that interact routinely with our homeless population will be critical in order to achieve the goal and objectives of the SVDPS Reunification Program.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

EQUITABLE OUTCOMES TWO PAGE LIMIT 20 POINTS

The Reunification Program for Unsheltered Homeless is perfectly matched to address Negative Economic Impacts and/or Services to Disproportionately Impacted Communities. The state of Nevada ranks in the top five **worst** states with the highest percentage of unsheltered homeless population compared to the total homeless population. Carson City is a part of this problem with an estimated 70 unsheltered homeless citizens. This new community outreach effort is designed to improve the daily lives of the most vulnerable population segment in Carson City. Through a cooperative effort among CCHS, the Carson City Street Outreach team, the Carson City Sheriff Department's MOST team, SVDPS and multiple local non-profits and social service agencies, unsheltered homeless citizens will be identified and then interviewed to determine their most important needs. In conjunction with the Carson City Housing Plan, this program will then seek solutions for temporary housing and for other barriers that are preventing our disadvantaged citizens from achieving a better quality of life.

Since initial and follow-up interviews of unsheltered homeless persons will be done by a wide variety of government entities, non-profits and social service agencies that interact with our homeless population on a frequent basis, feedback from diverse constituents and stakeholders will be gathered and entered into a master database that will track the progress being made by the unsheltered homeless individual. If the homeless citizen qualifies for the Reunification Program, additional time and effort will be spent to try to locate and contact a family member or a relative who is willing to provide shelter and a supportive environment. If this option will not work, CCHS will then take the lead on finding the homeless person temporary housing for up to six months in alignment with the Carson City Housing Plan.

When the Reunification Program concludes in December of 2024, SVDPS (and others) will share lessons learned and then determine how the project will continue, as well as, who will take the lead on this community outreach effort. We hope that the lessons learned during this two-year program will lead to an improved and streamlined process for placing unsheltered homeless persons in temporary housing or in reuniting them with a family member or a relative who agrees to provide shelter and a supportive environment.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

The FY 2023 – FY 2024 SVDPS Reunification Program for Unsheltered Homeless will continue operation when grant funds expire through ongoing private donations. During our five most recent fiscal years, SVDPS has provided one-way transportation for between five and ten unsheltered homeless individuals from our weekly private donations. We will rely on future SVDPS private funding to continue to be able to purchase one-way transportation (airplane/bus/train tickets) for unsheltered homeless citizens once the grant funds expire and/or starting on January 1, 2025. In addition, should the SVDPS Reunification Program be a major success, CCHS may decide to take over this program in 2025 and fund it through their annual Indigent Services budget as a project that supports their Housing Master Plan.

COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS

Ed Choklek (SVDPS), Mary Jane Ostrander (CCHS), Ana Gregg (CCHS) and Mirjana Gavric (Carson City) met on November 3, 2022, to discuss the collaborative process that will be used to support the Reunification Program for Unsheltered Homeless in the context of the 2022 Carson City Housing Master Plan. This was a very productive meeting to address questions from SVDPS and Carson City Human Services representatives and to build consensus on the process needed to be successful with this new community outreach effort. As the Carson City Street Outreach Team (and other non-profits and social service agencies) meet with unsheltered homeless individuals, they will gather information to see if the person could benefit from the Reunification Program. If there is a potential fit, the Carson City Sheriff Department's MOST staff will perform additional interviews, check for warrants and conduct a mental/physical health assessment to determine if the homeless person should be sent on to CCHS and SVDPS to determine the best method of one-way transportation. SVDPS will then arrange and coordinate the necessary one-way travel arrangements for reuniting the unsheltered homeless person with a family member and/or relative who agrees to provide shelter and a supportive environment. A follow-up meeting will occur among SVDPS, CCHS and the Carson City Street Outreach Team once the Street Outreach Team has been hired. CCHS will also host a meeting in early 2023 with the local social service agencies that routinely interact with homeless persons to explain the new Reunification Program and to promote collaboration for this community outreach effort.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

PROJECT BUDGET- 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title: Reunification Program	Requested Amount	Other Funding	Total Funds
Project Expenses February 2023-December 2024			
Personnel			
Consultants/Contracts			
Travel			
Supplies/Operating			
Equipment			
Other (clothing/food/personal care & hygiene items needed for homeless travelers)	\$11,500		\$11,500
One-Way Airplane/Bus/Train Tickets	\$46,000		\$46,000
TOTALS	\$57,500		\$57,500

OTHER CARSON CITY CONTRIBUTIONS

1. Has your agency received funding or other support from Carson City in the past 3 years?
 YES NO
2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.
 - 1.FY 2022-2023 CSSG Award for \$30,000
 - 2.FY 2021-2022 CSSG Award for \$20,000
 - 3.FY 2020-2021 CSSG Award for \$18,000
 - 4.FY 2022 ARPA Grant Award for \$22,800
 - 5.FY 2021-2022 CDBG-CV Award for \$18,000
 6. FY 2021-2022 CDBG-CV3 Award for \$20,080

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used.



Saint Vincent de Paul Society
Saint Teresa of Avila Conference

3000 N. Lompa Lane
Carson City, NV 89706

Additional Information About Past Grants Received by SVDPS from Carson City

FY 2022-2023 CSSG Award for \$30,000

FY 2021-2022 CSSG Award for \$20,000

FY 2020-2021 CSSG Award for \$18,000

All three of the above grants provided one-time tenant-based rental assistance to prevent evictions for veterans, senior citizens, disabled persons and families with children.

FY 2022 ARPA Grant Award for \$22,800 – This grant was used to buy sleeping bags, winter clothing (coats, gloves and hats) and socks for homeless citizens.

FY 2021-2022 CDBG-CV Award for \$18,000 – This grant provided emergency, short-term housing (1-4 nights of lodging in local hotels/motels) for homeless individuals and families.

FY 2021-2022 CDBG-CV3 Award for \$20,080 – This grant was used to purchase sleeping bags, other bedding materials and cleaning/disinfecting/sanitizing equipment and supplies that were required by the Carson City Health Department to open and operate the five (5) Night Off the Street warming centers between November 15, 2020 and March 31, 2021, during the Covid-19 Pandemic.

Edward Choklek

Edward Choklek, President
St. Vincent de Paul Society

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

BUDGET JUSTIFICATION

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

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
One-way airplane/bus/train tickets departing from Reno, NV to various United States destinations.	\$46,000	Assistance for 5 homeless persons each month X 23 months = 115 individuals 115 individuals X an estimated \$400 per each airplane/bus/train ticket = \$46,000
Clothing/food/personal care and hygiene items for homeless travelers for multiple-day trips	\$11,500	Assistance for 5 homeless persons each month X 23 months = 115 individuals 115 individuals X an estimated \$100 per each homeless traveler = \$11,500

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

AGENCY INFORMATION

Date of incorporation	7/23/2010
Date of IRS certification	4/22/2019
Tax exempt number	80-0633277
UEI #	YS8ZF293UDJ5

REQUIRED: Attach items 1-7 to your application. Item 8 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)	X
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ and print your business entity information	X
3	Current Organization Chart with names of staff members	X
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 ARPA funds.]	X
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	X
6	Profit and Loss Statements and Balance Sheets for prior <u>3</u> years	X
7	Has your agency registered with the System for Award Management (SAM) X Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY'S SAM REGISTRATION	X
8	APPENDIX and Supplemental Information	X

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

<i>Edward Choklek</i>	11/18/22
Signature of Authorized Official	Date
Edward Choklek, President	775-882-1968 x119
Typed Name and Title of Authorized Official	Phone Number

<i>Edward Choklek</i>	11/18/22
Signature of President of Board of Directors	Date
Edward Choklek, President	775-882-1968 x119
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: **APR 22 2019**

ST TERESA OF AVILA CONFERENCE OF ST
VINCENT DE PAUL SOCIETY
3000 LOMPA LANE
CARSON CITY, NV 89706

Employer Identification Number:
80-0633277
DLN:
17053299312008
Contact Person:
MICHAEL T UPSHAW ID# 17310
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 22, 2018
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 in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is the submission date of your application.

Our records show you were previously tax exempt as a subordinate under group exemption number 5496. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Tax Exempt Organization Search.

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Tax Exempt Organization Search. Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt status. To reestablish

Letter 947

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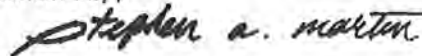
your individual tax exemption after rejoining a group exemption, you'll be required to reapply and pay the appropriate use fee.

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. 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.

Sincerely,



Director, Exempt Organizations
Rulings and Agreements

Letter 947



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

ANNUAL AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

SAINT TERESA OF AVILA CONFERENCE, SAINT VINCENT DE PAUL SOCIETY

NV20101590553

NAME OF ENTITY

Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
 - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership
- Business Trust
- Corporation Sole

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	Business Number E0371642010-0
	Filing Number 20222691176
	Filed On 10/16/2022 09:59:49 AM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- No - no additional form is required
- Yes - the "Charitable Solicitation Registration Statement" is required.
- The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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**Annual or Amended List
 and State Business License
 Application - Continued**

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE TREASURER:

SHARON L MCCLOSKEY **USA**
 Name Country

3776 COUNTY LINE RD **CARSON CITY** **NV** **89703**
 Address City State Zip/Postal Code

CORPORATION, INDICATE THE PRESIDENT:

EDWARD CHOKLEK **USA**
 Name Country

1222 Genoa Ln. **Carson City** **NV** **89706**
 Address City State Zip/Postal Code

CORPORATION, INDICATE THE SECRETARY:

Cecilia Larson **USA**
 Name Country

982 Hillside Dr **Carson City** **NV** **89705**
 Address City State Zip/Postal Code

CORPORATION, INDICATE THE DIRECTOR:

MICHAEL NIZANKIEWICZ **USA**
 Name Country

1566 Robb Dr **Carson City** **NV** **89703**
 Address City State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Sharon L. McCloskey
 Signature of Officer, Manager, Managing Member,
 General Partner, Managing Partner, Trustee,
 Subscriber, Member, Owner of Business,
 Partner or Authorized Signer *FORM WILL BE RETURNED IF*

Treasurer

10/16/2022

Title

Date

UNSIGNED

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

SAINT TERESA OF AVILA CONFERENCE, SAINT VINCENT DE PAUL SOCIETY

Entity Number:

E0371642010-0

Entity Type:

Domestic Nonprofit Corporation (82)

Entity Status:

Active

Formation Date:

07/23/2010

NV Business ID:

NV20101590553

Termination Date:

Perpetual

Annual Report Due Date:

7/31/2023

Solicits Charitable Contribution:

Yes

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

SAINT TERESA OF AVILA CONFERENCE, SAINT VINCENT DE PAUL SOCIETY C/O PRESIDEN

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

3000 N LOMPA LN, CARSON CITY, NV, 89706, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

VIEW HISTORICAL DATA

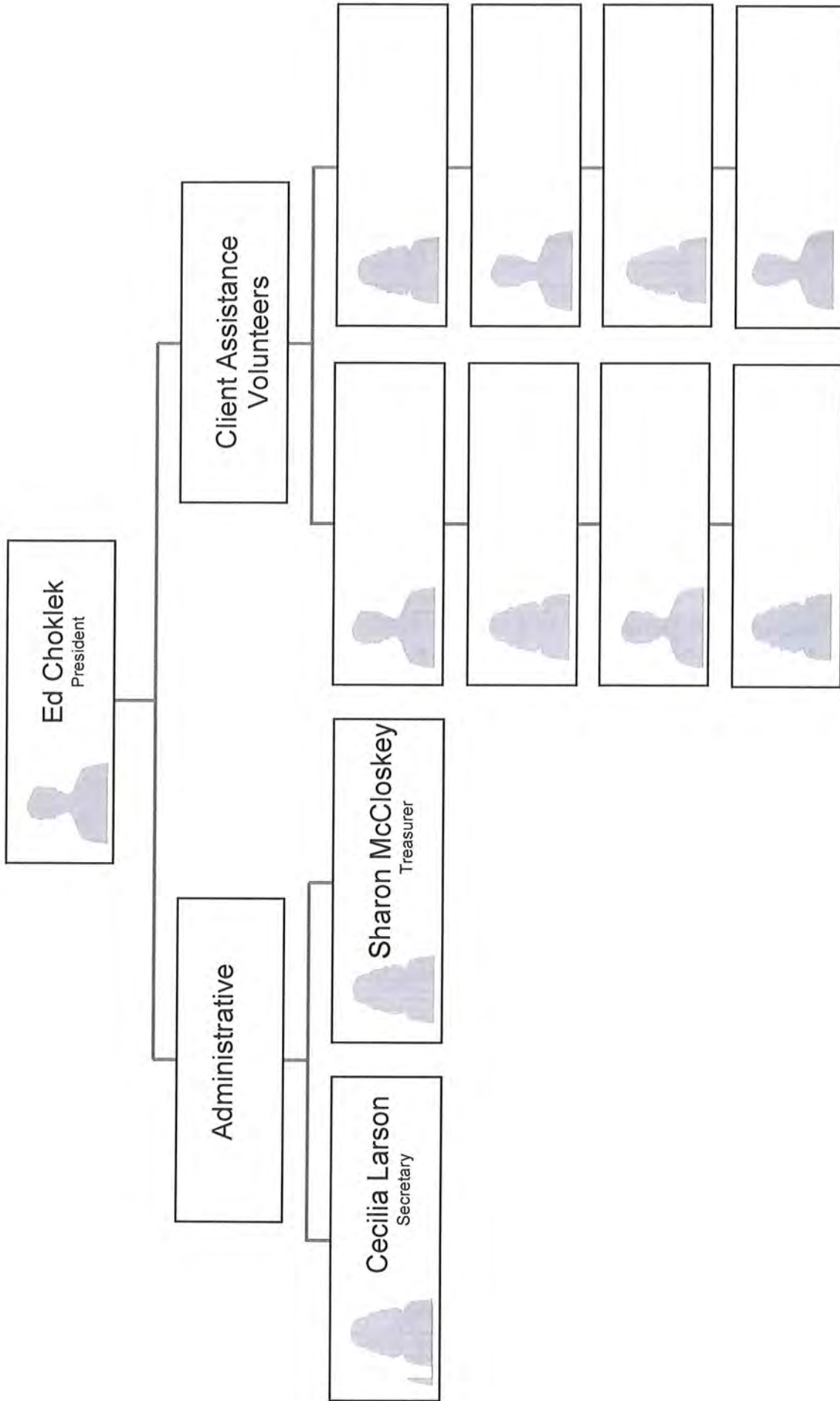
Title	Name	Address	Last Updated	Status
Secretary	Cecilia Larson	982 Hillside Dr, Carson City, NV, 89705, USA	10/16/2022	Active
Director	MICHAEL NIZANKIEWICZ	1566 Robb Dr, Carson City, NV, 89703, USA	06/30/2022	Active
President	EDWARD CHOKLEK	1222 Genoa Ln., Carson City, NV, 89706, USA	07/22/2020	Active
Treasurer	SHARON L MCCLOSKEY	3776 COUNTY LINE RD, CARSON CITY, NV, 89703, USA	05/21/2019	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value
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St. Teresa of Avila
St. Vincent de Paul Society



**Saint Teresa of Avila Conference
Saint Vincent de Paul Society**

Officers

<u>Name</u>	<u>Term of Office</u>
Edward Choklek, President	10/1/19 – 9/30/23
Cecilia Larson, Secretary	10/1/22 – 9/30/23
Sharon McCloskey, Treasurer	10/1/22 – 9/30/23

Short Form

Return of Organization Exempt From Income Tax

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

2020

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.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning October 1, 2020, and ending September 30, 2021

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	C Name of organization <input type="checkbox"/> ? <u>St. Teresa of Avila Conference, St. Vincent de Paul Society</u>	D Employer identification number <input type="checkbox"/> ? <u>800633277</u>
	Number and street (or P.O. box if mail is not delivered to street address) <input type="checkbox"/> ? <u>3000 N. Lompa Ln.</u>	Room/suite E Telephone number <u>775-882-1968 X119</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>Carson City, NV 89706</u>	F Group Exemption Number <input type="checkbox"/> ?

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 90358

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	<input type="checkbox"/> ? 1 Contributions, gifts, grants, and similar amounts received	1	<u>90358</u>
	<input type="checkbox"/> ? 2 Program service revenue including government fees and contracts	2	
	<input type="checkbox"/> ? 3 Membership dues and assessments	3	
	<input type="checkbox"/> ? 4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d 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		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<u>90358</u>	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	<u>96432</u>
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits <input type="checkbox"/> ?	12	
	13 Professional fees and other payments to independent contractors <input type="checkbox"/> ?	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) <input type="checkbox"/> ?	16	<u>1533</u>
17 Total expenses. Add lines 10 through 16 ▶	17	<u>97965</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	<u>- 7607</u>
	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)	19	<u>10971</u>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	<u>3364</u>

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	10971	22 3364
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	10971	25 3364
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10971	27 3364

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? to help those in need in our community of Carson City NV
 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 We provide financial assistance to help low income/homeless families and individuals with eviction prevention, emergency housing, utility bill assistance, automobile fuel and repairs, medical prescriptions, etc. In this year, we provided assistance to 531 families/individuals. (Please see itemized list in Schedule O.) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 96432
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 96432

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
Edward Choklek President	15	0	0	0
Barbara Sweeting Vice-President	5	0	0	0
Auralee Dallas Secretary	5	0	0	0
Sharon McCloskey Treasurer	5	0	0	0

St. Vincent de Paul Society
Profit & Loss
October 2019 through September 2020

	<u>Oct '19 - Sep 20</u>
Income	
Donations - Non-Parish Individu	200.00
Donations - Parish and Poor Box	44,323.84
Donations - SVDPS Members	3,344.00
Grant Income	
CSSG 2019-2020 (Eviction Prvnt)	10,086.00
CSSG 2020-2021 (Eviction Prvnt)	2,534.56
Grant Income - Other	2,500.00
Total Grant Income	<u>15,120.56</u>
Misc Income	<u>61.04</u>
Total Income	63,049.44
Expense	
Administrative Expenses	
Bank Fees	5.00
Fed/State Filing & Reg Fees	50.00
Insurance	210.00
Misc Admin Expenses	197.98
National SVDP Solidarity Dues	247.00
Supplies	601.41
Training and Education	207.00
Total Administrative Expenses	<u>1,518.39</u>
Direct Client Assistance	
Auto Insurance	1,426.05
Auto Repairs	1,305.59
Drivers Lic/ Regist/ Vital Recs	354.00
Emergency Housing	13,396.26
Employment-related Fees	63.00
Eviction Prevention	
CSSG 2020-2021 Eviction Prvntn	4,258.41
Eviction Prevention - Other	16,789.67
Total Eviction Prevention	<u>21,048.08</u>
Food & Clothing	702.92

1:28 PM
11/13/22
Cash Basis

St. Vincent de Paul Society
Profit & Loss
October 2019 through September 2020

	<u>Oct '19 - Sep 20</u>
Fuel	3,936.36
Loan fees	300.00
Medical/Prescriptions	485.86
Misc Expense	298.46
Phone	2,083.72
Storage fees	94.00
Transportation	329.97
Utility Bill Assist - Electric	2,731.04
Utility Bill Assist - Gas	3,399.26
Utility Bill Assist - Water	244.48
	<hr/>
Total Direct Client Assistance	52,199.05
	<hr/>
Total Expense	53,717.44
	<hr/>
Net Income	9,332.00
	<hr/> <hr/>

St. Vincent de Paul Society
Balance Sheet
As of September 30, 2020

	<u>Sep 30, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
Nevada State Bank	10,971.08
Total Checking/Savings	<u>10,971.08</u>
Total Current Assets	<u>10,971.08</u>
TOTAL ASSETS	<u>10,971.08</u>
LIABILITIES & EQUITY	
Equity	
Opening Balance Equity	2,565.65
Unrestricted Net Assets	-926.57
Net Income	9,332.00
Total Equity	<u>10,971.08</u>
TOTAL LIABILITIES & EQUITY	<u>10,971.08</u>

St. Vincent de Paul Society
Profit & Loss
October 2020 through September 2021

	<u>Oct '20 - Sep 21</u>
Income	
Donations - Non-Parish Individu	725.00
Donations - Parish and Poor Box	45,903.71
Donations - SVDPS Members	5,379.00
Grant Income	
CDBG-CV 2020-2021 (N.O.T.S.)	19,839.49
CSSG 2020-2021 (Eviction Prvnt)	15,465.44
CSSG 2021-2022 (Eviction Prvnt)	3,046.00
Total Grant Income	<u>38,350.93</u>
Misc Income	<u>0.00</u>
Total Income	90,358.64
Expense	
Administrative Expenses	
Bank Fees	15.00
Donations to Disaster Serv Corp	315.00
Fed/State Filing & Reg Fees	50.00
Insurance	250.00
Misc Admin Expenses	172.89
National SVDP Solidarity Dues	295.00
Supplies	435.30
Total Administrative Expenses	<u>1,533.19</u>
Direct Client Assistance	
Auto Insurance	1,032.34
Auto Repairs	1,672.41
Drivers Lic/ Regist/ Vital Recs	517.75
Emergency Housing	23,744.39
Employment-related Fees	75.00
Eviction Prevention	
CSSG 2020-2021 Eviction Prvntn	13,741.59
CSSG 2021-2022 Eviction Prvntn	3,646.00
Eviction Prevention - Other	6,528.41
Total Eviction Prevention	<u>23,916.00</u>
Food & Clothing	486.92
Fuel	5,717.37
Loan fees	1,089.26
Medical/Prescriptions	1,031.32
Misc Expense	1,590.77

1:27 PM
11/13/22
Cash Basis

St. Vincent de Paul Society
Profit & Loss
October 2020 through September 2021

	<u>Oct '20 - Sep 21</u>
N.O.T.S. shelter program	
CDBG-CV 2020-2021 (N.O.T.S.)	20,080.00
N.O.T.S. shelter program - Other	15.90
	<hr/>
Total N.O.T.S. shelter program	20,095.90
Phone	2,730.43
Storage fees	396.12
Transportation	2,483.81
Utility Bill Assist - Electric	6,948.36
Utility Bill Assist - Gas	1,948.68
Utility Bill Assist - Waste Mgt	471.58
Utility Bill Assist - Water	483.89
	<hr/>
Total Direct Client Assistance	96,432.30
	<hr/>
Total Expense	97,965.49
	<hr/>
Net Income	<u><u>-7,606.85</u></u>

St. Vincent de Paul Society
Balance Sheet
As of September 30, 2021

	<u>Sep 30, 21</u>
ASSETS	
Current Assets	
Checking/Savings	
Nevada State Bank	3,364.23
Total Checking/Savings	<u>3,364.23</u>
Total Current Assets	<u>3,364.23</u>
TOTAL ASSETS	<u>3,364.23</u>
LIABILITIES & EQUITY	
Equity	
Opening Balance Equity	2,565.65
Unrestricted Net Assets	8,405.43
Net Income	<u>-7,606.85</u>
Total Equity	<u>3,364.23</u>
TOTAL LIABILITIES & EQUITY	<u>3,364.23</u>

St. Vincent de Paul Society
Profit & Loss
 October 2021 through September 2022

	<u>Oct '21 - Sep 22</u>
Income	
Donations - Non-Parish Individu	750.00
Donations - Parish and Poor Box	45,222.97
Donations - SVDPS Members	3,602.00
Grant Income	
ARPA 2022 (winter clothing)	22,800.00
Catholic Charities	2,000.00
CDBG-CV 2020-2021 (N.O.T.S.)	240.51
CDBG-CV3 2021-2022 (Emerg Hous)	18,000.00
CSSG 2021-2022 (Eviction Prvnt)	16,954.00
CSSG 2022-2023 (Evction Prvnt)	4,597.00
Friends of the Poor 2021-2022	4,800.00
Total Grant Income	69,391.51
Misc Income	18.74
Total Income	118,985.22
Expense	
Administrative Expenses	
Bank Fees	10.00
Fed/State Filing & Reg Fees	149.90
Insurance	270.00
Misc Admin Expenses	797.08
National SVDP Solidarity Dues	318.00
Supplies	2,359.32
Training and Education	225.56
Total Administrative Expenses	4,129.86
Direct Client Assistance	
Auto Insurance	1,230.99
Auto Repairs	1,508.08
Drivers Lic/ Regist/ Vital Recs	180.25
Emergency Housing	
CDBG-CV3 2021-2022 Emrg Housing	17,911.09
Emergency Housing - Other	12,194.18
Total Emergency Housing	30,105.27
Employment-related Fees	120.88
Eviction Prevention	
CSSG 2021-2022 Eviction Prvntn	16,354.00
CSSG 2022-2023 Eviction Prevntn	7,948.29
Eviction Prevention - Other	7,054.23
Total Eviction Prevention	31,356.52

1:28 PM
11/13/22
Cash Basis

St. Vincent de Paul Society
Profit & Loss
October 2021 through September 2022

	<u>Oct '21 - Sep 22</u>
Food & Clothing	
ARPA 2022 Winter clothing	22,800.00
Food & Clothing - Other	867.85
	<hr/>
Total Food & Clothing	23,667.85
Fuel	9,688.90
Loan fees	959.79
Medical/Prescriptions	780.73
Misc Expense	1,391.40
Phone	1,879.39
Storage fees	1,337.94
Transportation	1,964.36
Utility Bill Assist - Electric	4,419.96
Utility Bill Assist - Gas	5,553.07
Utility Bill Assist - Water	958.71
	<hr/>
Total Direct Client Assistance	117,104.09
	<hr/>
Total Expense	121,233.95
	<hr/>
Net Income	-2,248.73
	<hr/> <hr/>

St. Vincent de Paul Society
Balance Sheet
As of September 30, 2022

	<u>Sep 30, 22</u>
ASSETS	
Current Assets	
Checking/Savings	
Nevada State Bank	1,115.50
Total Checking/Savings	<u>1,115.50</u>
Total Current Assets	<u>1,115.50</u>
TOTAL ASSETS	<u><u>1,115.50</u></u>
LIABILITIES & EQUITY	
Equity	
Opening Balance Equity	2,565.65
Unrestricted Net Assets	798.58
Net Income	<u>-2,248.73</u>
Total Equity	<u>1,115.50</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,115.50</u></u>

SAINT TERESA OF AVILA CONFERENCE, SAINT VINCENT DE PAUL SOCIETY

Unique Entity ID YS8ZF293UDJ5	CAGE / NCAGE 88ZZ5	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Feb 19, 2023	
Physical Address 3000 Lompa LN Carson City, Nevada 89706-1093 United States	Mailing Address 3000 Lompa LN Carson City, Nevada 89706-1093 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Nevada 02	State / Country of Incorporation Nevada / United States	URL (blank)

Registration Dates

Activation Date Jan 24, 2022	Submission Date Jan 20, 2022	Initial Registration Date Jan 10, 2019
--	--	--

Entity Dates

Entity Start Date Oct 1, 2010	Fiscal Year End Close Date Sep 30
---	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty,

Not Selected

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure

Corporate Entity (Tax Exempt)

Profit Structure

Non-Profit Organization

Entity Type

Business or Organization

Organization Factors

(blank)

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments

No

Debt Subject To Offset

No

EFT Indicator

0000

CAGE Code

88ZZ5

Electronic Funds Transfer

Account Type

Checking

Financial Institution

ZIONS BANCORPORATION, NA DBA NEVADA

Routing Number

****0779

Account Number

****8332

Lock Box Number

(blank)

Automated Clearing House

Phone (U.S.)

7758821968

Email

(blank)

Phone (non-U.S.)

(blank)

Fax

(blank)

Remittance Address

Nevada State Bank

1525 E College PKWY

Carson City, Nevada 89706

United States

Taxpayer Information

EIN

****3277

Type of Tax

Applicable Federal Tax

Taxpayer Name

ST TERESA OF AVILA CONFERENCE ST VINCENT DE PAUL SOCIETY

Tax Year (Most Recent Tax Year)

2019

Name/Title of Individual Executing Consent

President

TIN Consent Date

Jan 20, 2022

Address

3000 Lompa LN

Carson City, Nevada 89706

Signature

Edward Choklek

Points of Contact

Edward Choklek
edchoklek@gmail.com
7758821968

Electronic Business

⌘
Edward Choklek
edchoklek@gmail.com
7758821968

3000 Lompa LN
Carson City, Nevada 89706
United States

Government Business

⌘
Edward Choklek
edchoklek@gmail.com
7758821968

3000 Lompa LN
Carson City, Nevada 89706
United States

Past Performance

⌘
Sharon L McCloskey
sharonmcl@aol.com
7758828673

3776 County Line RD
Carson City, Nevada 89703
United States

Security Information

Company Security Level
(blank)

Highest Level Employee Security Level
(blank)

Service Classifications

NAICS Codes

Primary

NAICS Codes

NAICS Title

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)
(blank)

Number of Employees (in accordance with 13 CFR 121)
(blank)

Location

Annual Receipts (in accordance with 13 CFR 121)
(blank)

Number of Employees (in accordance with 13 CFR 121)
(blank)

Industry-Specific

Barrels Capacity
(blank)

Megawatt Hours
(blank)

Total Assets
(blank)

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

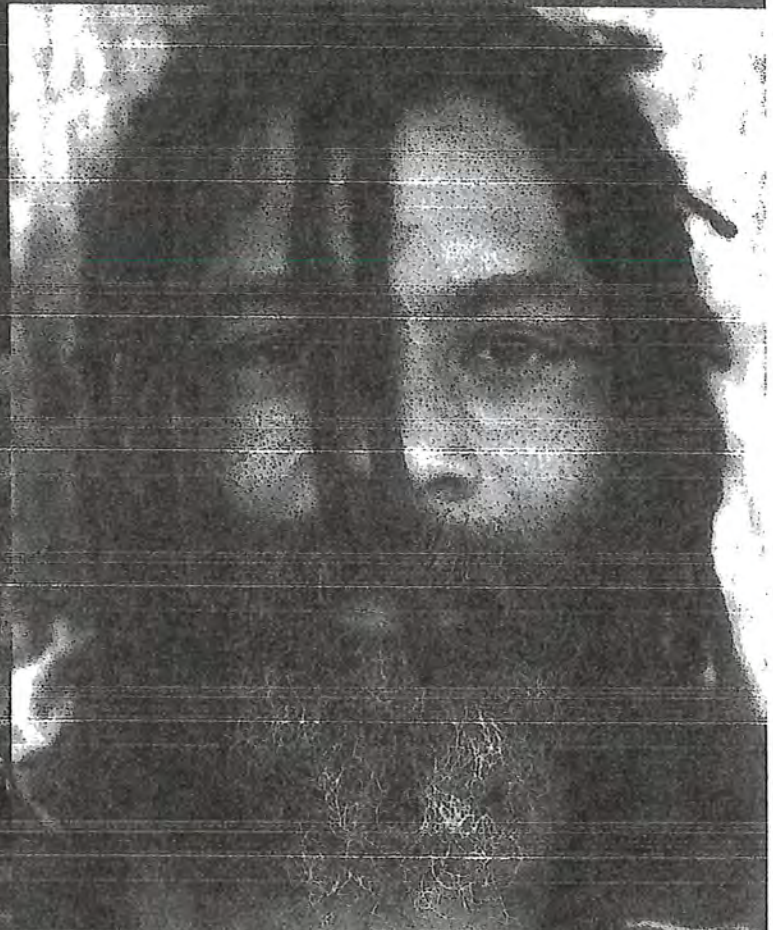
Disaster Response

This entity does not appear in the disaster response registry.



The U.S. Department of
Housing and Urban Development
OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT

The 2020 Annual Homeless Assessment Report (AHAR) to Congress



PART 1: POINT-IN-TIME ESTIMATES OF HOMELESSNESS

JANUARY 2021

Key Findings

On a single night in 2020, roughly 580,000 people were experiencing homelessness in the United States. Six in ten (61%) were staying in sheltered locations—emergency shelters or transitional housing programs—and nearly four in ten (39%) were in unsheltered locations such as on the street, in abandoned buildings, or in other places not suitable for human habitation.

For the fourth consecutive year, homelessness increased nationwide. Between 2019 and 2020, the number of people experiencing homelessness increased by two percent. This increase reflects a seven percent increase in people staying outdoors, which more than offset the modest (0.6%) decline in people staying in sheltered locations.

Nearly 6 of every 10 people experiencing unsheltered homelessness did so in an urban area, with more than half of all unsheltered people counted in the Continuums of Care (CoCs) that encompass the nation's 50 largest cities (53%). More than one in five people who experienced unsheltered homelessness was in a CoC with a largely suburban population (22%), and one in five was in a largely rural area (20%).

2020 marks the first time since data collection began that more individuals experiencing homelessness were unsheltered than were sheltered. Between 2019 and 2020, the number of unsheltered individuals increased by seven percent while the number of sheltered individuals remained largely unchanged. Increases in the unsheltered population occurred across all geographic categories.

The number of unsheltered people in families with children increased for the first time since data collection began. In 2020, just under 172,000 people in families with children were experiencing homelessness. While most people in families with children were in sheltered locations (90%), the number of unsheltered people in families increased by 13 percent. This increase offset a decline in sheltered people in families with children, so the overall level of family homelessness was essentially the same in 2020 as in 2019.

Between 2019 and 2020, the number of unsheltered veterans increased by six percent, offset by a three percent decline in sheltered veterans. Overall, the

number of veterans experiencing homelessness remained unchanged, following considerable reductions in the population in prior years. Increases in unsheltered veterans occurred in all geographic types.

On a single night in 2020, 34,000 people under the age of 25 experienced homelessness on their own as "unaccompanied youth." Most (90%) were between the ages of 18 and 24. Compared to all individuals experiencing homelessness, unaccompanied youth were more often non-white (52% of youth vs. 46% of all individuals), Hispanic/Latino (25% vs. 20%), female (39% vs. 29%), or identifying themselves other than as male or female (4% vs. 1%).

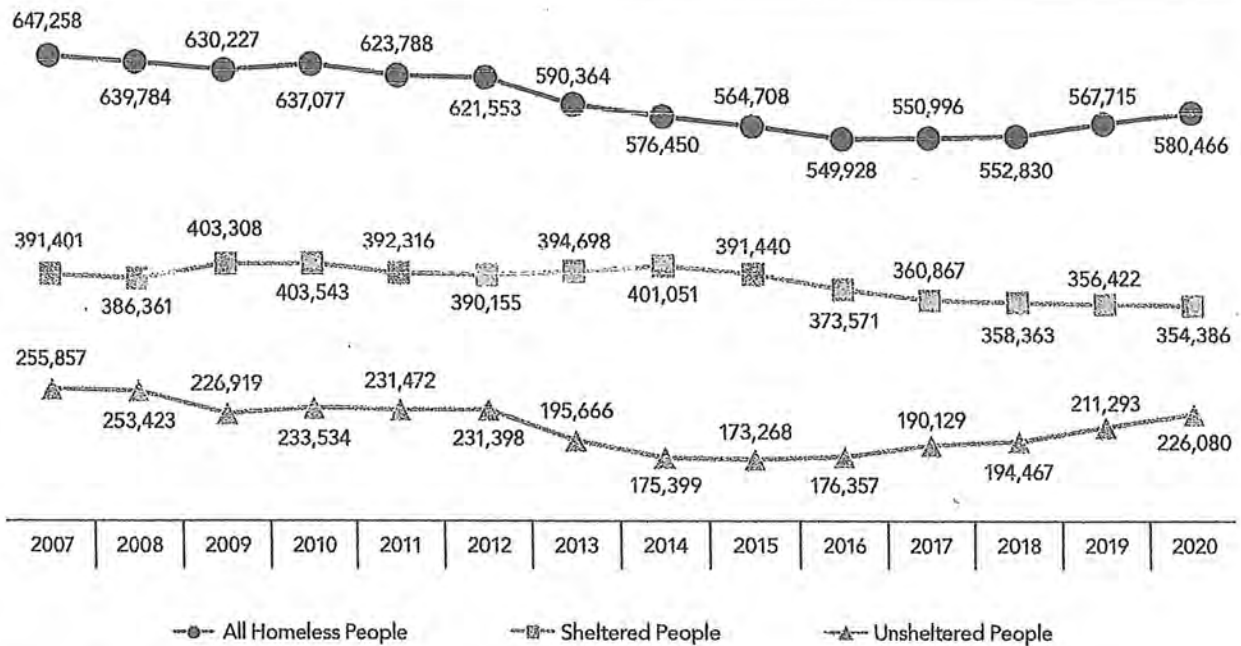
The number of individuals with chronic patterns of homelessness increased by fifteen percent between 2019 and 2020. While increases were reported among both sheltered and unsheltered populations, the sizable increase in the number of unsheltered people with chronic patterns of homelessness (21%) was the key driver.

African Americans and indigenous people (including Native Americans and Pacific Islanders) remained considerably overrepresented among the homeless population compared to the U.S. population. People identifying as black or African American accounted for 39 percent of all people experiencing homelessness and 53 percent of people experiencing homelessness as members of families with children but are 12 percent of the total U.S. population. Together, American Indian, Alaska Native, Pacific Islander and Native Hawaiian populations account for one percent of the U.S. population, but five percent of the homeless population and seven percent of the unsheltered population. In contrast, 48 percent of all people experiencing homelessness were white compared with 74 percent of the U.S. population. People identifying as Hispanic or Latino (who can be of any race) are about 23 percent of the homeless population but only 16 percent of the population overall.

National Estimates Homelessness in the United States

Data source: PIT 2007-2020

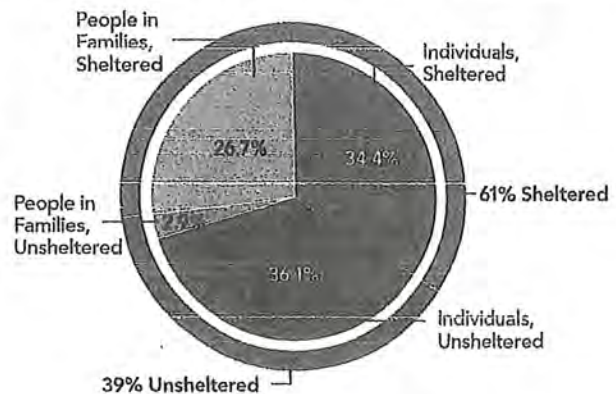
**EXHIBIT 1.1: PIT Estimates of People Experiencing Homelessness
By Sheltered Status, 2007–2020**



On a Single Night in January 2020

- 580,466 people – about 18 of every 10,000 people in the United States – experienced homelessness across the United States.
- Six in 10 people experiencing homelessness (61%), were staying in sheltered locations, and nearly four in 10 (39%) were unsheltered.
- More than two-thirds of all people experiencing homelessness were in households with only adults (70%). Households with only adults who were staying in unsheltered locations comprised the largest single segment of the total homeless population (36%), followed by individuals staying in shelters (34%). Thirty percent of people experiencing homelessness did so as part of a family with at least one adult and one child under 18 years of age, and most people in families were sheltered.
- Less than one percent of people experiencing homelessness, 3,598 people, were children under 18 without an adult present.

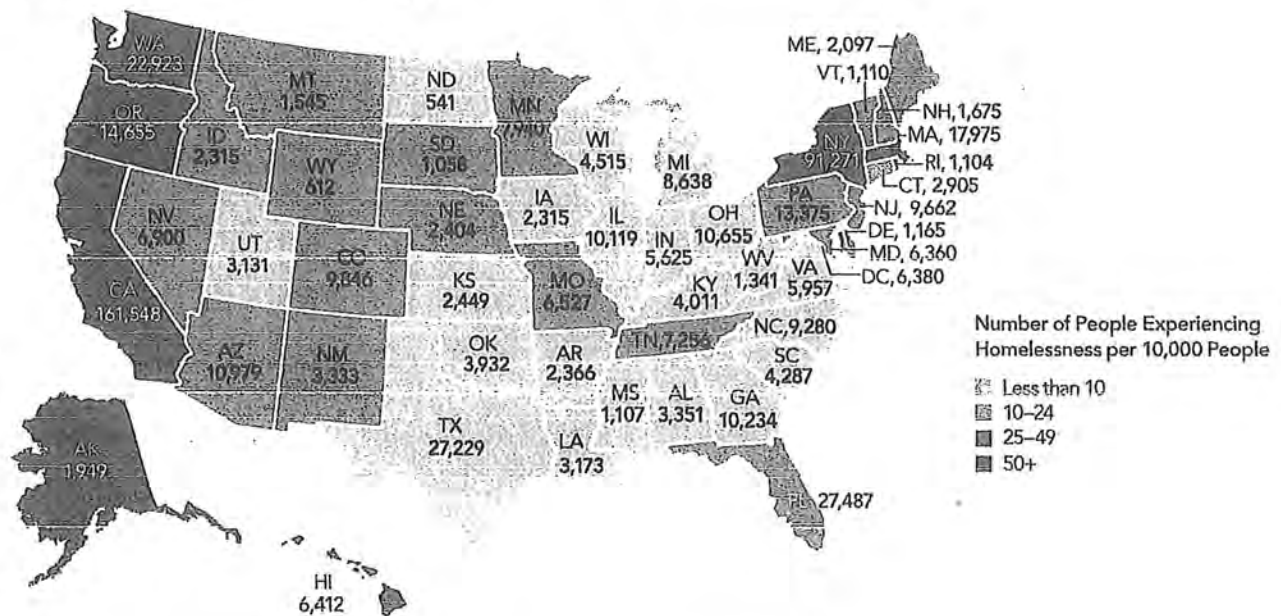
**EXHIBIT 1.2: Homelessness
By Household Type and Sheltered Status, 2020**



State Estimates Homelessness in the United States

Data source: PIT 2007-2020; Excludes Puerto Rico and U.S. territories

EXHIBIT 1.6: Estimates of People Experiencing Homelessness
By State, 2020



On a Single Night in January 2020

- More than half of all people experiencing homelessness in the country were in four states: California (28% or 161,548 people); New York (16% or 91,271 people); Florida (5% or 27,487 people); and Texas (5% or 27,229).
- California accounted for more than half of all unsheltered people in the country (51% or 113,660 people). This is nearly nine times the number of unsheltered people in the state with the next highest number, Texas. In the 2020 point-in-time count, Texas reported 13,212 people or just six percent of the national total of people in unsheltered locations.
- New York and Hawaii had the highest rates of homelessness, at 47 and 46 people for every 10,000 people in the state. California and Oregon also had very high rates, with 41 and 35 people per 10,000. While Florida and Texas contributed large numbers of homeless people to the national estimates, they had rates of homelessness lower than the national average.

of 18 people per 10,000 (13 for every 10,000 people in Florida and 9 for every 10,000 people in Texas).

- States in the West reported the highest percentages of all people experiencing homelessness in unsheltered locations. In California, 70 percent of people experiencing homelessness did so outdoors. Other states with more than half of their homeless population counted in unsheltered locations were: Oregon (61%), Nevada (61%), Hawaii (57%), Arkansas (54%), and Arizona (50%).
- Only one state—New York—sheltered at least 95 percent of people experiencing homelessness.

Changes over Time

- Unlike in prior years, when the rise in the national homeless population reflected large increases in only about a fifth of all states, between 2019 and 2020 the number of people experiencing homelessness increased in

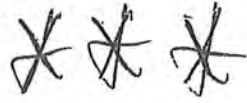


EXHIBIT 1.7: States with the Highest and Lowest Percentages of People Experiencing Homelessness who were Unsheltered
2020

Highest Rates				
CALIFORNIA	NEVADA	OREGON	HAWAII	ARKANSAS
70.4%	61.0%	60.6%	56.5%	53.8%
161,548 Homeless 113,660 Unsheltered	6,900 Homeless 4,209 Unsheltered	14,655 Homeless 8,877 Unsheltered	6,458 Homeless 3,650 Unsheltered	2,366 Homeless 1,273 Unsheltered
Lowest Rates				
NEW YORK	NEBRASKA	NORTH DAKOTA	MAINE	MASSACHUSETTS
5.0%	5.9%	6.3%	6.7%	7.2%
91,271 Homeless 4,557 Unsheltered	2,404 Homeless 143 Unsheltered	541 Homeless 34 Unsheltered	2,097 Homeless 141 Unsheltered	17,975 Homeless 1,294 Unsheltered

EXHIBIT 1.8: Largest Changes in Homelessness by State
By State, 2007–2020

2019–2020		2007–2020	
Largest Increases			
CALIFORNIA	10,270 / 6.8%	NEW YORK	28,670 / 45.8%
TEXAS	1,381 / 5.3%	CALIFORNIA	22,562 / 16.2%
WASHINGTON	1,346 / 6.2%	MASSACHUSETTS	2,848 / 18.8%
ARIZONA	972 / 9.7%	DISTRICT OF COLUMBIA	1,060 / 19.9%
NEW JERSEY	800 / 9.0%	MINNESOTA	617 / 8.4%
Largest Decreases			
OREGON	-1,221 / -7.7%	FLORIDA	-20,582 / -42.8%
FLORIDA	-841 / -3.0%	TEXAS	-12,559 / -31.6%
NEW YORK	-820 / -0.9%	GEORGIA	-9,405 / -47.9%
MASSACHUSETTS	-496 / -2.7%	NEW JERSEY	-7,652 / -44.2%
ARKANSAS	-351 / -12.9%	ILLINOIS	-5,056 / -32.6%

* Due to methodological changes, Colorado, North Dakota, South Dakota, Michigan, and Wyoming were excluded from the list of largest decreases between 2007 and 2020.

DATE: 11/3/2022

TIME: 10:00a.m., Carson City Health and Human Services

ATTENDANCE: Mary Jane Ostrander, Mirjana Gavric, Ana Gregg, and Ed Choklek

RE: Meeting ARPA Letter of Intent and Application

On 11/3/2022 Mary Jane Ostrander, Mirjana Gavric, Ana Gregg, and Ed Choklek met to discuss and answer questions regarding the requirements placed on the ARPA St. Vincent De Paul's application, see questions and requirements below.

1. Individuals who qualify for the reunification program must be evaluated for their mental health before traveling to their destination.
2. St. Vincent de Paul will need to check with the Carson City Sheriff's Office to make sure that the individual has no warrant.
3. St. Vincent de Paul will need to work with Carson City Health and Human Services staff regarding a sign off before the individual begins their travel.

The meeting began with an explanation from MaryJane on the homeless program through Carson City and the role that Carson City Health and Human Resources (CCHHS) will play in the program.

MaryJane explained that the homeless vendor who is granted/hired to work on the Street Outreach portion of the program will be the first point of contact for many of the homeless people in Carson City. The Street Outreach team will enter general information about the person(s) contacted in the CCHHS data based, this is called an assessment. Once an assessment has been completed the Street Outreach team will work with the individual(s) on getting them needed services for the possibility of placing them in temporary shelter.

St. Vincent de Paul would receive referrals from the Carson City Street Outreach team and/or CCHHS regarding the possibility of reunification for clients who request reunification. Also, St. Vincent de Paul would refer any clients to CCHH for a mental health assessment through our Carson City Most Team and a warrant check through the Carson City Sheriff's department. Once the preliminary screening has been completed on a client, then CCHHS will sign off on travel for reunification and St. Vince de Paul will work with the client on method of travel, and time of travel. To transport the client to the travel site, St. Vincent de Paul would work with the Most Team in transferring individuals to the bus, train, or airport station. If awarded MaryJane asked St. Vincent de Paul to complete a verification of the travel destination by reaching out to family members regarding the client's reunification.

Another discussion was shared regarding setting up a meeting with those agencies that receive ARPA funding, the meeting would provide clarification from CCHHS on the expectations and guidelines for the agencies that will be providing services. Once this meeting was completed a

second Town Hall meeting would be scheduled to discuss Street Outreach, referrals and CCHHS role in this program. The second meeting would be held to bring Carson City non-profits together on how the referrals, housing placement, mental health, reunification, would work and each agency's role in the larger goal.

A third discussion occurred over the issue of clothing, food, hygiene, and general support to clients who will be traveling. It was stated that St. Vincent de Paul should work with FISH and CCHHS to help provide, clean clothing, food and other needs for clients who will be traveling.

The fourth discussion was on the topic of gas money. The question arose should St. Vincent de Paul give out gas money as a form of transportation to clients who are requesting reunification. It was determined that gas money was not part of the reunification program. After additional discussions about how to not waste grant funds if a person is a "no show", SVDPS is going to research the availability and costs of refundable travel tickets.

Lastly the group discussed the amount of funds needed for a two-year reunification program and the number of individual or families that may ask for help. It was determined that because this program is new that there is no way of understanding or knowing how many individuals or families will ask for the opportunity to travel to family members for reunification. If awarded it was stated that St. Vincent de Paul would need to keep track of client's general information that they transport. CCHHS will update the travel information into their databases to show the outcome of the travel.

Questions from Ed Choklek

1. What criteria or data will be used to determine if a homeless individual qualifies for the reunification program/project?
2. Since our homeless citizens don't typically have a mailing address, how do we best ascertain that they are Carson City "residents" vs. transients or stranded travelers?
3. Shouldn't the mental and/or physical health evaluation be completed during the Survive Phase of the Housing Master Plan versus during the Stabilize Phase?
4. What specific mental health evaluation will be performed?

5. Who will do the mental health evaluation, and who will have access to the evaluation results? (Is HIPPA law is a concern here?)

6. Who will pay for the mental health evaluations? (We did not budget for this expense in our Letter of Intent since we didn't know about the possibility of any conditions being attached to the grant.)

7. If a homeless individual is denied access to ARPA grant funding due to mental health concerns/issues are Carson City and SVDPS at risk of being sued by the person, by the ACLU (or any other entity who defends the civil rights of those who are mentally handicapped)?

8. Will we be given a point of contact at the Sheriff's Office to help us comply with condition #2?

9. Should the SVDPS reunification project/program be adjusted so that the participant is escorted by an SVDPS volunteer from Carson City to the Amtrack station, the Greyhound station or the airport versus just supplying the person with a one-way bus pass from Carson City to Reno? (SVDPS umbrella liability insurance does NOT cover non-SVDPS passengers in our personal vehicles.)

10. How will conflicts/disagreements between SVDPS and Carson City Human Services encountered at the final sign-off stage be fairly and amicably be resolved? (see condition #3)

**MEMORANDUM OF UNDERSTANDING
BETWEEN
NIGHT OFF THE STREETS INC.
RON WOOD FAMILY RESOURCE CENTER
ST. VINCENT DE PAUL SOCIETY
SPIRIT OF HOPE INC.**

Purpose:

To establish a consortium of organizations that facilitates communication and linkages between organizations. These organizations all have in their mission the servicing of individuals and families in crisis, homelessness and unsheltered. The consortium's primary goals are to: 1) strive to create and provide a full continuum of care through partnering, collaborating and assisting each other in identifying gaps and challenges and using creative problem solving to address those challenges, 2) enhance our understanding of issues affecting the community and to develop, implement and evaluate, as appropriate, plans of action that will address those issues in ways that benefit the community, 3) coordinate efforts, share resources and strive for an environment of cooperation over competition.

This is not a legally binding agreement. This MOU has no fiscal promises nor bindings.

Members Mission Statements

Ron Wood Family Resource Center

To create a lasting community-wide cooperative effort between the private sector and governmental agencies to promote healthy family relationships through education and support services.

Night Off The Streets Inc.

To operate a barrier free warming center that ensures no unhoused person dies in Carson City streets due to exposure.

St. Vincent de Paul Society

A network of friends, inspired by Gospel values, growing in holiness and building a more just world through personal relationships with and service to people in need.

Spirit of Hope

It is our quest to recognize significant and important needs in society and to be a catalyst of change. Spirit of Hope believes that purposeful acts of kindness can remove despair and replace it with hope. It is our mission to restore faith and confidence in others so they have the will and means to live a safe, independent, and meaningful life.

THESE ORGANIZATIONS agree to:

1. Identify for each organization a liaison/representative to facilitate implementation. Meet one time per month at a minimum, to give updates on programs as determined by the group.
2. Meeting topics may include: potential safety concerns, difficulty in making contact, case referrals, program challenges, lack of progress in service planning, grant management and writing/application challenges, shared training needs to enhance knowledge and practical experience, volunteer and job opportunities, develop and manage program statistics, identify gaps, needs, and duplication of services.
3. Provide opportunities for staff to collaborate with each other including job shadowing and other activities that will enhance knowledge of all programs.

4. Write Letters of support as requested by consortium members for grant applications and other fundraising efforts.
5. Act in a professional manner aimed at preserving and safeguarding the confidentiality of all programs and participants in conformity with State and Federal laws.

Date of this agreement begins upon final signature for ONE YEAR.

S/ 

Joyce Buckingham Executive Director
Ron Woods Family Response Center

Date 10-6-2022

S/ 

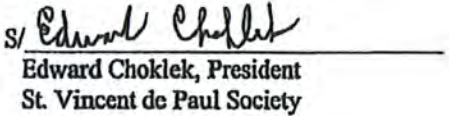
Craig La Gier, Board President
Night Off The Streets Inc.

Date 10/6/22

S/ 

Ellen Jackson, Executive Director
Spirit of Hope Inc.

Date 10/6/22

S/ 

Edward Choklek, President
St. Vincent de Paul Society

Date 10/6/22

Joyce Buckingham, Executive Director
Ron Wood Family Resource Center
2621 Northgate Lane #62
Carson City, NV 89706
(775) 884-2269
Email: executive_director@carson-family.org

Ellen Jackson, Executive Director
Spirit of Hope
411 N. Division Street
Carson City, NV 89703
(775) 462-3331
ellen@spiritofhopeincnv.org

Edward Choklek, President
St. Vincent de Paul Society
775-882-1968 ext. 119
edchoklek@gmail.com

Craig La Gier, President
Night off the Streets Inc. NOTS
PO Box 1480
Carson City, NV 89702
rilevlagier@gmail.com



American Rescue Plan Act Application Grant Period February 1, 2023, through December 31, 2024

GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

Phase Two – Stabilize

Temporary Housing

- Temporary housing for individuals without shelter.
- Length of stay approximately 180 days
 - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

Please e-mail your application before or on the due date to: grants@carson.org
Applications will not be received after the deadline stated above.

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

NEW APPLICANT

PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ _____)

APPLICANT INFORMATION	
Agency Name: Carson City Community Counseling Center	
Agency Mailing Address: 205 South Pratt Avenue, Carson City, NV 89701	
Project Name: The Coronet Project	
Project Address if Different than Mailing Address: 1468 Coronet Way, Carson City, NV 89701	
Contact Person: Caroline Basagoitia	
Office Number: (775) 882-3945	Email: carolinebasagoitia@gmail.com
Cell Phone: (775) 781-6856	Website: https://cccocarsoncity.org/

FISCAL MANAGER

Name:	Jini Jarvas
Title:	Bookkeeper
Phone Number:	(775) 882-3945
Email:	jjarvis@cccocarsoncity.org

PROJECT FUNDING	
Requested amount February – December 2023	\$223,380.00
Requested amount January – December 2024	\$223,380.00
Total project cost for two years	\$446,760.00

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS

Carson City Community Counseling Center (CCC), a 503(c) nonprofit organization, is committed to addressing the homelessness crisis currently increasing in the Carson City area. If granted funding from the American Rescue Plan Act (ARPA), CCC will implement services following the two phases introduced by ARPA. Because CCC is a well-established resource within the Carson City community, we have many relationships that can help aid in building relationships with people who do not have stable living or shelter, and help them find stable living. The designated community outreach coordinator will work with the Carson City Sheriffs Office, Carson City specialty court programs, the Forensic Assessment Services Triage Team (FASTT), the Mobile Outreach Safety Team (MOST), and local shelters to help link people with the Carson City Health and Human Services (CCHHS).

Once relationships with people are established and they have been linked to CCHHS, the community outreach coordinator (along with the target case managers, or TCM's) will coordinate services to people can move into phase 2, which is establishing 12 or more people (depending on progress) within one year with temporary housing on 1468 Coronet Way, Carson City, NV 89701. Each person will on average stay approximately 180 days in group living housing. While living in the transitional living, people will have access to wrap around services, which will boost the likelihood of successfully finding safe and stable housing. With CCC also providing housing to people, this will also help address their basic needs (based on Maslow's Hierarchy of Needs) and will decrease the risk of unsafe experiences (such as substance use, exacerbating mental health issues, trauma experiences, etc.).

CCC will offer residents of the Coronet house with wrap around services that include, screenings for mental health and substance use treatment (and treatment if necessary), crisis interventions, basic skills trainings (BST), psychosocial rehabilitation services (PSR), and peer support services. CCC staff would help residents of the house build skills to help them manage their daily lives; learn safe and appropriate behaviors; parental training; social skills; organization and time management; communication skills; and skills to begin partial or fully independent lives. Through PSR, residents would learn how to manage their interpersonal, emotional, cognitive, and behavioral responses; interpersonal-social boundaries; problem resolution techniques; active listening; culturally relevant moral guidelines and judgment; and learn personal and interpersonal acceptance, as well as strategies to become emotionally and interpersonally intimate with others.

As a part of the wrap around services offered at CCC, residents will have access to transportation, which the TCM will utilize to help clients gain access to needed medical, social, educational, and other supportive services, such as Medicaid, the Department of Motor Vehicles, Job Connect, Voc Rehab, and more. The TCM will link residents to different community resources to get birth certificates, social security cards, ID cards, and/or driver's licenses. The TCM will also link residents to CCC's medical staff to receive primary care services, as well as follow appointments as needed.

With both phases with the CCC Coronet Project, all services provided to residents are in line with the Carson City Housing Plan. By providing residents with all of these services (or at least giving them access to them for options), this boosts the residents' opportunities for success and maintain safe and stable housing. This will also address their needs (based on Maslow's Hierarchy of Needs), educate them on how to reach out for help before a crisis, and teach them skills to help better their lives and work toward happiness and wellness.

American Rescue Plan Act Application Grant Period February 1, 2023, through December 31, 2024

PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS

According to the Carson City Board of Health, as reported by the Nevada Appeal on August 29, 2022, there are 69 people are considered homeless in Carson City, NV; however, the number is likely higher than what is documented. There was another number of over 250 homeless people reported by Night Off The Streets creator Deacon Craig Lagier. According to the Nevada Interagency Council on Homelessness, increased homelessness in Nevada can be attributed to lack of affordable housing and increase in poverty. They also report that homelessness results in a lack of life skills (managing money, cooking, etc.) which helps with living independently. Homeless individuals also lack access to transportation, education, and training that can help with building stability in employment and ultimately in housing.

The Nevada Interagency Council on Homelessness also reports a greater need for access to medical and behavioral health services due to higher rates of medical, mental health, and behavioral health issues. There also are barriers that can prevent homeless populations from accessing needed care in these areas. Not having life skills, education, employment, and access to needed medical and behavioral health treatment contributes to continuous homelessness in individuals. This is even reiterated by the Center for Disease Control, as they report homelessness being connected to declining of physical and mental health, increased alcohol and drug use, and more.

There are agencies that are working on assisting with alleviating homelessness in Carson City specifically. For example, through the Carson City Housing Plan, members of community resources are working tirelessly to address the problem stated above. These members include Carson City Health and Human Services, Carson City Leadership, Carson Tahoe Regional Healthcare, Friends In Service Helping, Nevada Rural Housing Authority, and the State of Nevada Housing Division. Other local agencies addressing homelessness include Spirit of Hope and Community Counseling Center (with specific populations).

It is our hope as Community Counseling Center to expand our transitional living services to a greater range of people who are at risk of homelessness or currently homeless. The funding from the American Rescue Plan Act will help expand the wrap around services already being implemented by this agency to more within the homeless population. These wrap around services will address the specific needs mentioned by the Nevada Interagency Council on Homelessness, specifically life skills, access to primary care providers, access to behavioral health treatment, access to transportation, etc.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

Carson City Community Counseling Center has developed two overall goals that the funding from the American Rescue Plan Act can help achieve. Along with these goals are three objectives per goal that identify specific steps and actions this agency will take that will address the overall problem mentioned prior.

The first goal will be as follows: The Carson City Community Counseling Center will decrease rates of homelessness within Carson City within the next 12 months of being awarded funding. Objective One will be: The Carson City Community Counseling Center will house at least 12 people in the Coronet house within the next year. Objective Two will be: The Carson City Community Counseling Center will provide brochures and pamphlets to 10 local resources within the first two months of being awarded funding to boost awareness of the new program. Objective Three will be: The Carson City Community Counseling Center will participate in three local community events within the next 12 months to highlight and advertise the services and housing accessible for homeless individuals.

The second goal will be as follows: The Carson City Community Counseling Center will provide wrap around services to homeless individuals within the next 12 months to decrease risk factors that contribute to homelessness. Objective One will be: The Carson City Community Counseling Center will conduct two weekly classes that will teach a variety of topics (managing daily lives; social skills; organization and time management; interpersonal-social boundaries; problem resolution techniques; etc.) within the next 12 months. Objective Two will be: The Carson City Community Counseling Center will provide a minimum of bi-weekly target case management appointments to residents of the Coronet house to link them to needed medical, social, educational, and other supportive services (such as access to Medicaid, Health and Human Services, Social Security, etc.). Objective Three will be: The Carson City Community Counseling Center will transport residents of the Coronet house to different community resources to help them gain access to needed medical, social, educational, and other supportive services.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS

Carson City Community Counseling Center (CCC) will use a variety of approaches, systems, and methods to track and evaluate the Coronet Project. The first goal is to help decrease Carson City homelessness within the next year. To accomplish this goal, CCC is able to house at least 12 people within the next year (6 people every 180 days), which includes outreach, documenting this outreach, documenting who would qualify for this program, and documenting which people have been contacted and how. Our outreach coordinator would go into the community, do a quick assessment with individuals and utilize evidence-based practices to teach people about our new program. If people are interested, the outreach coordinator will have them complete an intake demographic sheet to input them into our Electronic Health Record (EHR). During this input, the outreach coordinator will be able to designate those who are homeless and would qualify for the Coronet Project. They would also create a waiting list where everyone will be placed, and this list will include their names, phone numbers, other contact information, and referrals (if an agency or local resource referred them).

As a part of our outreach for this program, the outreach coordinator will also attend at least three local community events, where they will provide attendees with brochures and pamphlets of the Coronet Project. They will also interact with local resources to boost awareness of the program by providing them with brochures and pamphlets. The outreach coordinator will also create a spreadsheet and document events that they have attended. The waiting list and spreadsheets were the chosen method to show improvement on the first goal because there will be proof and documentation through data tracking that shows the goal of decreasing homelessness is being addressed.

To accomplish the second goal, after homeless individuals have consented, are willing to participate in this project, and live in the Coronet housing, they will complete an initial screening with our targeted case manager, to determine which appropriate wrap around services the client would benefit from our agency. After this initial assessment, the targeted case manager will create a case plan in collaboration with the client in CCC's EHR to document SMART (Specific, Measurable, Achievable, Realistic, and Timely) goals and objectives utilizing the wrap-around services. Through the initial assessment and case planning, CCC and the participant would be able to see progress being made, as they would be completing their goals and objectives on their case plans. Through the class attendance, they will be signing off on sign in sheets to show they are attending services to help them move toward their goals. Staff of CCC will also be documenting progress through chart notes. When participants have made progress and have completed their identified goals, they will complete an exit interview, consisting of questions reflecting on what goals they have achieved, what skills they have learned, and what comments they have on the program for the agency to use on quality assurance.

With the grant funding providing for the participant's housing and living expenses, this will help CCC work toward the stated problem which is no safe housing for homeless individuals. Since the grant funding will help homeless individuals find safe housing through our agency, they will have immediate access to services that would address the other stated problem parts, which include life skills, transportation, access to education and employment, medical services, and behavioral services. These are also considered the gaps that are being missed for the homeless population; therefore, CCC will be able to utilize the variety of in-house wrap around services to address these risk factors.

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CCC also has current Memorandums of Understanding (MOU) with multiple local Carson City Resources. This means CCC can work in collaboration with local agencies to provide addition access to treatment resources that would otherwise be unattainable for homeless individuals. This is because CCC can't offer all services; however, the few services that aren't offered are easily accessible with CCC's help. CCC will be able to link participants to education and vocational trainings within the community. Local collaborators and partners include Behavioral Health Services, Rural Clinics, the Carson City Sheriff's Office, FASTT, Washoe Tribe, Carson City School District, J.O.I.N, Sign Language translators, Nutritionists, University of Nevada (Reno), Advocates to End Domestic Violence, Voc Rehab, and more.

CCC has created a system of approaches and methods to help work toward the goals for this project, as well as ways to track and evaluate the program. Our methods are able show improvement through documentation and direct contact and will impact the stated problems if grant funding is awarded. CCC can bridge gaps that homeless individuals typically face when needing help, as well as work in collaboration with other local resources when CCC can't provide the direct service. CCC is driven to help create an impact on the Carson City community.

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EQUITABLE OUTCOMES TWO PAGE LIMIT 20 POINTS

As Community Counseling Center (CCC) focuses on developing this project, we want to keep in mind different negative economic impacts that could cause barriers for participants of this program with finding successful housing. Carson City has built new housing developments; however, as CCC has seen through their current clients, a lot of the housing is unaffordable due to the high monthly rent costs, unrealistic home buying opportunities, and stringent background checks. We have noticed this causes people to shift to cheaper housing, yet it is not typically in safe areas. We have also noticed that lower wages that don't match the cost of living for Carson City also creates a panic in people who now must either work multiple jobs or turn to criminal behavior to afford their living. This puts them in risk factors associated with homelessness.

Through the wrap around services, CCC plans on teaching a variety of different life skills that can help the participants of the Coronet Project boost their chances at independent living. CCC staff will be able to teach the participants in building communication skills, building a budget, improving credit, increasing their savings, and building a resume. CCC would also teach participants how to plan for unexpected life events, such as sudden loss of housing or employment. We would teach participants how to create a "safety net" to not fall back into homelessness. This also means teaching participants how to utilize local resources when needed and when to ask for help.

CCC's relationship with Health and Human Services (HHS) can also help having open communication to inform participants of the Coronet Project of different housing assistance, which would help alleviate pressures of proving initial rent funding. CCC has staff that can accompany clients to their appointments with HHS (if needed), to model appropriate behavior, regulation skills, and effective communication. This has been proven to help teach participants on learning how to ask for help and how to communicate efficiently. This will, in turn, help the client learn how to ask for help and reach out to resources quicker so as to continue to build that "safety net".

Negative Economic Impacts are not the only barriers that CCC is addressing to help ensure success for participants of this project. CCC recognizes that some individuals or families are at a greater advantage of receiving services than others. CCC believes in focusing on equity to address this issue, not just equality. We do not believe that each participants assistance should be "cookie cutter" and the same as everyone else (equality). CCC adopts a client-centered approach with their services, using collaboration with the participant to determine what services will best address the client's intensity of needs at that moment.

This client-centered approach means that one participant may need only two of the wrap around services offered by this agency, while another participant might need four (equity). The utilization of the evidence-based practice Motivational Interviewing (MI) from the staff will help the client gain insight on their values (what is important to them). This will then help the participant and the staff understand which services are realistic for the client currently and which are not. This method can also help boost the client's strength of self-confidence in their decision to help themselves. After it is determined which wrap around services will be helpful, CCC staff will help specify their case plan more.

Another piece that CCC will rely on to help increase diversity in their participants to ensure those most disadvantaged are also being help is satisfaction surveys. CCC already implements quarterly satisfaction surveys that provide feedback on which services are most accessible; however, CCC is willing to edit our satisfaction surveys to learn what services are

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missing and what other barriers are not being addressed. CCC can then take this information for our quality assurance and create improvements to the Coronet Project services. These surveys will not only be given to the participants, but also other stakeholders who interact with the participants. This includes people from collaborative resources as mentioned prior (FASTT, Sheriff's Office, HHS, Ron Wood, etc.).

CCC's inclusion of multiple stakeholders will also help build community capacity, as this helps gain an understanding of current concerns, problems, issues, and solutions that help the community work together. This will also help CCC advocate stakeholders what is realistic and achievable, and what is not. This also help CCC understand other funding that would be needed to build services and to help address needs mentioned in the surveys. In collaboration with stakeholders, CCC will also have an opportunity to educate and inform others about stigmatizing issues about homelessness and barriers that are present, with an effort to help others collaborate more with community resources. Frequent written reports from CCC (utilizing data collected from the Coronet Project and other programs) can also be provided to show the successes of helping homeless individuals, and the needs that are still present. This all helps with building community capacity.

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SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

Community Counseling Center consistently plans for sustainability, as we recognize that funding from one source isn't forever. CCC will continue to search for different funding streams and opportunities to help maintain sustainability and continue to create an impact on the Carson City community. A few ways that CCC can accomplish this could be through fundraising, working with Health and Human Services, and applying for funding through different State and Federal organizations (Nevada Housing Division, SAPTA, SAMHSA, etc.). Community Counseling Center also can collaborate with local agencies who are willing to help address homelessness within Carson City. With this collaboration, local agencies or groups can donate funds monthly, with Community Counseling Center being able to provide incentives in return for support. There are many different funding streams available within the community, and CCC is willing to work hard to ask for support to help create a sustainable program decreasing homelessness in our local community.

In 2022 and 2023, CCC will send out fundraising information to local organizations within Carson City, NV. The outreach coordinator will also go to local organizations, advocating for the need for donations to help create an impact on the growing problem homelessness. After December 2024, CCC will check weekly to bi-weekly within State and Federal organizations on different funding available aggregated for the homeless population. When different funding is found, CCC will effectively apply and work with those organizations to maintain funding for the Coronet Project.

COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS

As mentioned previously, CCC is an established organization within Carson City, NV. We have built multiple relationships with individuals and agencies that have helped this agency boost success for our clients. The Coronet Project will be able to benefit from the already existing relationships. Local collaborators and partners include Behavioral Health Services, Rural Clinics, the Carson City Sheriff's Office, MOST, FASTT, Washoe Tribe, Carson City School District, J.O.I.N, Ron Wood, Spirit of Hope, Sign Language translators, Nutritionists, University of Nevada (Reno), Advocates to End Domestic Violence, Voc Rehab, and more. CCC has also worked hard on maintaining these relationships, as we understand that not one agency or person can help the community alone.

Our treatment team staff will continue to maintain this relationship by working collaboratively, inviting them to tour our agency, provide feedback to help with quality assurance, and referring to those agencies when needed. Many of these agencies refer individuals to our agency, so as to ensure quality and that relationship, we work speedily and efficiently to provide stabilization for those referred. We appreciate our collaborators in sharing our goal of helping the person as a whole, and working with us to help address all areas in the individuals life if they want.

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PROJECT BUDGET- 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title:	Requested Amount	Other Funding	Total Funds
Project Expenses February 2023-December 2024			
Personnel			
Consultants/Contracts			
Travel			
Supplies/Operating			
Equipment			
Other			
Daily living rate per bed-Year 1 (365 days) X 12 clients X \$102 per bed per day = \$223,380	\$223,380		\$223,380
Daily living rate per bed-Year 2 (365 days) X 12 clients X \$102 per bed per day = \$223,380	\$223,380		\$223,380
TOTALS	\$446,760		\$446,760

OTHER CARSON CITY CONTRIBUTIONS

1. Has your agency received funding or other support from Carson City in the past 3 years?

YES NO

2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.

1. Community Support Services Grant Fiscal Year 2021-2026 \$20,000 Per year.
2. Misdemeanor Treatment Court \$36,800 Maximum available funds per grant year. CCC has received this funding yearly.

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3. ADEP- \$220 Per presentation, roughly 9 hours per year.

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used.

BUDGET JUSTIFICATION

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

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Daily living rate per bed-Year 1 (365 days) X 12 clients X \$102 per bed per day = \$223,380	\$223,380	This would pay for the participant's daily cost of living, and provide services to help pay for internet, water, electricity/gas, sewer, maintenance, and security.
Daily living rate per bed-Year 2 (365 days) X 12 clients X \$102 per bed per day = \$223,380	\$223,380	This would pay for the participant's daily cost of living, and provide services to help pay for internet, water, electricity/gas, sewer, maintenance, and security.

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AGENCY INFORMATION

Date of incorporation	05/31/1985
Date of IRS certification	02/16/1999
Tax exempt number	88-0212354
UEI #	SW85N7L328K7

REQUIRED: Attach items 1-7 to your application. Item 8 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.

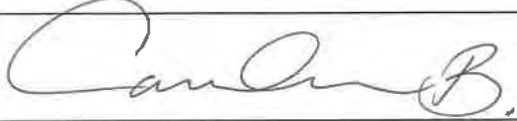
INDEX OF ATTACHMENTS


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 https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ 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 ARPA funds.]	
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	
6	Profit and Loss Statements and Balance Sheets for prior 3 years	
7	Has your agency registered with the System for Award Management (SAM) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY'S SAM REGISTRATION	
8	Funding commitment letters and/or letters of support (if applicable)	

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CERTIFICATION

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>11/28/2022</i>
Caroline Basagoitia, Executive Director	(775) 882-3945
Typed Name and Title of Authorized Official	Phone Number

	<i>11/28/22</i>
Signature of President of Board of Directors	Date <i>11/28/2022</i>
Robert J. Fliegler, MD, President	(775) 841-7644
Typed Name of President of Board of Directors	Phone Number

Internal Revenue Service
District Director

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: FEB 16 1999

Carson City Community Counseling
Center
625 Fairview Suite 116
Carson City, NV 89701-5430

Person to Contact:
Mildred Davis
Telephone Number:
8777-829-5500
Fax Number:
513-684-5936
Federal Identification Number:
88-0212354

Dear Sir or Madam:

This letter is in response to your Certificate of Amendment to the Articles of Incorporation filed October 2, 1992, changing your name.

Our records indicate that a determination letter issued in May 1986 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Carson City Community Counseling Center
88-0212354

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

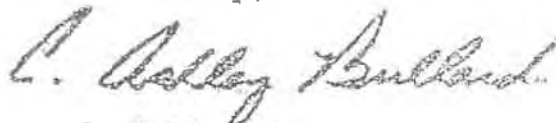
Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

Please direct any questions to the person identified in the letterhead above.

This letter affirms your organization's exempt status.

Sincerely,



C. Ashley Bullard
District Director

State of Nevada



Department of State

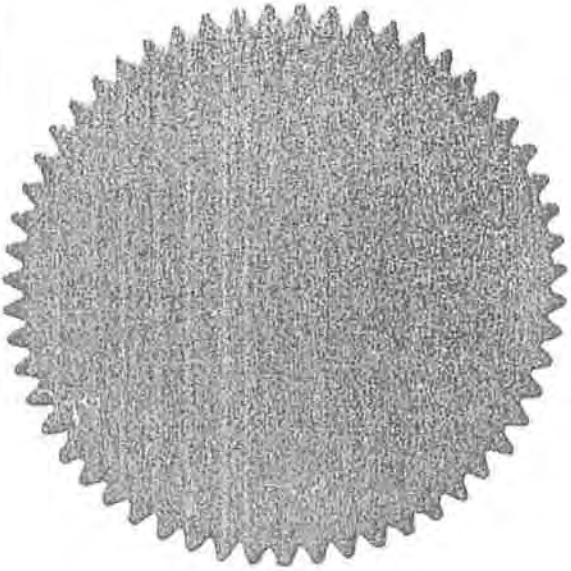
I, WM. D. SWACKHAMER, Secretary of State of the State of Nevada, do hereby certify that
COMMUNITY ADDICTION CLINIC

did on the THIRTY-FIRST day of MAY, 19 85, file in this office
the original Articles of Incorporation; that said Articles are now on file and of record in the office of the Sec-

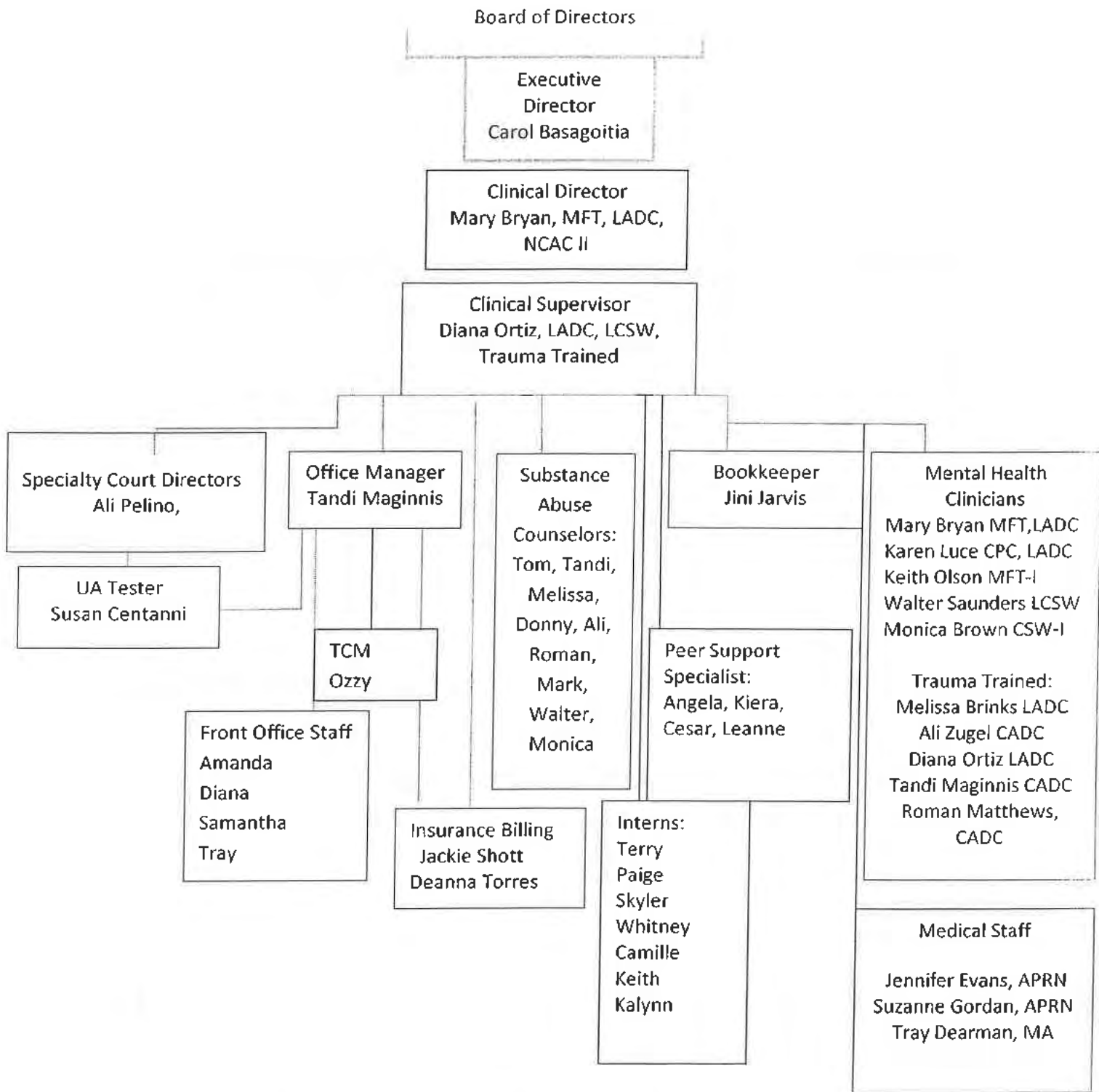
retary of State of the State of Nevada, and further, that said
Articles contain all the statements of facts required by the law
of said State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed
the Great Seal of State, at my office in Carson City, Nevada, this

THIRTY-FIRST day of MAY, A. D. 19 85



By: *Wm. D. Swackhamer*
Secretary of State
Wm. D. Swackhamer
Deputy



Community Counseling Center

Organizational Chart

COMMUNITY COUNSELING CENTER
BOARD OF DIRECTORS
April 2021

Severin Carlson 50 W. Liberty St. Suite 900 Reno, NV 89501 W 852-3900 C 220-8703 H 853-5426	January 2009	Attorney scarlson@kkbrf.com scarlson@knvlaw.com
John L. Ascuaga, Vice President P.O. Box 797 Reno, NV 89431 C 742-3470	August 2012	Businessman jlascuaga@aol.com reinkofnevada@charter.net
Robert J Fliegler, MD, President 206 North Curry St. Carson City, NV 89703 H 841-9644 W 841-7644	August 2012	Physician Robert@fliegler.com
Roger Williams 3470 GS Richards Blvd Carson City, NV 89703 W 882-3201 C 720-3201	August 2012	Accountant roger.williams@marinsanitory.com
Sheriff Kenny Furlong, Sect/Treasurer 911 East Musser Street Carson City, NV 89701 W 887-2500 C 283-7800	Jan 2013	Law Enforcement kfurlong@carson.org
Bill Richards 911 E. Musser Street Carson City, NV 89701 C 721-5025		Retired Law Enforcement wolfman5293@charter.net
Tom Perkins C (775) 790-1511	April 2021 (returning)	Retired Judge/Attorney thomas1592@gmail.com
Tara Swartz C (775)220-0697	April 2021	Social Worker swartztara@gmail.com
Shaun Mattice C (775) 315-0203	April 2021	Business Owner/Construction shaunmattice1@gmail.com

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2020

Prepared for	Carson City Community Counseling Center 205 S Pratt Street Carson City, NV 89701
Prepared by	J.A. Solari & Partners, LLC 5310 Kietzke Lane, #101 Reno, NV 89511
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 15, 2021.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____ 20

2020

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

CARSON CITY COMMUNITY COUNSELING CENTER

88-0212354

Name and title of officer or person subject to tax

**CAROL BASAGOITIA
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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one 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>4,293,457.</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, line 3c)	5b	_____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____ (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize J.A. SOLARI & PARTNERS, LLC to enter my PIN 12354
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax _____

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.

88374590053

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CARSON CITY COMMUNITY COUNSELING CENTER	Taxpayer identification number (TIN) 88-0212354
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 500 DAMONTE RANCH PKWY, STE 1008	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89521	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **205 S PRATT STREET - CARSON CITY, NV 89701**
Telephone No. ▶ **775-882-3945** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2020** or
▶ tax year beginning _____ , and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

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	C Name of organization <div style="border: 1px solid black; padding: 2px;">CARSON CITY COMMUNITY COUNSELING CENTER</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">205 S PRATT STREET</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">CARSON CITY, NV 89701</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">88-0212354</div>
F Name and address of principal officer: CAROL BASAGOITIA SAME AS C ABOVE		E Telephone number <div style="border: 1px solid black; padding: 2px;">775-882-3945</div>
I 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		G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">4,293,457.</div>
J Website: ▶ WWW.CCCOFCARSONCITY.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No if "No," attach a list. See instructions
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶ L Year of formation: 1998 M State of legal domicile: NV

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HIGH QUALITY OUTPATIENT CARE FOR LOW AND NO INCOME COMMUNITY MEMBERS SUFFERING		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	40
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 846,907.	Current Year 441,834.
	9 Program service revenue (Part VIII, line 2g)	1,769,635.	3,499,406.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,176.	2,488.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,077.	349,729.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,627,795.	4,293,457.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,400.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,112,269.	2,280,747.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 36,160.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		656,453.	605,238.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,770,122.	2,886,166.
19 Revenue less expenses. Subtract line 18 from line 12	-142,327.	1,407,291.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,138,660.	End of Year 3,459,909.
	21 Total liabilities (Part X, line 26)	903,271.	817,229.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,235,389.	2,642,680.

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 <div style="border: 1px solid black; padding: 2px; font-weight: bold;">CAROL BASAGOITIA, EXECUTIVE DIRECTOR</div> Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name NOEMI O. ALLEN	Preparer's signature Date Check <input type="checkbox"/> self-employed PTIN P00390053
	Firm's name ▶ J.A. SOLARI & PARTNERS, LLC Firm's address ▶ 5310 KIETZKE LANE, #101 RENO, NV 89511	Firm's EIN ▶ 45-2604379 Phone no. (775) 827-3550

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: TO PROVIDE HIGH QUALITY OUTPATIENT CARE FOR LOW AND NO INCOME COMMUNITY MEMBERS SUFFERING FROM EMOTIONAL DISTURBANCES, FAMILY DISRUPTION, COMMUNICATION DISORDERS, ANGER MANAGEMENT ISSUES, PSYCHIATRIC PROBLEMS, SUBSTANCE ABUSE AND ACUTE AND CHRONIC BEHAVIORAL

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

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

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 \$ 2,132,006. including grants of \$ 181.) (Revenue \$ 3,435,309.) PROVISION OF CRISIS MENTAL HEALTH SERVICES, SCREENING/ASSESSMENT/DIAGNOSIS/RISK ASSESSMENT, PATIENT-CENTERED TREATMENT PLANNING, OUTPATIENT MENTAL HEALTH AND SUBSTANCE USE SERVICES, OUTPATIENT CLINIC PRIMARY CARE SCREENING/MONITORING, TARGETED CASE MANAGEMENT, PSYCHIATRIC REHABILITATION SERVICES, AND PEER SUPPORT/FAMILY SUPPORT COUNSELOR SERVICES.

4b (Code:) (Expenses \$ 352,450. including grants of \$) (Revenue \$ 416,314.) PROVISION OF PROFESSIONAL DRUG AND ALCOHOL COUNSELING AND TREATMENT SERVICES TO INDIVIDUALS IN THE DRUG COURT PROGRAM.

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

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

4e Total program service expenses 2,484,456.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 40		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	THE ORGANIZATION - 775-882-3945 205 S PRATT STREET, CARSON CITY, NV 89701

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL BASAGOITIA ADMINISTRATOR	40.00	X		X				162,405.	0.	11,188.
(2) KEITH A OLSON MENTAL HEALTH COUNSELOR	40.00				X			132,324.	0.	0.
(3) DAVID L RAMSEY CLINICAL NURSE PRACTITIONER	40.00				X			125,103.	0.	0.
(4) DIANA MAYORAL ORTIZ CLINICAL DIRECTOR	40.00				X			124,543.	0.	0.
(5) TERI ZUTTER DIRECTOR	1.00	X						0.	0.	0.
(6) SEVERIN CARLSON DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN L. ASCUAGA DIRECTOR	1.00	X						0.	0.	0.
(8) ROBERT FLIEGER PRESIDENT	1.00	X		X				0.	0.	0.
(9) ROGER WILLIAMS TREASURER	1.00	X		X				0.	0.	0.
(10) KENNY FURLONG SECRETARY	1.00	X		X				0.	0.	0.
(11) BILL RICHARDS DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							544,375.	0.	11,188.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							544,375.	0.	11,188.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	435,749.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,085.			
	g Noncash contributions included in lines 1a-1f	1g \$				
	h Total. Add lines 1a-1f		441,834.			
	Program Service Revenue	2 a COUNSELING SERVICES	Business Code 624100	3,083,092.	3,083,092.	
b DRUG COURT		624100	416,314.	416,314.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			3,499,406.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,488.	2,488.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
		b Less: cost or other basis and sales expenses	7b			
		c Gain or (loss)	7c			
		d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a SBA PPP GRANT	Business Code 900099	349,276.	349,276.		
	b MISCELLANEOUS	900099	453.	453.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		349,729.			
12 Total revenue. See instructions		4,293,457.	3,851,623.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	181.	181.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	162,405.	139,733.	20,091.	2,581.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,823,356.	1,568,813.	225,563.	28,980.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	123,041.	98,403.	22,354.	2,284.
10	Payroll taxes	171,945.	151,571.	18,059.	2,315.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	162,092.	140,046.	22,046.	
12	Advertising and promotion	12,068.	12,068.		
13	Office expenses	76,547.	73,084.	3,463.	
14	Information technology				
15	Royalties				
16	Occupancy	52,318.	51,222.	1,096.	
17	Travel	17,556.	17,556.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	44,513.		44,513.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,653.	35,653.		
23	Insurance	8,763.	8,529.	234.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	SUPPLIES	69,407.	68,744.	663.	
b	STAFF DEVELOPMENT AND T	36,854.	36,854.		
c	CONTRACT SERVICES	33,400.	33,400.		
d	REPAIRS AND MAINTENANCE	25,953.	24,815.	1,138.	
e	All other expenses	30,114.	23,784.	6,330.	
25	Total functional expenses. Add lines 1 through 24e	2,886,166.	2,484,456.	365,550.	36,160.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	206,217.	1	396,983.
	2 Savings and temporary cash investments	179,611.	2	1,018,039.
	3 Pledges and grants receivable, net	73,256.	3	113,408.
	4 Accounts receivable, net	380,756.	4	340,936.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	4,847.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,802,064.		
	b Less: accumulated depreciation	10b 217,054.	1,297,850.	10c 1,585,010.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	970.	14	686.
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,138,660.	16 3,459,909.	
Liabilities	17 Accounts payable and accrued expenses	119,038.	17	75,888.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	784,233.	23	741,341.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		903,271.	26 817,229.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,235,389.	27	2,642,680.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances		1,235,389.	32 2,642,680.	
33 Total liabilities and net assets/fund balances		2,138,660.	33 3,459,909.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,293,457.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,886,166.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,407,291.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,235,389.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,642,680.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization CARSON CITY COMMUNITY COUNSELING CENTER Employer identification number 88-0212354

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	533,114.	660,865.	397,588.	846,907.	441,834.	2880308.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1654867.	1425649.	1940907.	1769635.	3499406.	10290464.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2187981.	2086514.	2338495.	2616542.	3941240.	13170772.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						13170772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	2187981.	2086514.	2338495.	2616542.	3941240.	13170772.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	532.	817.	4,512.	4,176.	2,488.	12,525.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	532.	817.	4,512.	4,176.	2,488.	12,525.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	15,149.	1,342.	52.	7,077.	453.	24,073.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2203662.	2088673.	2343059.	2627795.	3944181.	13207370.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.72 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.09 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.09 %

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described in line 11a above?	11b	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Horizontal lines for supplemental information input.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization CARSON CITY COMMUNITY COUNSELING CENTER	Employer identification number 88-0212354
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARSON CITY 885 EAST MUSSER ST CARSON CITY, NV 89701	\$ 248,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DOUGLAS COUNTY 1618 8TH STREET MINDEN, NV 89423	\$ 13,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY FOUNDATION OF GREATER CHATTANOOGA 1400 WILLIAMS STREET CHATTANOOGA, TN 37408	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STATE OF NEVADA DIV OF PUBLIC & BEHAVIORAL HEALTH 4126 TECHNOLOGY WAY SUITE 200 CARSON CITY, NV 89706	\$ 28,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	UNIVERSITY OF NEVADA RENO 1664 N VIRGINIA STREET RENO, NV 89557	\$ 144,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CARSON CITY COMMUNITY COUNSELING CENTER	Employer identification number 88-0212354
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CARSON CITY COMMUNITY COUNSELING CENTER	Employer identification number 88-0212354
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info. once) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Not investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		751,558.		751,558.
b Buildings		904,459.	130,792.	773,667.
c Leasehold improvements				
d Equipment		146,047.	86,262.	59,785.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,585,010.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,293,457.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Not unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,293,457.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,293,457.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,886,166.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,886,166.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,886,166.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION HAS ANALYZED ITS TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE. THE ORGANIZATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT ON THE ORGANIZATION'S FINANCIAL POSITION, CHANGES IN NET ASSETS, OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY TAX ASSETS OR LIABILITIES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT

Part XIII Supplemental Information (continued)

DECEMBER 31, 2020 OR 2019. THE ORGANIZATION WOULD RECOGNIZE INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE.

ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. THERE CURRENTLY ARE NO AUDITS OF THE ORGANIZATION'S RETURNS IN PROGRESS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2016.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) CAROL BASAGOITIA ADMINISTRATOR	155,000. 0.	7,405. 0.	0. 0.	4,601. 0.	6,587. 0.	173,593. 0.	0. 0.
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							
(i)							
(ii)							
(iii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

SALARY AND BONUSES FOR THE ADMINISTRATOR ARE NEGOTIATED WITH AND APPROVED

BY THE BOARD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CARSON CITY COMMUNITY COUNSELING CENTER

Employer identification number

88-0212354

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM EMOTIONAL DISTURBANCES, FAMILY DISRUPTION, COMMUNICATION
DISORDERS, ANGER MANAGEMENT ISSUES, PSYCHIATRIC PROBLEMS, SUBSTANCE
ABUSE AND ACUTE AND CHRONIC BEHAVIORAL HEALTH ISSUES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH ISSUES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS ARE PROVIDED WITH A DRAFT
COPY OF THE FORM 990 FOR REVIEW PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Community Counseling Center

Balance Sheet

As of December 31, 2019

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1100 Change Cash Account	100.00
1103 B of A checking--3003	206,117.67
2206 Certificate of Deposit	179,610.93
Total Bank Accounts	\$385,828.60
Accounts Receivable	
2000 Receivables	0.00
2009 Grant Receivable	73,256.09
2010 SSI Administration	0.00
2012 COBRA	0.00
2020 Employee Loan	0.00
Total Accounts Receivable	\$73,256.09
Other Current Assets	
1499 Undeposited Funds	0.00
2001 Allow Doubtful Accts	-105,691.00
2050 Patient Receivables	486,446.89
2201 Deposits	0.00
2204 Other Prepaids	0.00
2205 Prepaid Rent/Northlake Ventures	0.00
2210 Escrow	0.00
Total Other Current Assets	\$380,755.89
Total Current Assets	\$839,840.58
Fixed Assets	
2503 Office Equipment	88,440.24
2505 Communication System	15,997.88
2506 Leasehold Improvement	10,835.00
2510 Buildings	
2510-1 Buildings-205 S Pratt	521,302.49
2510-2 Buildings-1482 N Hwy 395	145,822.25
2510-3 Buildings-207&209 S Pratt	77,016.00
Total 2510 Buildings	744,140.74
2520 Building Improvements	
2520-1 Bldg Impr-205 S Pratt	16,202.83
2520-2 Bldg Impr-1482 N Hwy 395	8,250.00
2520-3 Bldg Impr-207&209 S Pratt	6,608.58
Total 2520 Building Improvements	31,061.41

Community Counseling Center

Balance Sheet

As of December 31, 2019

	TOTAL
2570 Accum Depr - Buildings & Impr	-101,249.22
2571 Accum Depreciation	-80,435.45
2580 Land	589,060.51
2590 Loan Fees	2,840.00
2591 Accum Amortization	-1,869.67
Total 2590 Loan Fees	970.33
Total Fixed Assets	\$1,298,821.44
TOTAL ASSETS	\$2,138,662.02
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2002 Accounts Payable	27,181.81
Total Accounts Payable	\$27,181.81
Credit Cards	
2600 CC-Office Depot	0.00
2604 CC-Bank of America	66.29
2606 Bank of America Loan Line	0.00
2608 Staples	0.00
Total Credit Cards	\$66.29
Other Current Liabilities	
2702 Advances/SAPTA Grant	0.00
2709 Employee FWH	0.00
2710 Employee FICA	-0.03
2711 Employee Medicare	0.13
2715 Employee SIMPLE	1,255.97
2717 Employee IRA	0.00
2718 Employee Insurance	-4,421.68
2720 Child Support Wage Assignment	0.00
2725 Garnishment-other	0.00
2726 Current portion of lease #4	0.00
2729 Current portion of lease #3	0.00
2730 Accrued Vacation	33,385.78
2733 Current Portion of Loan- BofA	0.00
2735 Accrued Payroll	61,569.95
Total Other Current Liabilities	\$91,790.12
Total Current Liabilities	\$119,038.22

Community Counseling Center

Balance Sheet

As of December 31, 2019

	TOTAL
Long-Term Liabilities	
2824 Copier lease #3	0.00
2825 Copier lease #4	0.00
2826 Copier Lease #5	12,902.13
2852 Building Loan-M&M Bigue	-0.05
2853 Building Loan-BofA	486,104.50
2854 Building Loan - Drange	285,225.93
Total Long-Term Liabilities	\$784,232.51
Total Liabilities	\$903,270.73
Equity	
2901 Retained Earnings	0.00
2905 Net Assets	0.00
2906 Temporarily Restricted	0.00
2908 Unrestricted	1,377,715.37
Total 2905 Net Assets	1,377,715.37
2909 Opening Bal Equity	0.00
Net Income	-142,324.08
Total Equity	\$1,235,391.29
TOTAL LIABILITIES AND EQUITY	\$2,138,662.02

Community Counseling Center

Balance Sheet

As of December 31, 2020

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1100 Change Cash Account	100.00
1102 B of A Savings--5335	1,018,038.59
1103 B of A checking--3003	350,798.82
1104 B of A checking--3319--WNRDC	46,083.78
2206 Certificate of Deposit	0.00
Total Bank Accounts	\$1,415,021.19
Accounts Receivable	
2000 Receivables	0.00
2009 Grant Receivable	113,407.51
2010 SSI Administration	0.00
2012 COBRA	0.00
2020 Employee Loan	0.00
Total Accounts Receivable	\$113,407.51
Other Current Assets	
1499 Undeposited Funds	0.00
2001 Allow Doubtful Accts	-303,541.70
2050 Patient Receivables	644,477.52
2201 Deposits	1,000.00
2202 Prepaid Insurance	
2202-1 Auto Insurance	718.71
2202-2 Building/property insurance	3,128.25
Total 2202 Prepaid Insurance	3,846.96
2204 Other Prepays	0.00
2205 Prepaid Rent/Northlake Ventures	0.00
2210 Escrow	0.00
Total Other Current Assets	\$345,782.78
Total Current Assets	\$1,874,211.48
Fixed Assets	
2501 Vehicles	4,190.04
2502 Medical Equipment	7,844.05
2503 Office Equipment	118,014.97

Community Counseling Center

Balance Sheet

As of December 31, 2020

	TOTAL
2505 Communication System	15,997.88
2506 Leasehold Improvement	10,835.00
2510 Buildings	
2510-1 Buildings-205 S Pratt	521,302.49
2510-2 Buildings-1482 N Hwy 395	145,822.25
2510-3 Buildings-207&209 S Pratt	77,016.00
2510-4 Buildings-1468 Coronet Way	112,922.07
Total 2510 Buildings	857,062.81
2520 Building Improvements	
2520-1 Bldg Impr-205 S Pratt	21,702.83
2520-2 Bldg Impr-1482 N Hwy 395	8,250.00
2520-3 Bldg Impr-207&209 S Pratt	6,608.58
Total 2520 Building Improvements	36,561.41
2570 Accum Depr - Buildings & Impr	-120,812.32
2571 Accum Depreciation	-96,241.82
2580 Land	751,558.12
2590 Loan Fees	2,840.00
2591 Accum Amortization	-2,153.67
Total 2590 Loan Fees	686.33
Total Fixed Assets	\$1,585,696.47
TOTAL ASSETS	\$3,459,907.95
<hr/>	
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2002 Accounts Payable	9,295.26
Total Accounts Payable	\$9,295.26
Credit Cards	
2600 CC-Office Depot	0.00
2604 CC-Bank of America	66.29
2606 Bank of America Loan Line	0.00
2608 Staples	0.00
Total Credit Cards	\$66.29

Community Counseling Center

Balance Sheet

As of December 31, 2020

	TOTAL
Other Current Liabilities	
2702 Advances/SAPTA Grant	0.00
2709 Employee FWH	0.00
2710 Employee FICA	-0.04
2711 Employee Medicare	0.15
2715 Employee SIMPLE	1,255.97
2716 Employee Roth IRA	5,227.15
2717 Employee IRA	0.00
2718 Employee Insurance	-911.06
2720 Child Support Wage Assignment	0.00
2725 Garnishment-other	0.00
2726 Current portion of lease #4	0.00
2729 Current portion of lease #3	0.00
2730 Accrued Vacation	26,534.88
2731 Accrued Sick	0.00
2733 Current Portion of Loan- BofA	0.00
2734 Accrued payroll taxes	0.00
2735 Accrued Payroll	34,419.09
Total Other Current Liabilities	\$66,526.14
Total Current Liabilities	\$75,887.69
Long-Term Liabilities	
2824 Copier lease #3	0.00
2825 Copier lease #4	0.00
2826 Copier Lease #5	10,284.63
2850 Loan Payable--PPP	0.00
2852 Building Loan-M&M Bigue	-0.05
2853 Building Loan-BofA	470,651.58
2854 Building Loan - Drange	260,404.54
Total Long-Term Liabilities	\$741,340.70
Total Liabilities	\$817,228.39
Equity	
2901 Retained Earnings	0.00
2905 Net Assets	0.00
2906 Temporarily Restricted	0.00
2908 Unrestricted	1,235,391.29
Total 2905 Net Assets	1,235,391.29
2909 Opening Bal Equity	0.00
Net Income	1,407,288.27
Total Equity	\$2,642,679.56
TOTAL LIABILITIES AND EQUITY	\$3,459,907.95

Community Counseling Center

Balance Sheet

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
1100 Change Cash Account	100.00
1102 B of A Savings--5335	1,457,807.30
1103 B of A checking--3003	515,948.89
1104 B of A checking--3319--WNRDC	12,295.52
1110 Glacier (Heritage) Savings	9,501.23
2206 Certificate of Deposit	0.00
Total Bank Accounts	\$1,995,652.94
Accounts Receivable	
2000 Receivables	0.00
2009 Grant Receivable	149,720.38
2010 SSI Administration	0.00
2012 COBRA	0.00
2020 Employee Loan	0.00
Total Accounts Receivable	\$149,720.38
Other Current Assets	
1499 Undeposited Funds	0.00
2001 Allow Doubtful Accts	-303,541.70
2050 Patient Receivables	644,477.52
2201 Deposits	0.00
2202 Prepaid Insurance	
2202-1 Auto Insurance	431.69
2202-2 Building/property insurance	3,700.87
2202-3 General Liability Insurance	3,049.85
Total 2202 Prepaid Insurance	7,182.41
2204 Other Prepays	0.00
2205 Prepaid Rent/Northlake Ventures	0.00
2210 Escrow	0.00
Total Other Current Assets	\$348,118.23
Total Current Assets	\$2,493,491.55
Fixed Assets	
2501 Vehicles	4,190.04
2502 Medical Equipment	7,844.05
2503 Office Equipment	120,225.21

Community Counseling Center

Balance Sheet

As of December 31, 2021

	TOTAL
2504 Furniture and Fixtures	6,436.82
2505 Communication System	15,997.88
2506 Leasehold Improvement	10,835.00
2510 Buildings	
2510-1 Buildings-205 S Pratt	521,302.49
2510-2 Buildings-1482 N Hwy 395	145,822.25
2510-3 Buildings-207&209 S Pratt	77,016.00
2510-4 Buildings-1468 Coronet Way	112,922.07
2510-5 Buildings-788 Fairview	745,114.92
Total 2510 Buildings	1,602,177.73
2520 Building Improvements	
2520-1 Bldg Impr-205 S Pratt	21,702.83
2520-2 Bldg Impr-1482 N Hwy 395	8,250.00
2520-3 Bldg Impr-207&209 S Pratt	6,608.58
2520-5 Bldg Impr-788 Fairview	5,000.00
Total 2520 Building Improvements	41,561.41
2570 Accum Depr - Buildings & Impr	-154,533.80
2571 Accum Depreciation	-106,255.69
2580 Land	1,049,558.12
2590 Loan Fees	2,840.00
2591 Accum Amortization	-2,437.67
Total 2590 Loan Fees	402.33
Total Fixed Assets	\$2,598,439.10
TOTAL ASSETS	\$5,091,930.65
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2002 Accounts Payable	18,999.74
Total Accounts Payable	\$18,999.74
Credit Cards	
2600 CC-Office Depot	0.00
2604 CC-Bank of America	66.29
2606 Bank of America Loan Line	0.00
2608 Staples	0.00
Total Credit Cards	\$66.29

Community Counseling Center

Balance Sheet

As of December 31, 2021

	TOTAL
Other Current Liabilities	
2702 Advances/SAPTA Grant	0.00
2709 Employee FWH	0.00
2710 Employee FICA	-0.04
2711 Employee Medicare	0.15
2715 Employee SIMPLE	1,255.97
2716 Employee Roth IRA	20.00
2717 Employee IRA	0.00
2718 Employee Insurance	-839.85
2720 Child Support Wage Assignment	0.00
2725 Garnishment-other	0.00
2726 Current portion of lease #4	0.00
2729 Current portion of lease #3	0.00
2730 Accrued Vacation	44,041.07
2731 Accrued Sick	0.00
2733 Current Portion of Loan- BofA	0.00
2734 Accrued payroll taxes	423.81
2735 Accrued Payroll	45,239.87
Total Other Current Liabilities	\$90,140.98
Total Current Liabilities	\$109,207.01
Long-Term Liabilities	
2824 Copier lease #3	0.00
2825 Copier lease #4	0.00
2826 Copier Lease #5	6,520.87
2850 Loan Payable--PPP	0.00
2852 Building Loan-M&M Bigue	-0.05
2853 Building Loan-BofA	401,641.73
2854 Building Loan - Drange	238,517.73
Total Long-Term Liabilities	\$646,680.28
Total Liabilities	\$755,887.29
Equity	
2901 Retained Earnings	1,407,288.27
2905 Net Assets	0.00
2906 Temporarily Restricted	0.00
2908 Unrestricted	1,235,391.29
Total 2905 Net Assets	1,235,391.29
2909 Opening Bal Equity	0.00
Net Income	1,693,363.80
Total Equity	\$4,336,043.36
TOTAL LIABILITIES AND EQUITY	\$5,091,930.65

Community Counseling Center

Profit and Loss

January - December 2019

	TOTAL
Income	
3020 SAPTA Grant	40,712.10
3030 Client Income	223,249.62
3030-1 Refunds	-60.00
3031 Client Income - Insurance	44,337.04
3031-2 Reimbursement for Claims Paid	-50,230.42
3031-3 Medicaid	1,390,744.47
Total 3031 Client Income - Insurance	1,384,851.09
3032 Client Income from Collections	722.40
Total 3030 Client Income	1,608,763.11
3040 Donations	774.90
3098 Interest Income	4,175.70
3099 Miscellaneous Income	6,926.99
3100 Grants	
3060 FASTT Prison Grant	52,669.96
3090 Comm Services Grant	
3082 CC Transitional Housing	16,018.88
3083 Comm Services CCBHC	162,710.80
3084 Misdemeanor Court	28,405.00
3086 HOLD--Mental Health Services	30,360.00
3088 Comm Services CSSG Grant	57,450.60
3089 DO NOT USE--Comm Service Youth Grant	4,730.00
3090-3 Drug Court ADEP	1,980.00
Total 3090 Comm Services Grant	301,655.28
3095 Douglas County Grant	1,200.00
3095-1 Misdemeanor Court	13,200.00
Total 3095 Douglas County Grant	14,400.00
3097 Drug Court Grant	436,194.98
3097-4 Drug Court--MAT/MHC/DUI	115,376.03
3097-3 Drug Court Outpatient	43,650.00
Total 3097-4 Drug Court--MAT/MHC/DUI	159,026.03
Total 3097 Drug Court Grant	595,221.01
Total 3100 Grants	963,946.25
Services	1,845.99
Total Income	\$2,627,145.04
GROSS PROFIT	\$2,627,145.04
Expenses	
4000 Payroll	8,204.52
4001 Salaries	1,646,680.86
4010 Company FICA	93,936.27

Community Counseling Center

Profit and Loss

January - December 2019

	TOTAL
4011 Company Medicare	22,170.50
4012 Company Workman's Comp	10,222.05
4013 Company NESD	21,201.27
4015 Bond Contribution	-8,204.52
4020 Company Health Ins	89,589.90
4050 SIMPLE/Employer Paid	26,831.24
Total 4000 Payroll	1,910,632.09
4300 Drug Court Grant Expenses	
4305 Drug Ct. Salaries	179,276.12
4306 Drug Ct. FICA/Medicare	12,662.52
4307 Drug Ct. Company NESD	1,725.27
4308 Drug Ct. Company Work Comp	1,021.09
4311 Drug Ct. Health Insurance	6,951.04
4315 Drug Ct. Telephone	2,481.61
4316 Drug Ct. Utilities	3,427.25
4318 Drug Ct. Property Tax	2,562.90
4321 Repair & Maintenance	1,345.00
4326 Drug Ct. Computer	240.00
4332 Drug Ct. Postage	48.68
4336 Drug Ct. Fees	580.00
4338 Drug Ct. Payroll Service	306.13
4340 Drug Ct - Legal & Professional Fees	33,000.00
4351 Drug Ct. Staff Training	135.00
4360 Drug Ct. Travel	32,791.26
4368 Drug Ct. UA Supplies	86,211.36
4370 Drug Ct. Reimbursement	135,937.50
4371 Drug Ct. Client Expense/Supplies	2,560.26
Total 4300 Drug Court Grant Expenses	503,262.99
4500 Operating Expenses	
4501 Depreciation/Amortization Exp	34,957.69
4505 Rent	29,235.95
4509 Property Tax	10,450.43
4511 Insurance/Building/Property	6,791.39
4515 Telephone	7,447.61
4516 Utilities	19,756.86
4518 Advertising & Promotion	1,346.86
4519 Storage Rent	731.13
4521 Repairs & Maintenance	20,757.43
4525 Office Expense	11,136.56
4526 Computer Expense	9,979.92
4530 Printing/Copying	5,224.25
4531 Supplies	8,477.17
4532 Postage	753.85

Community Counseling Center

Profit and Loss

January - December 2019

	TOTAL
4535 Dues & Subscriptions	2,529.00
4536 Fees	19,874.10
4537 Bank Charges	2,509.45
4538 Payroll Service Expense	2,828.87
4541 Professional Services	43,872.39
4542 Staff incentive	8,871.86
4543 Contract Labor	9,940.00
4545 Fund Raising Expense	59.00
4546 Donations	900.00
4551 Staff Train/Certification	15,234.66
4552 Supervision	4,623.00
4553 Insurance/Professional	3,755.32
4560 Travel	9,049.76
4568 UA Supplies	91.00
4570 Medical Supplies	1,213.80
4571 Client Expense/Supplies	5,126.57
4578 Ct/Public Education	265.14
4599 Miscellaneous Expense	1,270.14
Total 4500 Operating Expenses	299,061.16
4600 EAP Program	112.00
7000 Finance Charge & Fees	986.62
Total Expenses	\$2,714,054.86
NET OPERATING INCOME	\$ -86,909.82
Other Income	
9000 Gain/Loss on Asset Disposition	150.00
Total Other Income	\$150.00
Other Expenses	
8000 Interest Expense	10,862.03
8000-1 Building Loan	44,702.23
Total 8000 Interest Expense	55,564.26
Total Other Expenses	\$55,564.26
NET OTHER INCOME	\$ -55,414.26
NET INCOME	\$ -142,324.08

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Community Counseling Center

Profit and Loss

January - December 2020

	TOTAL
Income	
3020 SAPTA Grant	28,725.02
3030 Client Income	226,101.54
3030-1 Refunds	-50.00
3031 Client Income - Insurance	44,517.28
3031-2 Reimbursement for Claims Paid	-16,134.07
3031-3 Medicaid	2,781,423.71
Total 3031 Client Income - Insurance	2,809,806.92
3032 Client Income from Collections	1,059.00
Total 3030 Client Income	3,036,917.46
3040 Donations	6,085.00
3050 Fund Raising	40.00
3098 Interest Income	2,487.66
3099 Miscellaneous Income	105.00
3100 Grants	1,030.00
3060 FASTT Prison Grant	44,510.50
3090 Comm Services Grant	
3082 CC Transitional Housing	55,310.48
3084 Misdemeanor Court	27,450.00
3088 Comm Services CSSG Grant	63,580.40
3090-3 Drug Court ADEP	1,540.00
3091 Community Based Seeking Safety	900.00
Total 3090 Comm Services Grant	148,780.88
3095 Douglas County Grant	
3095-1 Misdemeanor Court	9,350.00
3095.2 Community Grant-Douglas County	4,095.00
Total 3095 Douglas County Grant	13,445.00
3097 Drug Court Grant	304,713.50
3097-4 Drug Court--MAT/MHC/DUI	111,600.00
Total 3097 Drug Court Grant	416,313.50
3101 SOR--State Opiod Response	144,172.14
Total 3100 Grants	768,252.02
3200 COVID-19 Stimulus	27,196.05
3201 City of Carson--HHS/CARES/Medicaid	27,889.63
3202 PPP--Paycheck Protection Program	349,276.00
Total 3200 COVID-19 Stimulus	404,361.68
Services	46,174.95
Total Income	\$4,293,148.79
GROSS PROFIT	\$4,293,148.79

Community Counseling Center

Profit and Loss

January - December 2020

	TOTAL
Expenses	
4000 Payroll	
4001 Salaries	1,817,699.48
4010 Company FICA	110,973.22
4011 Company Medicare	26,311.65
4012 Company Workman's Comp	9,836.74
4013 Company NESD	20,268.92
4020 Company Health Ins	85,508.18
4050 SIMPLE/Employer Paid	20,636.51
Total 4000 Payroll	2,091,234.70
4300 Drug Court Grant Expenses	
4301 Drug Ct Contractor	1,087.50
4305 Drug Ct. Salaries	168,061.91
4306 Drug Ct. FICA/Medicare	12,762.75
4307 Drug Ct. Company NESD	1,628.82
4308 Drug Ct. Company Work Comp	468.94
4311 Drug Ct. Health Insurance	6,589.99
4315 Drug Ct. Telephone	2,715.65
4316 Drug Ct. Utilities	2,695.34
4318 Drug Ct. Property Tax	1,060.83
4321 Repair & Maintenance	2,735.43
4325 Drug Ct. Office	725.03
4331 Drug Ct. Supplies	7.53
4338 Drug Ct. Payroll Service	276.49
4340 Drug Ct - Legal & Professional Fees	3,000.00
4351 Drug Ct. Staff Training	125.00
4360 Drug Ct. Travel	15,473.16
4368 Drug Ct. UA Supplies	35,453.49
4370 Drug Ct. Reimbursement	92,775.00
4371 Drug Ct. Client Expense/Supplies	1,657.75
4378 Drug Ct. Client Education	253.64
Total 4300 Drug Court Grant Expenses	349,554.25
4500 Operating Expenses	
4501 Depreciation/Amortization Exp	35,653.47
4505 Rent	26,187.31
4509 Property Tax	4,488.01
4511 Insurance/Building/Property	4,770.77
4512 Insurance/Auto	861.29
4513 Auto gasoline/fuel	299.81
4514 Auto repair and maintenance	166.51
4515 Telephone	8,202.06
4516 Utilities	17,886.97
4517 Auto registration	188.25

Community Counseling Center

Profit and Loss

January - December 2020

	TOTAL
4518 Advertising & Promotion	12,067.84
4521 Repairs & Maintenance	31,017.87
4525 Office Expense	17,985.93
4526 Computer Expense	57,545.20
4530 Printing/Copying	5,708.89
4531 Supplies	13,539.17
4532 Postage	1,032.85
4534 Merchant Fee	1,549.63
4535 Dues & Subscriptions	1,863.00
4536 Fees	1,870.00
4537 Bank Charges	400.54
4538 Payroll Service Expense	3,321.01
4541 Professional Services	58,517.02
4542 Staff incentive	12,170.30
4543 Contract Labor	25,379.69
4544 Staff employment costs	719.60
4546 Donations	180.80
4551 Staff Train/Certification	23,839.23
4552 Supervision	6,932.00
4553 Insurance/Professional	3,130.66
4560 Travel	1,428.08
4570 Medical Supplies	5,722.48
4571 Client Expense/Supplies	13,026.46
4599 Miscellaneous Expense	1,049.29
Total 4500 Operating Expenses	398,701.99
4586 Mental Health -- Rent/housing	1,550.00
7000 Finance Charge & Fees	611.05
VOID	0.00
Total Expenses	\$2,841,651.99
NET OPERATING INCOME	\$1,451,496.80
Other Income	
3055 Credit Card Income Surcharge	304.00
Total Other Income	\$304.00
Other Expenses	
8000 Interest Expense	4,344.18
8000-1 Building Loan	40,168.35
Total 8000 Interest Expense	44,512.53
Total Other Expenses	\$44,512.53
NET OTHER INCOME	\$ -44,208.53
NET INCOME	\$1,407,288.27

Community Counseling Center

Profit and Loss

January - December 2021

	TOTAL
Income	
3030 Client Income	190,390.05
3030-1 Refunds	-738.84
3031 Client Income - Insurance	27,637.19
3031-1 Repayments	-33.00
3031-3 Medicaid	3,424,343.15
Total 3031 Client Income - Insurance	3,451,947.34
3032 Client Income from Collections	568.80
Total 3030 Client Income	3,642,167.35
3040 Donations	6,210.00
3050 Fund Raising	1,274.00
3098 Interest Income	787.77
3099 Miscellaneous Income	1,799.00
3100 Grants	10,000.00
3060 FASTT Prison Grant	51,561.98
3090 Comm Services Grant	
3084 Misdemeanor Court	28,007.75
3088 Comm Services CSSG Grant	27,083.12
3090-3 Drug Court ADEP	660.00
3091 Community Based Seeking Safety	900.00
Total 3090 Comm Services Grant	56,650.87
3097 Drug Court Grant	400,064.00
3097-4 Drug Court--MAT/MHC/DUI	108,210.50
Total 3097 Drug Court Grant	508,274.50
3101 SOR--State Opiod Response	245,194.56
3102 SOR 2.0--State Opiod Response	394,036.43
3150 SOC--System of Care	47,534.11
Total 3100 Grants	1,313,252.45
3300 In-Kind Donation -- Services	429.79
Total Income	\$4,965,920.36
GROSS PROFIT	\$4,965,920.36
Expenses	
4000 Payroll	
4001 Salaries	2,123,884.54
4010 Company FICA	124,014.21
4011 Company Medicare	29,886.80
4012 Company Workman's Comp	11,238.43
4013 Company NESD	19,468.34

Community Counseling Center

Profit and Loss

January - December 2021

	TOTAL
4020 Company Health Ins	97,286.28
4050 SIMPLE/Employer Paid	16,292.44
4051 Roth IRA/Employer paid	31,530.17
Total 4000 Payroll	2,453,601.21
4300 Drug Court Grant Expenses	
4301 Drug Ct Contractor	600.00
4305 Drug Ct. Salaries	134,958.46
4306 Drug Ct. FICA/Medicare	10,398.12
4307 Drug Ct. Company NESD	908.04
4308 Drug Ct. Company Work Comp	289.78
4311 Drug Ct. Health Insurance	7,504.21
4315 Drug Ct. Telephone	2,440.39
4316 Drug Ct. Utilities	2,173.40
4318 Drug Ct. Property Tax	2,128.63
4321 Repair & Maintenance	1,436.98
4325 Drug Ct. Office	705.59
4331 Drug Ct. Supplies	17.04
4336 Drug Ct. Fees	180.00
4338 Drug Ct. Payroll Service	223.36
4340 Drug Ct - Legal & Professional Fees	3,000.00
4360 Drug Ct. Travel	23,612.70
4368 Drug Ct. UA Supplies	66,880.36
4370 Drug Ct. Reimbursement	89,650.00
4371 Drug Ct. Client Expense/Supplies	3,619.53
4378 Drug Ct. Client Education	2,056.10
Total 4300 Drug Court Grant Expenses	352,782.69
4400 Operating Expense Residential	
4401 Salaries	0.00
4441 Professional Services	1,250.00
Total 4400 Operating Expense Residential	1,250.00
4500 Operating Expenses	
4501 Depreciation/Amortization Exp	44,019.35
4505 Rent	28,317.24
4509 Property Tax	9,332.41
4510 Personal Property Tax	196.24
4511 Insurance/Building/Property	7,677.11
4512 Insurance/Auto	1,323.02
4513 Auto gasoline/fuel	1,336.19
4514 Auto repair and maintenance	209.06
4515 Telephone	9,846.03

Community Counseling Center

Profit and Loss

January - December 2021

	TOTAL
4516 Utilities	21,560.19
4517 Auto registration	94.00
4518 Advertising & Promotion	29,160.99
4521 Repairs & Maintenance	17,349.43
4525 Office Expense	20,498.53
4526 Computer Expense	45,306.63
4527 Medical Waste Removal	100.66
4530 Printing/Copying	7,234.47
4531 Supplies	11,157.87
4532 Postage	506.55
4534 Merchant Fee	2,241.05
4535 Dues & Subscriptions	1,115.00
4536 Fees	9,443.40
4537 Bank Charges	49.50
4538 Payroll Service Expense	4,199.14
4541 Professional Services	48,758.11
4542 Staff incentive	17,563.76
4543 Contract Labor	37,413.24
4544 Staff employment costs	1,345.65
4545 Fund Raising Expense	3,018.25
4546 Donations	3,997.96
4550 Employee Loan Expense	153.00
4551 Staff Train/Certification	12,626.82
4552 Supervision	984.50
4553 Insurance/Professional	3,902.79
4560 Travel	4,875.43
4561 Travel meals	121.14
4570 Medical Supplies	13,215.33
4571 Client Expense/Supplies	12,208.77
4572 Medical Services	287.00
4599 Miscellaneous Expense	570.82
Total 4500 Operating Expenses	433,316.63
7000 Finance Charge & Fees	319.34
VOID	0.00
Total Expenses	\$3,241,269.87
NET OPERATING INCOME	\$1,724,650.49
Other Income	
3055 Credit Card Income Surcharge	526.00
Total Other Income	\$526.00

Community Counseling Center

Profit and Loss

January - December 2021

	TOTAL
Other Expenses	
8000 Interest Expense	3,197.92
8000-1 Building Loan	28,614.77
Total 8000 Interest Expense	31,812.69
Total Other Expenses	\$31,812.69
NET OTHER INCOME	\$ -31,286.69
NET INCOME	\$1,693,363.80



COMMUNITY COUNSELING CENTER

Unique Entity ID SW85N7L328K7	CAGE / NCAGE SPTX9	Purpose of Registration Federal Assistance Awards Only
Registration Status Active Registration	Expiration Date Jan 19, 2023	
Physical Address 205 S Pratt Carson City, Nevada 89701-4730 United States	Mailing Address 205 S. Pratt Carson City, Nevada 89701-5430 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Nevada 02	State / Country of Incorporation Nevada / United States	URL (blank)

Registration Dates

Activation Date Dec 22, 2021	Submission Date Dec 20, 2021	Initial Registration Date Sep 16, 2009
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Entity Dates

Entity Start Date May 31, 1985	Fiscal Year End Close Date Dec 31
--	---

Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

In your business or organization's preceding completed fiscal year, did your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) receive both of the following: 1. 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements and 2. \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

No

Does the public have access to information about the compensation of the senior executives in your business or organization (the legal entity to which this specific SAM record, represented by a Unique Entity ID, belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Not Selected

Proceedings Questions

Is your business or organization, as represented by the Unique Entity ID on this entity registration, responding to a Federal procurement opportunity that contains the provision at FAR 52.209-7, subject to the clause in FAR 52.209-9 in a current Federal contract, or applying for a Federal grant opportunity which contains the award term and condition described in 2 C.F.R. 200 Appendix XII?

No

Does your business or organization, as represented by the Unique Entity ID on this specific SAM record, have current active Federal contracts and/or grants with total value (including any exercised/unexercised options) greater than \$10,000,000?

Not Selected

Within the last five years, had the business or organization (represented by the Unique Entity ID on this specific SAM record) and/or any of its principals, in connection with the award to or performance by the business or organization of a Federal contract or grant, been the subject of a Federal or State (1) criminal proceeding resulting in a conviction or other acknowledgment of fault; (2) civil proceeding resulting in a finding of fault with a monetary fine, penalty, reimbursement, restitution, and/or damages greater than \$5,000, or other acknowledgment of fault; and/or (3) administrative proceeding resulting in a finding of fault with either a monetary fine or penalty greater than \$5,000 or reimbursement, restitution, or damages greater than \$100,000, or other acknowledgment of fault?

Not Selected

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure	Entity Type	Organization Factors
Corporate Entity (Tax Exempt)	Business or Organization	(blank)
Profit Structure		
Non-Profit Organization		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments	Debt Subject To Offset
No	No

EFT Indicator	CAGE Code
0000	5PTX9

Electronic Funds Transfer

Account Type	Routing Number	Lock Box Number
Checking	****0724	(blank)
Financial Institution	Account Number	
BANK OF AMERICA, N.A.	****0193003	

Automated Clearing House

Phone (U.S.)	Email	Phone (non-U.S.)
8882874837	(blank)	(blank)
Fax		
(blank)		

Remittance Address

Carol Basagoitia
 Community Counseling Center
 205 S. Pratt AVE.
 Carson City, Nevada 89701
 United States

Taxpayer Information

EIN	Type of Tax	Taxpayer Name
****2354	Applicable Federal Tax	COMMUNITY COUNSELING CENTER
Tax Year (Most Recent Tax Year)	Name/Title of Individual Executing Consent	TIN Consent Date
2008	Administrator	Dec 20, 2021
Address	Signature	
205 S Pratt	Carol Basagoiti	
Carson City, Nevada 89701		

Points of Contact

Accounts Receivable POC

✕
 Carol Basagoitia
 Carollinebasagoitia@gmail.com
 7758823945

Electronic Business

✕
Carol Basagoitia
Carolinebasagoitia@gmail.com
7758823945

Community Counseling Center
205 S. Pratt AVE.
Carson City, Nevada 89701
United States

Government Business

✕
Carol Basagoitia
Carolinebasagoitia@gmail.com
7758823945

Community Counseling Center
205 S. Pratt AVE.
Carson City, Nevada 89701
United States

Security Information

Company Security Level
(blank)

Highest Level Employee Security Level
(blank)

Service Classifications

NAICS Codes

Primary

NAICS Codes

NAICS Title

Size Metrics

IGT Size Metrics

Annual Revenue (from all IGTs)
(blank)

Worldwide

Annual Receipts (in accordance with 13 CFR 121)
(blank)

Number of Employees (in accordance with 13 CFR 121)
(blank)

Location

Annual Receipts (in accordance with 13 CFR 121)
(blank)

Number of Employees (in accordance with 13 CFR 121)
(blank)

Industry-Specific

Barrels Capacity
(blank)

Megawatt Hours
(blank)

Total Assets
(blank)

Electronic Data Interchange (EDI) Information

This entity did not enter the EDI information

Disaster Response

This entity does not appear in the disaster response registry.

November 22, 2022

From:

Caroline Basagoitia
Community Counseling Center
UEI#: SW85N7L328K7
205 South Pratt Ave,
Carson City, NV 89706
Phone: (775) 882-3945
Email: carolinebasagoitia@gmail.com

To:

Department of Finance
201 North Carson Street, Suite 3,
Carson City, NV 89701
Phone: (775) 887-2133
Fax: (775) 887-2107

Re: ARPA Other Carson City Contributions Letter

Community Counseling Center (CCC), a 503(c) nonprofit organization and a Certified Community Behavioral Health Clinic, has received funding and other support from Carson City in the past three years. Specifically, CCC has received funding from the Community Support Services Grant, Misdemeanor Treatment Court, and ADEP. With the added support from the first two funds listed, CCC is able to offer services to help those with co-occurring problems accomplish objectives that drive the person closer to their overall goals. These services include assessments, treatment planning, case management, medication management, basic skills training, psychosocial rehabilitation services, peer services, and transitional living. With the funding from ADEP, CCC is able to offer one class periodically throughout the year to help teach parents and adolescents about the dangers of substance use, and how to create protective factors for the adolescent to thrive and grow toward wellness. If you have any questions, please contact myself, Carol, via phone at (775) 882-3945 or via email at carolinebasagoitia@gmail.com.

Very Respectfully,

Caroline Basagoitia, MA, CADC



Ken Furlong
Sheriff

911 E. Musser St.
Carson City, NV
89701

775-887-2500
Fax: 775-887-2026

May 21, 2021

TO: Community Counseling Center

RE: Memorandum of Understanding

FROM: Sheriff Ken Furlong

The Carson City Sheriff's Office is the law enforcement provider for Carson City/County and serves the community through exemplary professionals. The employees of the Sheriff's Office are committed to providing public safety services to the community while adhering to the highest professional and ethical standards. We are dedicated to building mutual trust and respect within our community intended to enhance the quality of life in Carson City.

The most basic philosophy of this agency is to be an active participant in the community. What this means is we are driven to keep everyone informed. One of the priorities of the Sheriff's Administration is to address and support treatment for the mental health crisis in the community.

All Sheriff's programs are designed with components of education, prevention, and ultimately enforcement. The Sheriff's Office staffs a Specialized Enforcement concept that is a sub-unit of the Investigations Division. Characterized as a "go anywhere anytime unit", the staff assigned to Special Enforcement have been assigned to provide rapid support to critical incidents involving mental health issues, as well as illegal and abused drugs.

The Community Counseling Center (CCC) provides dual treatment for substance abuse counseling and mental health therapy in both English and Spanish. CCC works in collaboration with the Rural Clinic Office, the Behavioral Health Services of Carson Tahoe Hospital and provides oversight of Medically Assisted Treatment. It also collaborates with detox clients and agencies. Clinicians are trained in mental health issues, social work, trauma informed treatment, substance abuse recovery, sexual abuse, non-medical detoxification, and other issues.

Partner Agency Roles, Responsibilities and Resources

**PARTNER AGENCIES' ROLES AND RESPONSIBILITIES RELATED TO THESE PROJECTS/PROGRAMS;
CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC**

Sheriff's Office

- *Role:* To provide referral of citizens needing mental health support or CPC/social Model detoxification.
- *Responsibility:* To provide transportation when feasible of the citizens needing mental health support of CPC/social model detoxification.
- *Resource:* Will provide staff time and oversight of the citizens sent for CPC/social model detoxification give them the safest environment during the time of engagement and transport.

Community Counseling Center

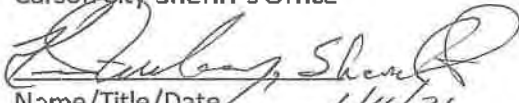
- *Role:* Will screen and assess client for appropriateness of treatment, medication, and oversight.
- *Responsibility:* Will assist with assessing and directing the clients once they are screened.
- *Resources:* Will provide the qualified staff and case managers to complete appropriate referral and care for the identified citizens who are in need of CPC/social model detox, mental health support at the outpatient level, and referral for hospitalization as screened and assessed.

Planning and Development Team

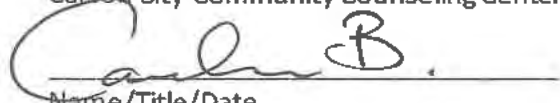
The Planning and Development Team will oversee all phases of this operation. Members of the will meet or communicate as needed to coordinate each agencies effort to effectively serve our shared target population. The agency partners to this MOU agree to provide the services and resources as detailed within this MOU and agree to coordinate the project activities. MOU partners agree to abide by federal and state guidelines regarding our joint activities.

We hereby agree to abide by the terms and conditions contained in this MOU and continuing for two years. Renewal of this agreement can be made if signed by both parties. Either party may cancel this OUY at any time, but each client being served must be properly scheduled for new or ongoing treatment aside with no collaborative arrangement.

Carson City Sheriff's Office


Name/Title/Date 6/16/21

Carson City Community Counseling Center


Name/Title/Date

**MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMUNITY COUNSELING CENTER AND NATIONS FINEST**

RECITALS

WHEREAS the Community Counseling Center (CCC) located at 205 S. Pratt Avenue in Carson City, Nevada and Nations Finest located at 106 E. Adams St Suite 203 in Carson City, Nevada look forward to creating a long-time working relationship in support of our Veterans: and

WHEREAS, the Community Counseling Center and Nations Finest desire to start this partnership by establishing this MOU effective August 1, 2021 – June 1, 2023; and

WHEREAS, the parties hereby resolve and agree that they will mutually support the respective mission of each entity for the betterment of our community as a whole.

NOW THEREFORE, it is the intent of the MOU to ensure that each entity cooperatively maintains communication and shares leadership responsibilities to utilize available resources in the most effective manner and to ensure that cooperative arrangements between CCC and Nations Finest are maintained.

Points of Contact

The primary point of contact for the CCC is the Administrator.

The primary points of contact for Nations Finest Administrative staff.

Program Responsibilities

1. Community Counseling Center will offer the following services to members of the community:
 - a. Crisis mental health services
 - b. Screenings
 - assessment and diagnosis
 - risk assessment
 - patient centered treatment planning or similar processes
 - c. Crisis planning
 - d. Outpatient mental health and substance use services
 - outpatient clinic primary use
 - screening and monitoring of key health indicators
 - e. Counseling services and family supports.
 - f. Alcohol Drug Education Program (A.D.E.P.)
 - g. Trauma Informed Care (Seeking Safety and Seeking Strength)
 - h. Gambling assessments and services
 - i. Anger management assessments and services
 - j. Domestic Violence screenings and counseling
2. Nations Finest will support the Community Counseling Center by,
 - a. Identifying those Veterans and their families who are in need of assistance and notifying them of available services through CCC.
 - b. Work jointly with CCC staff in support of treatment plans.
 - c. Participate in risk assessment or other screenings as appropriate.
3. Joint Responsibilities
 - a. Maintain good communication and work cooperatively.

b. Recommend amendments to the MOU as needed.

Confidentiality

CCC and Nations Finest will obtain written consent from all individuals served for all screenings, evaluations, and release of information between CCC and Nations Finest.

Dispute Resolution

In the event that differences of opinion occur with regard to the successful joint operations, the staff and appropriate supervisors from the respective agencies will meet to reach a resolution. If no solution is achieved, the primary points of contact for each agency will meet to resolve the issue.

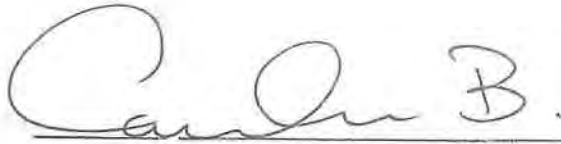
Termination

This MOU may be terminated at any time without cause by either party upon giving at least thirty days prior written notice.

Written notice of termination or proposed amendment shall be addressed as follows:

Nations Finest
Site Director
106 E. Adams St Suite 203
Carson City, NV 89706

Community Counseling Center
Administrator
205 S. Pratt Avenue
Carson City, NV 89701



8/18/2021

Carol Basagittia,
Administrator
Community Counseling Center

Date



8.17.21

Site Director
Nations Finest

Date

Melissa Terrani



Memorandum of Understanding

This document constitutes a collaborative agreement between Advocates to End Domestic Violence (AEDV) and Community Counseling Center (CCC). This statement recognizes the importance of cooperation, respect, coordination, and collaboration, between the two agencies to better meet the needs of individuals and families in our community.

Advocates to End Domestic Violence agrees to the following:

- Provide emergency shelter and crisis intervention on a 24-hour basis, when space allows and program qualifications are met, to clients who are referred by CCC.
- Provide Advocacy for victims referred by CCC needing assistance in filing for Emergency Protection and Stalking Orders, as well as court accompaniment.
- Provide support groups to victims of domestic violence.
- Provide CCC staff training on issues of domestic violence, as well as eligibility criteria for AEDV services upon request.
- Cooperate with CCC in their efforts to improve the health of individuals and families in our community.

Community Counseling Center agrees to the following:

- Refer appropriate clients who meet AEDV service criteria.
- Maintain regular communication with AEDV staff to facilitate follow-up with referred clients
- Provide training to AEDV staff regarding services available to AEDV clients upon request.

Both agencies agree to:

- Collaborate in the development and strengthening of program management, policies, and procedures as well as funding opportunities.
- Provide program site visits, exchange mutual training and consulting on issues pertaining to domestic violence.
- Follow confidentiality regulations for information pertaining to clients.
- Maintain regular communication between both programs.
- Share reference and educational materials
- Recognize that neither organization is fiscally responsible or liable for the other.



Lisa M. Lee

Executive Director

Advocates to End Domestic Violence



Caroline Basagoitia

Executive Director

Community Counseling Center

3640 Gordon Street... Carson City, Nevada 89701. (775) 883-7654... Fax (775) 883-0364... aedv.org

MEMORANDUM OF UNDERSTANDING
BETWEEN
COMMUNITY COUNSELING CENTER AND JOIN INC

RECITALS

WHEREAS, the Community Counseling Center (CCC) located at 205 S. Pratt Avenue in Carson City, Nevada and JOIN, Inc located at 716 N Carson Street #108 in Carson City, Nevada look forward to creating a long-time working relationship in support of our local community; and

WHEREAS, the Community Counseling Center and JOIN, Inc desire to start this partnership by establishing this MOU effective August 1, 2021 – June 1, 2023; and

WHEREAS, the parties hereby resolve and agree that they will mutually support the respective mission of each entity for the betterment of our community as a whole.

NOW THEREFORE, it is the intent of the MOU to ensure that each entity cooperatively maintains communication and shares leadership responsibilities to utilize available resources in the most effective manner and to ensure that cooperative arrangements between CCC and JOIN are maintained.

Points of Contact

The primary point of contact for the CCC is the Administrator.

The primary points of contact for JOIN, Inc is the Programs Director or Regional Manager.

Program Responsibilities

1. Community Counseling Center will offer the following services to members of the community:
 - a. Crisis mental health services
 - b. Screenings
 - assessment and diagnosis
 - risk assessment
 - patient centered treatment planning or similar processes
 - c. Crisis planning
 - d. Outpatient mental health and substance use services
 - outpatient clinic primary use
 - screening and monitoring of key health indicators
 - e. Counseling services and family supports.
 - f. Alcohol Drug Education Program (A.D.E.P.)
 - g. Trauma Informed Care (Seeking Safety and Seeking Strength)
 - h. Gambling assessments and services
 - i. Anger management assessments and services
 - j. Domestic Violence screenings and counseling
2. JOIN, Inc will support the Community Counseling Center by,
 - a. Identifying those community members and their families who are in need of assistance and notifying them of available services through CCC.
 - b. Work jointly with CCC staff to employ members of community if they are eligible for JOIN, Inc Services.
 - c. Identify what career paths by administering the COPSystem Assessment.

- d. Assist with Occupational Skills Training, Work Experiences, On-the-Job Training and Success Skills Workshops.
 - e. Participate in working with case management with CCC to fulfill career goals and employment goals.
3. Joint Responsibilities
- a. Maintain good communication and work cooperatively.
 - b. Recommend amendments to the MOU as needed.

Confidentiality

CCC and JOIN, Inc will obtain written consent from all individuals served for all screenings, evaluations, and release of information between CCC and JOIN, Inc.

Dispute Resolution

In the event that differences of opinion occur with regard to the successful joint operations, the staff and appropriate supervisors from the respective agencies will meet to reach a resolution. If no solution is achieved, the primary points of contact for each agency will meet to resolve the issue.

Termination

This MOU may be terminated at any time without cause by either party upon giving at least thirty days prior written notice.

Written notice of termination or proposed amendment shall be addressed as follows:

JOIN INC
 CEO
 716 N Carson St., Suite B
 Carson City, NV 89701

Community Counseling Center
 Administrator
 205 S. Pratt Avenue
 Carson City, NV 89701



Carol Basagoitia,
Administrator
Community Counseling Center

11/22/21
Date



Programs Director
JOIN, Inc

11/29/21
Date



UNIVERSITY-ORGANIZATION AGREEMENT For Service-Learning, Internship or Field-Study Placement

This agreement entered into this 25 day of Jan, 2021, between the Board of Regents of the Nevada System of Higher Education on behalf of the University of Nevada, Reno ("University") and Community Counseling (the "Learning Site"), to provide for the placement and education of students in a service learning or internship learning experience ("Learning Activity").

1. **Term:** The Term of this Agreement shall be for five (5) years. The Term shall commence on Jan, 2021 and shall end on June 30, 2026. CB

2. Responsibility of the University:

2.1 The University shall provide coordination in facilitating communication between the University and/or faculty designee, the student, and the site supervisor for the Learning Site (the "Site Supervisor").

2.2 The University and/or faculty designee shall be available for consultation with both the Site Supervisor and the student in the event of any disagreement or problems concerning requirements.

2.3 The University shall be responsible for planning and execution of the education phase, including curriculum, administration, faculty appointments, and customary University functions, such as granting degrees and advising students.

2.4 The University shall advise the student of his or her responsibility to:

- a. Participate in all training required by the Learning Site.
- b. Exhibit professional, ethical and appropriate behavior when at the Learning Site.
- c. Complete all assigned tasks and responsibilities in a timely and efficient manner.
- d. Adhere to the policies, procedures, rules, standards and regulations of the Learning Site.
- e. Maintain the confidentiality of the Learning Site's proprietary information, records and information concerning its clients.
- f. Get a background check, a tuberculosis test, fingerprints and any other training and/or testing requirements if the Learning Site requires them.

3. Responsibilities of the Site:

3.1 **Orientation.** The Learning Site shall provide an orientation that includes a site tour, where applicable, an introduction to staff, a description of the characteristics of and risks associated with the Learning Site's operations, services and/or clients, a discussion concerning safety policies and emergency procedures, mandated reporting requirements and information detailing where students check-in and how they log their time.

3.2 **Site Supervision.** The Learning Site shall provide a supervised on-site experience. The Learning Site shall provide a supervisor, who shall meet with the student to provide support and to review progress on assignments and activities.

3.3 **Training.** The Learning Site shall provide appropriate training, equipment, materials and work space for students to conduct professional activities appropriate to the Learning Activity.

3.4 **Evaluation.** The Learning Site shall evaluate the student if requested by the University and contact the University if the student fails to perform assigned tasks or engages in misconduct.

3.5 **Safety.**

- a. The Learning Site shall notify the University as soon as is reasonably possible of any injury or illness to a student participating in a Learning Site activity. The Learning Site agrees to arrange emergency care or provide first aid to students in the event of an accident, injury or illness resulting from the Learning Site activity.

- b. The Learning Site shall not ask the student to transport any person, unless the Learning Site maintains business automobile liability insurance coverage for the student.
- c. The Learning Site shall inform the student of any need for a background check, fingerprinting and/or a tuberculosis test, ensure that the student obtains the student's fingerprints, background check and/or tuberculosis test and maintain the confidentiality of any results as required by federal and state law. The University does not perform background checks, fingerprinting or drug testing of its students.

4. Status of Student:

4.1 Each party agrees that the student will be in a learning situation and that the primary purpose of the Learning Activity is for the student's learning. While engaged in the Learning Activity, the student shall retain the status of a student working towards the fulfillment of a degree requirement. The student is not an employee, agent, independent contractor or volunteer of the University.

4.2 With the exception of situations where the student is undertaking the Learning Activity as a paid employee of the Learning Site, the student shall not displace regular employees of the Learning Site.

To the extent that the student is participating in a paid internship or paid Learning Activity, the student shall be considered an employee of the Learning Site. The student shall be paid by the Learning Site and the student shall be covered under the Learning Site's worker's compensation and liability insurance.

5. Discipline of Student

5.1 The Learning Site may remove the student from placement for violating Learning Site rules or regulations and professional codes/standards for such actions as the Learning Site views as detrimental to its operations. The Learning Site shall notify the University immediately after final action is taken.

5.2 The University shall have full responsibility for the conduct of any student academic or disciplinary proceedings and shall conduct the same in accordance with all applicable codes, statutes, rules, regulations and law.

6. Insurance

6.1 The Learning Site shall procure and maintain General Liability insurance, comprehensive or commercial form with \$1,000,000 minimum limit for each Occurrence and minimum limit of \$2,000,000 General Aggregate or provide documentation that the Learning Site is self-insured. If the Learning Activity provides services that are medical or clinical in nature, the Learning Site shall maintain medical malpractice insurance with limits of at least \$1,000,000 per claim and \$3,000,000 annual aggregate for each of its medical staff personnel and ensure that any contracted medical providers have current medical malpractice insurance in amounts equal to those provided by the Learning Site. The Learning Site shall procure and maintain Workers Compensation Insurance if required by applicable state statute. If the student is participating in a paid internship or paid Learning Activity, the student shall be considered an employee of the Learning Site and shall be covered under the Learning Site's worker's compensation and liability insurance. If the student is not being paid, the student shall be considered a volunteer and the Learning Site shall provide insurance coverage for the volunteering student either under its workers' compensation policy or a volunteer accident insurance policy. The University shall be named as an additional insured for general liability arising from this Agreement and be added to the insurance policy as an "additional insured".

6.2 NSHE is self-insured for its general liability exposure in accordance with the provisions of NRS Chapter 41. As a state agency, the University and NSHE are included in this self-insured program.

7. Indemnification

7.1 Indemnification by Learning Site. The Learning Site shall indemnify and hold harmless the University, its regents, officers, employees, agents and representatives from any and all claims, damages, losses, liabilities, liens, costs and/or expenses, controversies, causes of action, lawsuits, proceedings, injuries (including death) and judgments arising either directly or indirectly from any act or failure to act by the Learning Site or any of its officers, employees or agents, which may occur during or which may arise out of the performance of this Agreement.

- 7.2 **Indemnification by University.** To the extent limited in accordance with NRS 41.0305 to NRS 41.039, the University shall indemnify, defend, and hold harmless Learning Site from any and all claims, damages, losses, liabilities, liens, costs and/or expenses, controversies, causes of action, lawsuits, proceedings, injuries (including death) and judgments, arising either directly or indirectly from any act or failure to act by the University or any of its regents, officers, employees or agents, which may occur during or which may arise out of the performance of this Agreement. The University shall assert the defense of sovereign immunity as appropriate in all cases, including malpractice and indemnity actions. University's indemnity obligation for actions sounding tort is limited in accordance with the provisions of NRS 41.035 and any award for damages under NRS 41.035 may not exceed the sum of \$150,000 if awarded on or after July 1, 2020 and may not exceed the sum of \$200,000 if awarded on or after July 1, 2022.
8. **Compliance With Federal, State and Local Laws.** Each party shall continue to be in compliance with all applicable federal, state and local laws, codes, regulations, rules and orders.
- 8.1 **Discrimination.** Both parties agree to fully comply with all applicable state and federal non-discrimination laws. The Learning Site agrees to accept, assign, supervise, and evaluate qualified students regardless of a student's age, disability, whether actual or perceived by others (including service-connected disabilities), gender (including pregnancy related condition), military status or military obligations, sexual orientation, gender identity or expression, genetic information, national origin, race, or religion.
9. **Confidentiality of Records**
- 9.1 The Learning Site agrees to treat all records relating to the student confidentially and not to disclose student records except to the University and Learning Site officials who have a legitimate interest in the information, consistent with their official responsibilities.
- 9.2 The parties agree to comply with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), and all requirements imposed by or pursuant to regulation of the Department of Education and the University to the end that the rights and privacy of the students enrolled in the University are not violated or invaded. No access to individual student data shall be granted by the parties to any other person, agency or organization without the written consent of the student, except for sharing with other persons within the University or the Learning Site, so long as those persons have a legitimate interest in the information.
10. **Termination:**
- 10.1 This Agreement may be terminated by either party for any reason upon ninety (90) days prior written notice.
- 10.2 Notwithstanding any termination under this Agreement, once a student has been accepted by the Learning Site, and so long as the student remains in good standing in the University and within the Learning Site's performance standards, and the student's assignment has not otherwise ended, the student shall be allowed to finish his or her Learning Activity experience at the Learning Site.
11. **Miscellaneous**
- 11.1 **Entire Agreement.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended, supplemented or modified except by mutual written agreement by the parties.
- 11.2 **Invalid Provisions.** If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms, disregarding such unenforceable or invalid provision.
- 11.3 **Force Majeure.** Neither party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, governmental restrictions, governmental regulations, governmental controls, act of public enemy, pandemics, epidemics or other outbreaks of diseases or other infections accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening

cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.

- 11.4 **Governing Law.** This Agreement shall be governed, interpreted, construed and enforced in accordance with the laws of the State of Nevada, with venue in the City of Reno and County of Washoe.
- 11.5 **Assignment.** A party may not assign or transfer any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of the other party.
- 11.6 **Binding Effect.** This Agreement shall be binding upon and inure to the benefit of the parties hereto, and their respective successors and assigns, and no other party shall be a beneficiary hereunder.
- 11.7 **Notice.** Notices required by this Agreement shall be in writing, delivered personally, by certified or registered mail, or by overnight courier, and shall be deemed to have been given when delivered personally or when deposited in the United States mail, postage pre-paid, or with an overnight courier, addressed as follows:

To Learning Site:

Name: Caroline Basagoitia
Company: Community Counseling Center
Address: 205 S. Pratt Ave CC NV 89701
Phone: 775-882-3945
Email: Carolinebasagoitia@gmail.com

To University:

David K. Shintani
Vice Provost, Undergraduate Education
University of Nevada, Reno
1664 N. Virginia Street Clark Admin 110
Reno, Nevada 89557
Telephone No.: 775-784-1740
Email: shintani@unr.edu

- 11.8 **No Joint Venture.** In no event shall this Agreement be construed as establishing a partnership, joint venture or similar relationship between the parties hereto. Each party is an independent contractor, and neither is the agent, employee or servant of the other, and each is responsible only for its own conduct.
- 11.9 **Use of Name or Logo.** Nothing contained in this Agreement confers on either party the right to use the other party's name without prior written permission, or constitutes an endorsement of any commercial product or service by the University.
- 11.10 **Counterparts.** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

LEARNING SITE

Community Counseling Center
(Name)

Approved:

Signed: Caroline B.
Printed: Caroline Basagoitia
Title: Executive Director
Date: 1/25/2022

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION, ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO

Recommended By:

By: Kate Albright
Nevada Career Studio/OSCLE

Approved:

David K. Shintani
Vice Provost Undergraduate Education
Date: 2/8/22



Your Place for Recovery

A Non Profit Certified Community Behavioral Health Center
205 S. Pratt Ave • Carson City, Nevada 89701
(775) 882-3945 • Fax: (775) 882-6126

Carol Basagoitia
Executive Director

Board of Directors
Sev Carlson
Roger Williams
Sheriff Ken Furlong
Robert J. Fliegler M.D.
John L. Ascuaga
Bill Richards

July 14, 2021

Ryan and Karla Johnston
Sign Language Team
(530)544-5551

In order to assure ease of access to treatment services for all individuals, Community Counseling Center would like to establish a Care Agreement with your organization to help serve individuals needing a sign language interpreter. We would like to be able to utilize your American Sign Language interpreters for a variety of needs that may arise in our agency as we operate as a Certified Community Behavioral Health Clinic (CCBHC). In some cases, it will be to aid in completing mental health and substance abuse evaluations ordered by referring agencies such as the courts, Adult and Juvenile Parole and Probation, Child Protective Services, Division of Child and Family Services and the Carson City school district. CCC would like to have your support to translate for medical appointments with our on-site medical provider as well as mental health therapy sessions and possibly group sessions.

Community Counseling Center agrees to cover the established rate fees for your team to provide its translating services to our clients. Your attached rate sheet will be a part of this agreement and followed when we contract with you for services.

We are excited to partner with you and have your services available to us when the need arises. We look forward to working with you!

Sincerely,

Carol Basagoitia
Executive Director
Community Counseling Center
205 S. Pratt Avenue
Carson City, NV 89701

Ryan Johnston and/or Karla Johnston
EIPA 4.7, RID-Ed
Certification in Healthcare Interpreter
Sign Language Team

One Can Never Pay in Gratitude - One Can Only Pay in Kind - Somewhere Else in Life... Ann Morrow Lindgurgh



It brings out the best in all of us.



GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

Phase Two – Stabilize

Temporary Housing

X Temporary housing for individuals without shelter.

- Length of stay approximately 180 days
- Examples: group living housing or modular shelters

X Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- X Physical health
- Life skills
- X Transportation

Wrap Around Services

- X Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- X Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- X Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

Please e-mail your application before or on the due date to: grants@carson.org

Applications will not be received after the deadline stated above.

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

APPLICATION

NEW APPLICANT

PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ _____)

APPLICANT INFORMATION

Agency Name: Spirit of Hope, Inc.	
Agency Mailing Address: 411 N. Division Street, Carson City, NV 89703	
Project Name: Carson City Homeless Services	
Project Address if Different than Mailing Address:	
Contact Person: Ellen Jackson	
Office Number: 775-461-3331	Email: ellen@spiritofhopeincnv.org
Cell Phone: 775-315-0121	Website: www.spiritofhopeincnv.org

FISCAL MANAGER

Name:	Michelle Mello
Title:	Bookkeeper
Phone Number:	775-461-3331
Email:	michelle@spiritofhopeincnv.org

PROJECT FUNDING

Requested amount February – December 2023	\$155,310
Requested amount January – December 2024	\$83,310
Total project cost for two years	\$238,620

GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS

Establishment of Applicant Agency: Spirit of Hope, Inc. (SOH) is a 501c (3) non-profit serving our area's homeless population through housing. We were established in 2010 as a non-profit and have been serving the Carson City community since. Our mission is to give as many people as we can the opportunity to have a home and quality of life. We currently have 12 homes and 58 people that we assist with their medical and mental health needs. We have a wait list that has approximately twenty each month. We offer transportation to our residents to grocery stores, doctors, mental health and dental appointments.

Funding to be used specifically for homeless residents: SOH is asking for \$238,620 over a two (2) year period of time. Spirit of Hope will rent two more houses in the upcoming year to house twelve more homeless individuals. One of these homes will become our second 24/7 care home for those with higher needs. With these homes we will be able to offer housing for up to twelve (12) more homeless individuals. Our services include case management, physical health services and individualized needs done case by case. We will continue to work with our partners of the Carson City Homeless Coalition and the other agencies and hospitals in Carson City. We have a working MOU with (NOTS) Nights Off the Street, St. Vincent de Paul Society, Ron Wood and the Dream Center.

Alignment with the Carson City Housing Plan: SOH's intention is to coordinate our housing and services as outlined in the Carson City Housing Plan- Survive, Stabilize and Thrive. Spirit of Hope's role will be to Stabilize by offering stable/affordable housing.

Project- Population - Services to be provided and Impact on Community and Successful Outcomes: Our project aligns beautifully with the Carson City Housing Plan. We are already providing housing and meeting the needs of each homeless individual that comes into one of our homes for the past nine (9) years. We shelter our people both in a transitional and permanent manner. We have been a part of so many people's lives and it has been so exciting to see these people gain their lives back by enjoying a real home again. By having food to eat on a regular basis and all of their health needs met (for some it has been years). They become stable both emotionally and mentally. The recidivism drops by 100% with only occasional trips to the doctor or hospital for significant medical needs. Some of our residents have been with us for nine years.

PROBLEM STATEMENT ONE PAGE LIMIT 10 PTS

Description of the geographical area in Carson City affected: Areas that are affected in our area are downtown, parks, the river, alleys, recreational areas and many hiding spots that the homeless find to keep out of sight and safe.

Description of the problem-contributing factors- quantifiable data: Over the past nine years Spirit of Hope has personally seen the number of homeless in our community rise. There was a time when we almost begged for clients/residents. Now, we have an ongoing waitlist with easily 20 people and more calls every day. Contributing factors are having no affordable housing choices (other than us), mental health issues and addiction. We have seen a rise in homeless coming from California and because of this Gardnerville and Reno are sending their rising numbers to Carson City. Since Spirit of Hope only houses ages 18-100 single adults with very few married couples, we have no way of housing families with children. The last count on record showed that unsheltered individuals were at 69, individuals in emergency shelters or transitional situations at 56 in number. Individuals staying in weekly motels numbered 606 and children with housing instability at 230. I believe this overall number to be much, much more.

Who the problem affects and the consequences: The homeless condition here in Carson City affects everyone in our community in different ways. We have had added criminal activity, panhandling has escalated and the rising costs of taking care of these individuals has risen. The homeless population suffers from poor health due to lack of help, poor self-esteem and loneliness to name a few. When someone has no home, it can be depressing at best.

The circumstances that influence the problem occurring: There are many reasons why someone becomes homeless. They could have lost their partner thus losing their home. They can have addiction problems which substantiate having no money to live in a home. They may have mental health issues that without care and monitoring and medication will lead to homelessness. Some have never married and or never had children, therefore they have no available family to assist them or even house them.

Agencies assisting to alleviate the problem: SOH works with almost every agency in the Carson City area. We have a long-standing relationship with our hospitals, mental health facilities, the MOST sheriff teams, Ron Wood, FISH, the Dream Center, NOTS, Saint Vincent's de Paul, Health and Human Services to mention a few. We receive referrals from every entity in our area for housing homeless individuals.

ARPA Funding will assist the mission: SOH will continue to collaborate with our area agencies. We will continue to offer stable, permanent and if an individual chooses temporary housing until permanent housing can be found. Not everyone will need or want a group living environment.

How will the proposed project help towards a solution: SOH will continue to offer safe and affordable housing for our area's homeless population. We will continue to provide the much-needed support our residents need and deserve.

GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

Goal #1 - SOH will increase the amount of low-income housing that we now provide for our area's homeless population with all the services we offer.

Objective: provide two more homes for twelve (12) more homeless individuals. SOH will continue to provide case management, informational referrals and wrap-around service through collaboration with community partners. We will continue to commit to housing as many individuals as possible within our capabilities.

Goal #2 – Identify clients and provide wrap around services:

Objectives

1. Identify who will be best served by our services through collaboration with partners
2. Conduct person to person intake/interviews with every referral (100%). Initiate our case management and provide services and referrals to other agencies that specialize in the care the individual needs outside of SOH housing.
3. Provide assistance in moving into the homes.
4. provide transportation and oversight at each home for every resident housed.
5. continue to assist our residents with their medical needs and referrals.
Perform intake,

What, Who, When How and Timeline for Carson City Homeless Services at SOH:

What: Interviewed intakes done on each referral we receive. We discuss their needs then and do a current assessment of those needs. We get their medical history (current and past), mental health history (current and past), family history, insurance information, current medications, legal history (current and past), any hospitalizations, mobility/handicap issues, family supports, alcohol substance abuse history.

Who: All of our area's homeless individuals referred to SOH for housing stability.

When: February 1st, 2022- December 31, 2024

How: SOH Executive Director and Fiscal Manager will be available Monday - Friday to handle all requests on a weekly basis. All reporting will be done as requested or monthly.

GOAL 1#

SOH will use these funds in the first year to rent two new homes and get them furnished. This is first and foremost the most expensive aspect of the project. Once these homes are established the income, they produce will allow them to sustain themselves. Within the first year the income will also be used to hire another full-time employee to help with the newest resident load of twelve (12). In the second year the income will be used to continue to sustain the efforts of SOH in the care and support of the newest residents. By the end of this income availability SOH will have already established the income to maintain, by using the two new residences' income, private donations, and foundational grants.

- **February 2023:** Renting one 3–4-bedroom home; set up and open in one month.
- **February 2023:** Hire one new full-time employee
- **March 2023:** Renting one 3–4-bedroom home: set up and open in one month.
- **April - December 2023:** Filling both new homes with six (6) clients/residents each. On average it takes one month to complete a home.

January - December 2024: New resident/clients pay on average \$650 per month. This is \$3,900 per month per house. The average rent on a 3–4-bedroom house is just over \$2000.00. **Many of our residents pay more than this amount.**

GOAL #2

Funds will be used to provide wrap around services through the hiring of a full time Program Manager for two years. The intended impact/outcomes as a result of the addition staff will be to: engage each homeless individual in a manner that will reinforce their ability to live a safe, productive quality of life. When they cannot manage their own health and well being we are there to give them support and create the environment in which they can move forward in their lives.

We utilize intake forms when conducting our interviews. Each interview takes approximately one hour. We keep detailed records of each resident in our files. These records include but not all; client needs, medications they are taking, and Doctor's they are working with.

Homeless clientele will be served once we have received a vetted referral. Some walk in; however, we will make phone calls to our other agencies we work with to received information about the individual's ability to live in one of our homes. Evaluations happen in that time period as well as daily once a new resident moves into one of our homes. We then track the resident's behavior and ability to take care of himself/herself daily. We keep client progress notes weekly.

We will provide Case Management, wrap-around services within the homes with all ARPA and community partners. SOH has very productive collaboration with all non-profit and public agencies in our community to offer wrap-around services. SOH accepts most referrals based on the individual's ability to live safely in a group setting.

SOH will offer the professionalism required when handling multiple individuals who may have mental health issues, drug and alcohol issues, health issues move into one of our homes. Our targeted impact is getting stability for each individual we work with.

Improvement has been demonstrated by the upward progress of our residents' health and welfare. Daily check-ins by staff help by keeping them moving forward with their medical, social and emotional needs to promote well-being. Our case management has allowed for each individual to grow in these areas. We refer our residents to special services through the mental health field as well as in patient care for addiction issues if needed. We work with Carson Behavioral Health's Assertiveness Community Team (ACT) for wrap-around services outside of a SOH home. This adds one more layer of support to our residents.

When a client/resident finally has secure, stable and safe housing the difference that makes in their lives is very impactful. Working with each person we receive from all of our referral sources gives them the opportunity to have a quality of life they may not have had in years. One resident at a time is how we make both an impact in our community and help to solve this issue of homelessness.

How will gaps be addressed in the community: SOH will continue to meet with the Carson City Homeless Coalition each month. Communication outside of this monthly meeting will also continue as it correlates to each individual that is referred for housing to SOH.

Who are the organizational collaborators/partners: SOH, on a daily basis, works with the following agencies: Carson City Health and Human Services, Dream Center, St. Vincent de Paul Society, NOTS-Nights Off The Streets, Carson City Sheriff's Department, both MOST teams, Carson Tahoe Hospital, Carson Behavioral Health, Mallory Crisis, State of Nevada Child and Family Services, Community Counseling Center, FISH, Vitality Integrated Programs-both outpatient and inpatient, Aging Services, Elder Protective Services, Carson Nursing and Rehab, Ormsby Nursing and Rehab, McKinney Vento, Department of Alternative Sentencing, Juvenile Court, Mental Health Court, Misdemeanor Treatment Court.

Equity and Homelessness:

In every society, barriers inhibit universal access to high quality evidence-based health care. Some economic barriers can look like, lack of insurance, being underinsured, and too many out-of-pocket payments which can lead to poverty.

Shortage of housing and good services are also barriers to an individual's well-being. Sociocultural and ethnic barriers can cause mistrust of these individuals and families as well. When they are coming from a place of poverty or different backgrounds it is even more so. Having ignorance or being misinformed can create bias against certain health conditions and/or people. Access to and quality of care among different areas of the country can create barriers. Being a minority, African American, Hispanic, Latinx and Indigenous can be barriers for good services in certain areas.

SOH does not ever discriminate. We incorporate a people centered atmosphere and treat everyone in the same manner, with respect and dignity. We have housed many from diverse backgrounds and ethnic traditions. Through our partnerships in our communities, we are able to continue housing more and more homeless individuals in our area.

How will the program or project address equitable outcomes, barriers to services to individuals or families that are disadvantaged:

SOH has trained staff that complete ongoing training yearly. Ethics and Diversity are some of the trainings as well as Crisis Intervention Training. This course is designed to inform, educate and or reiterate the best practices for dealing with clients that may go through a crisis while living in one of our homes. We will review and update our operational policies and procedures to ensure equity.

Will the program or project gather feedback from diverse constituents: SOH will always encourage our residents to give feedback on the quality of their care. We want to know if they are happy and content to live in one of our homes and are their medical and mental needs being met. The measurement takes place by putting spiral bound notebooks in each house for public comment and/or our staff are on hand and available for any questions or concerns our residents may have. We check on everyone daily and use telephone or texts to communicate.

Will the program or project build community capacity: SOH will assist our homeless population by providing safe, stable and affordable housing. By having the ability to house more individuals who are homeless we are able to save our community an average of \$36,000 per year per person. SOH is saving our community an additional \$17,000 per person just by our housing and care alone. We currently have 56 residents multiplied by the above figures and we save our community roughly \$53,000 a year per person which multiplied by 56 totals: \$2, 968,000.

Quality of life is the goal for SOH. Without it these individuals would not flourish. Less homeless individuals on the streets leads to less criminal activity, panhandling and substance abuse that constantly puts a drain on our society. Less homelessness means the recidivism in this community is cut drastically. Less homelessness means more individuals are having a quality of life and no longer a drain on society, but an asset.

SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

How will the proposed project continue operation when grant funds are no longer available: SOH will use these funds in the first year to rent two new homes and get them furnished. Once these homes are established the income they produce will allow them to sustain themselves. Within the first year the income will also be used to keep the Program Manager employed full-time. In future years the income will be used to continue to sustain the efforts of SOH in the care and support of the newest residents. By the end of this income availability SOH will have already established the income to maintain, by using the two new residences' income, private donations, and foundational grants.

January - December 2024: New resident/clients pay on average \$650 per month. This is \$3,900 per month per house. The average rent on a 3–4-bedroom house is just over \$2000.00.

COORDINATION AND COLLABORATION HALF-PAGE LIMIT 5 POINTS

Coordination and Collaboration: SOH collaborates with the Carson City Homeless Coalition on a scheduled monthly basis. More frequent communication can ensue daily and weekly on a case-by-case basis. SOH coordinates with these agencies as well as other agencies in our community on a daily/weekly basis regarding referrals for housing. Other agencies include: Health and Human Services, Vitality Integrated Programs, MOST Sheriff Teams, Mallory Crisis Center, Carson Behavioral Health, Carson Tahoe Hospital, McKinney Vento, Department Alternative Sentencing, Carson High School, Nights Off The Streets, FISH, Department Child Family Services, Salvation Army Reno Inpatient program, Exquisite.

BUDGET PAGE 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title:	Requested Amount	Other Funding	Total Funds
Project Expenses February 2023-December 2024			
Personnel	\$143,520		\$143,520
Rent startup for Two years	\$ 72,000		\$72,000
Operating costs homes	\$ 14,400		\$14,400
Office Supplies/Operating Printing and copying	\$ 8,400		\$8,400
Equipment			
Other: Audit/Tax Preparation	\$300		\$300
TOTALS	\$238,620		\$238,620

1. Has your agency received funding or other support from Carson City in the past 3 years?

YES, NO

2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.

1. CDBG - 2020 - 21 \$ 124,756.00
2. CSSG - 2020 - 21 \$ 51,585.00

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

PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Program Manager /Grants Manager	\$83,200.00	\$20.00 per hour x 1040 hours x 2 years Includes Unemployment Insurance and workman's Comp based on FY22 rates
Executive Director	\$18,720.00	\$30.00 per hour x 312 hours x 2 years Includes Unemployment Insurance and Workman's Comp based on FY22 rates
Housing Manager	\$41,600.00	\$20.00 per hour x 1040 hours x 2 years Includes free rent with a monetary value of \$15,600 for two years.
Office Supplies	\$4,800.00	\$200.00 x 12 months x 2 years
Printing and Copying	\$3,600.00	\$200.00 x 12 months x 2 years
Audit/Tax Preparation	\$ 300.00	\$150.00 x 12 months x 2 years

AGENCY INFORMATION

Date of incorporation	8-03-2009
Date of IRS certification	4-23-2010
Tax exempt number	80-0461686
UEI #	GSAFSD7363658

REQUIRED: Attach items 1-7 to your application. Item 8 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 https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ 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 ARPA funds.]	(✓)
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	(✓)
6	Profit and Loss Statements and Balance Sheets for prior <u>3</u> years	(✓)
7	Has your agency registered with the System for Award Management (SAM) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY'S SAM REGISTRATION	(✓)
8	Funding commitment letters and/or letters of support (if applicable) Funding Narrative Carson City Grants	(✓)

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

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

DEPARTMENT OF THE TREASURY

1

Date: APR 23 2010

Employer Identification Number:

80-0461686

DLN:

17053295318009

Contact Person:

TERRY IZUMI

ID# 95048

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

August 6, 2009

Contribution Deductibility:

Yes

Addendum Applies:

No

SPIRIT OF HOPE INC
406 CORIE CT
GARDNERVILLE, NV 89460

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 Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

SPIRIT OF HOPE INC

Nevada Business ID: NV20091280884
 Entity Type: Domestic Nonprofit Corporation (82)
 Entity Status: Active

My Business Checklist

This checklist will provide a sequence of tasks to complete to help you maintain compliance for other state agencies. The CBR is a required task if you wish to pay for your Sales & Use Tax and/or Use Tax permits alongside your business entity filing(s).

Note: The filing of the formation documents or annual renewal includes the State Business License. You can download or print the official copy of your state business license by clicking the View Document button below or via the Documents tab on the menu bar above.

Steps to License a Nevada Business		
<input type="checkbox"/>	* Articles of Incorporation - Non-Profit Corporation, List and State Business License	Active Exp: 08/31/2023
Completed: <input type="checkbox"/> Pending: <input type="checkbox"/> (*) is a required field		

Communication Preferences

Monitor this business via email

Related Services

Other Actions

Questions? Please email

#3



Organizational Chart

Executive Director

Ellen Jackson

Bookkeeper/Office Manager

Michelle Mello

Case Manager

Ashley Tribon

#4



HOUSING HEALING COMMUNITY

BOARD OF DIRECTORS

Cynthia Bunt '22-'25

Board Chairman

Andi Fant '22-'25

Vice Chairman

Joyce Majors '21-'24

Secretary/ Treasurer

#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)

OMB No. 1545-0047

2021

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

Header section A-M: A For the 2021 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization SPIRIT OF HOPE INC; D Employer identification number 80-0461686; E Telephone number 775-461-3331; F Name and address of principal officer; G Gross receipts \$ 537,162; H(a) Is this a group return for subordinates?; H(b) Are all subordinates included?; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission; 2 Check this box; 3-7 Number of members, employees, volunteers, revenue; 8-12 Revenue; 13-19 Expenses; 20-22 Assets and liabilities.

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.

Signature section: Sign Here; Signature of officer ELLEN JACKSON, EXEC. DIRECTOR; Preparer's name BRIAN A. COLODNY CPA; Preparer's signature; Date; Firm's name COLODNY FIELDS LLP; Firm's address 3352 GONI ROAD #162, CARSON CITY, NV 89706; Firm's EIN 46-3289761; Phone no. (775) 885-9136.

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:
SPIRIT OF HOPE FOLLOWS THE 'HOUSING FIRST" MODEL AS A SOLUTION TO HOMELESSNESS BY CONNECTING PEOPLE EXPERIENCINNG HOMELESSNESS TO PERMANENT HOUSING. THROUGH THIS MODEL, RESIDENTS CAN ACHIEVE ENOUGH STABILITIY TO ALLOW THEM TO ADDRESS AREAS THAT MAY HAVE CONTRIBUTED 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 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 \$ 518,026. including grants of \$) (Revenue \$ 472,598.)
THE PRIMARY PROGRAM OF SPIRIT OF HOPE IS TO PROVIDE SAFE, SOBER, DRUG FREE HOUSING TO LOW INCOME HOMELESS INDIVIDUALS RESIDING IN CARSON CITY, NV. SPIRIT OF HOPE RENTS HOMES THEN RENT ROOMS TO INDIVIDUALS QWHO CAN'T AFFORD AND/OR ARE UNABLE TO LIVE ON THEIR OWN.

4b Code: (Expenses \$ including grants of \$) (Revenue \$)
SECONDARY PROGRAM IS TO PROVIDE RESIDENTS WITH RIDES TO MEDICAL APPOINTMENTS, INDIVIDUAL AND GROUP THERAPY SESSIONS, GROCERY SHOPPING, BANKING, ETC.

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

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

4e Total program service expenses 518,026.

Spirit of Hope, Inc

Profit and Loss by Tag Group

January - December 2021

6

	NOT SPECIFIED	TOTAL
Revenue		\$0.00
4000 Revenues		\$0.00
4005 Rental Income	449,782.85	\$449,782.85
4010 Donations	31,880.30	\$31,880.30
4020 Grants-Government	41,521.10	\$41,521.10
4030 Grants-Foundations	11,518.00	\$11,518.00
4801 Other Revenue	100.04	\$100.04
Total 4000 Revenues	534,802.29	534,802.29
Total Revenue	534,802.29	534,802.29
GROSS PROFIT	534,802.29	534,802.29
Expenditures		
5000 Operating Expenses	59.00	\$59.00
5005 Payroll Expenditures		\$0.00
5010 Payroll Wages	76,609.40	\$76,609.40
5011 Payroll Taxes	19.88	\$19.88
8845 Contractors	16,106.00	\$16,106.00
Total 5005 Payroll Expenditures	92,735.28	92,735.28
8860 Professional Services	364.00	\$364.00
8861 Prof Fees-Payroll Processing	6,320.56	\$6,320.56
8862 Prof Fees - Offsite Storage	232.00	\$232.00
8863 Prof Fees - Fire Extinguishers Maintenance	662.00	\$662.00
Total 8860 Professional Services	7,578.56	7,578.56
Total 5000 Operating Expenses	100,372.84	100,372.84
8500 Program Expenses	145.58	\$145.58
8510 Leased Homes Rent Expense	170,092.04	\$170,092.04
8520 Utilities	552.59	\$552.59
8521 Electricity	15,424.93	\$15,424.93
8522 Gas/Propane	8,451.96	\$8,451.96
8523 Phone/Cable/Internet	16,897.74	\$16,897.74
8525 Water/Trash	7,932.70	\$7,932.70
Total 8520 Utilities	40,250.92	40,250.92
8529 Repairs & Maintenance		\$0.00
8531 Property Repairs/Maintenance	1,350.74	\$1,350.74
8532 Landscaping/Lawn Care	2,576.88	\$2,576.88
8534 Carpet Cleaning/Repair	3,245.00	\$3,245.00
8536 Pest Control	220.44	\$220.44
8541 Auto Repairs	593.05	\$593.05
8542 Fuel/Gas/Oil	2,073.13	\$2,073.13
8546 House Cleaning Services	3,130.00	\$3,130.00
Total 8529 Repairs & Maintenance	13,189.24	13,189.24
8533 Client Expenses		\$0.00
8569 Client Expenses - Moving Expenses	598.12	\$598.12

Spirit of Hope, Inc

Profit and Loss by Tag Group

January - December 2021

	NOT SPECIFIED	TOTAL
8570 Client Expenses - Medication/Food	-3,425.12	\$ -3,425.12
8571 Client Expenses - Drug Test Kits	154.24	\$154.24
8572 Client Expenses - Birthdays	386.31	\$386.31
8575 Client Expenses - Housing Supplies	431.16	\$431.16
8576 Office/General Administrative Expenditures	-634.83	\$ -634.83
Total 8533 Client Expenses	-2,490.12	\$ -2,490.12
8535 Cleaning/Safety Supplies	417.81	\$417.81
8537 Housing Furniture/Equip/Supplies	5,846.98	\$5,846.98
Total 8599 Program Expenses	236,461.45	\$236,461.45
8999 Administrative Expenses		\$0.00
8310 Advertising & Marketing	72.29	\$72.29
8540 Office Supplies & Software	3,629.23	\$3,629.23
8561 Office Lease Rent Expense	19,600.00	\$19,600.00
8562 Office Utilities Expense	4,142.96	\$4,142.96
8610 Bank Charges & Fees	14.85	\$14.85
8820 Insurance	-892.18	\$ -892.18
8822 Auto Insurance	1,689.71	\$1,689.71
8824 D&O/Liability Insurance	7,945.22	\$7,945.22
8826 Rental Insurance	60.00	\$60.00
Total 8820 Insurance	8,802.75	\$8,802.75
8830 Dues & Subscriptions		\$0.00
8832 Dues & Subscriptions - Website/Email	544.56	\$544.56
8833 Dues & subscriptions - Memberships	810.00	\$810.00
Total 8830 Dues & Subscriptions	1,354.56	\$1,354.56
8850 Interest Paid	1,302.24	\$1,302.24
8870 Taxes & Licenses	204.00	\$204.00
8880 Property Tax	24.60	\$24.60
8885 Staff/Board Meetings	527.69	\$527.69
Total 8999 Administrative Expenses	39,675.17	\$39,675.17
Reimbursable Expenses	-43.26	\$ -43.26
Total Expenditures	\$376,466.20	\$376,466.20
NET OPERATING REVENUE	\$158,336.09	\$158,336.09
Other Expenditures		
8900 Depreciation Expense	2,750.04	\$2,750.04
Total Other Expenditures	\$2,750.04	\$2,750.04
NET OTHER REVENUE	\$ -2,750.04	\$ -2,750.04
NET REVENUE	\$155,586.05	\$155,586.05

Spirit of Hope, Inc

Profit and Loss by Tag Group

January - December 2020

	JAN - DEC 2020	TOTAL
Revenue		\$0.00
4000 Revenues		\$0.00
4005 Rental Income	339,723.84	\$339,723.84
4010 Donations	38,370.00	\$38,370.00
4020 Grants-Government	120,532.30	\$120,532.30
Total 4000 Revenues	498,626.14	\$498,626.14
Total Revenue	\$498,626.14	\$498,626.14
GROSS PROFIT	\$498,626.14	\$498,626.14
Expenditures		\$0.00
5000 Operating Expenses		\$0.00
5005 Payroll Expenditures		\$0.00
5010 Payroll Wages	82,297.20	\$82,297.20
5011 Payroll Taxes	5,110.50	\$5,110.50
8845 Contractors	33,833.60	\$33,833.60
Total 5005 Payroll Expenditures	121,241.30	\$121,241.30
8860 Professional Services	34,806.74	\$34,806.74
Total 5000 Operating Expenses	156,048.04	\$156,048.04
8500 Program Expenses		\$0.00
8510 Leased Homes Rent Expense	196,421.61	\$196,421.61
8520 Utilities		\$0.00
8521 Electricity	11,042.48	\$11,042.48
8522 Gas/Propane	11,354.84	\$11,354.84
8523 Phone/Cable/Internet	22,744.14	\$22,744.14
8525 Water/Trash	11,768.00	\$11,768.00
Total 8520 Utilities	56,909.46	\$56,909.46
8529 Repairs & Maintenance		\$0.00
8531 Property Repairs/Maintenance	2,651.83	\$2,651.83
8534 Carpet Cleaning/Repair	2,140.00	\$2,140.00
8536 Pest Control	200.00	\$200.00
Total 8529 Repairs & Maintenance	4,991.83	\$4,991.83
8533 Client Expenses	8,247.74	\$8,247.74
8535 Cleaning/Safety Supplies	8,386.17	\$8,386.17
8537 Housing Furniture/Equip/Supplies	29,574.37	\$29,574.37
Total 8500 Program Expenses	304,531.18	\$304,531.18
8999 Administrative Expenses		\$0.00
8540 Office Supplies & Software	3,355.11	\$3,355.11
8610 Bank Charges & Fees	55.50	\$55.50
8820 Insurance		\$0.00
8822 Auto Insurance	4,693.46	\$4,693.46
8824 D&O/Liability Insurance	864.44	\$864.44
8826 Rental Insurance	264.00	\$264.00
Total 8820 Insurance	5,821.90	\$5,821.90

Spirit of Hope, Inc

Profit and Loss by Tag Group

January - December 2020

	JAN - DEC 2020	TOTAL
8830 Dues & Subscriptions	227.00	\$227.00
8850 Interest Paid	284.85	\$284.85
8870 Taxes & Licenses	358.00	\$358.00
8880 Property Tax	14.99	\$14.99
8885 Staff/Board Meetings	282.22	\$282.22
Total 8999 Administrative Expenses	10,399.57	\$10,399.57
Total Expenditures	\$470,978.79	\$470,978.79
NET OPERATING REVENUE	\$27,647.35	\$27,647.35
Other Expenditures		
8900 Depreciation Expense	2,979.21	\$2,979.21
Total Other Expenditures	\$2,979.21	\$2,979.21
NET OTHER REVENUE	\$-2,979.21	\$-2,979.21
NET REVENUE	\$24,668.14	\$24,668.14

Spirit of Hope, Inc

Profit and Loss by Tag Group

January 1 - November 28, 2022

	NOT SPECIFIED	TOTAL
Revenue		
2181 Discounts/Refunds Given	2,000.00	\$2,000.00
4000 Revenues		\$0.00
4005 Rental Income	388,837.70	\$388,837.70
4010 Donations	8,122.11	\$8,122.11
Non-Profit Revenue	864.00	\$864.00
Total 4010 Donations	8,986.11	\$8,986.11
4020 Grants-Government	-29.95	\$ -29.95
4801 Other Revenue	114.60	\$114.60
Total 4000 Revenues	397,968.46	\$397,968.46
Billable Expense Income	346.31	\$346.31
Total Revenue	\$400,254.77	\$400,254.77
GROSS PROFIT		
	\$400,254.77	\$400,254.77
Expenditures		
5000 Operating Expenses	253.80	\$253.80
5005 Payroll Expenditures		\$0.00
5010 Payroll Wages	80,957.75	\$80,957.75
8845 Contractors	3,536.00	\$3,536.00
Total 5005 Payroll Expenditures	84,493.75	\$84,493.75
8860 Professional Services	4,488.85	\$4,488.85
8863 Prof Fees - Fire Extinguishers Maintenance	784.00	\$784.00
Total 8860 Professional Services	5,272.85	\$5,272.85
Total 5000 Operating Expenses	90,826.40	\$90,826.40
8500 Program Expenses		\$0.00
8510 Leased Homes Rent Expense	152,723.98	\$152,723.98
8520 Utilities		\$0.00
8521 Electricity	16,358.19	\$16,358.19
8522 Gas/Propane	9,707.88	\$9,707.88
8523 Phone/Cable/Internet	14,503.36	\$14,503.36
8525 Water/Trash	1,729.71	\$1,729.71
Total 8520 Utilities	42,299.14	\$42,299.14
8529 Repairs & Maintenance		\$0.00
8531 Property Repairs/Maintenance	1,185.70	\$1,185.70
8532 Landscaping/Lawn Care	827.27	\$827.27
8534 Carpet Cleaning/Repair	2,045.00	\$2,045.00
8536 Pest Control	342.03	\$342.03
8542 Fuel/Gas/Oil	930.72	\$930.72
8545 Small Equipment	-2,000.00	\$ -2,000.00
8546 House Cleaning Services	7,172.17	\$7,172.17
Total 8529 Repairs & Maintenance	10,502.89	\$10,502.89
8533 Client Expenses		\$0.00
8570 Client Expenses - Medication/Food	-4,595.58	\$ -4,595.58

Spirit of Hope, Inc

Profit and Loss by Tag Group

January 1 - November 28, 2022

	NOT SPECIFIED	TOTAL
8572 Client Expenses - Birthdays	303.42	\$303.42
8575 Client Expenses - Housing Supplies	594.26	\$594.26
8576 Office/General Administrative Expenditures	728.92	\$728.92
Total 8533 Client Expenses	-2,968.98	-\$-2,968.98
Total 8500 Program Expenses	262,557.03	\$262,557.03
8999 Administrative Expenses		\$0.00
8310 Advertising & Marketing	3,700.00	\$3,700.00
8540 Office Supplies & Software	435.80	\$435.80
8561 Office Lease Rent Expense	22,060.00	\$22,060.00
8562 Office Utilities Expense	1,940.62	\$1,940.62
8820 Insurance		\$0.00
8822 Auto Insurance	9,667.00	\$9,667.00
8824 D&O/Liability Insurance	9,544.30	\$9,544.30
Total 8820 Insurance	19,211.30	\$19,211.30
8830 Dues & Subscriptions		\$0.00
8832 Dues & Subscriptions - Website/Email	495.36	\$495.36
8833 Dues & subscriptions - Memberships	874.00	\$874.00
Total 8830 Dues & Subscriptions	1,369.36	\$1,369.36
8850 Interest Paid	472.02	\$472.02
8870 Taxes & Licenses	193.90	\$193.90
Total 8999 Administrative Expenses	49,383.00	\$49,383.00
Purchases	0.00	\$0.00
Total Expenditures	\$341,960.43	\$341,960.43
NET OPERATING REVENUE	\$58,294.34	\$58,294.34
Other Expenditures		
8900 Depreciation Expense	2,520.87	\$2,520.87
Total Other Expenditures	\$2,520.87	\$2,520.87
NET OTHER REVENUE	-\$-2,520.87	-\$-2,520.87
NET REVENUE	\$55,773.47	\$55,773.47

Statement of Activity

January - December 22

6

	Total
REVENUE	
4000 Revenues	
4005 Rental Income	339,723.84
4010 Donations	38,370.00
4020 Grants-Government	120,532.30
Total 4000 Revenues	498,626.14
Total Revenue	498,626.14
GROSS PROFIT	
498,626.14	
EXPENDITURES	
5000 Operating Expenses	
5005 Payroll Expenditures	
5010 Payroll Wages	82,297.20
5011 Payroll Taxes	5,110.50
8845 Contractors	33,833.60
Total 5005 Payroll Expenditures	121,241.30
8860 Professional Services	34,806.74
Total 5000 Operating Expenses	156,048.04
8500 Program Expenses	
8510 Leased Homes Rent Expense	196,421.61
8520 Utilities	
8521 Electricity	11,042.48
8522 Gas/Propane	11,354.84
8523 Phone/Cable/Internet	22,744.14
8525 Water/Trash	11,768.00
Total 8520 Utilities	56,909.46
8529 Repairs & Maintenance	
8531 Property Repairs/Maintenance	2,651.83
8534 Carpet Cleaning/Repair	2,140.00
8536 Pest Control	200.00
Total 8529 Repairs & Maintenance	4,991.83
8533 Client Expenses	8,247.74
8535 Cleaning/Safety Supplies	8,386.17
8537 Housing Furniture/Equip/Supplies	29,574.37
Total 8500 Program Expenses	304,531.18
8999 Administrative Expenses	
8540 Office Supplies & Software	3,355.11
8610 Bank Charges & Fees	55.50
8820 Insurance	
8822 Auto Insurance	4,693.46
8824 D&O/Liability Insurance	864.44
8826 Rental Insurance	264.00
Total 8820 Insurance	5,821.90

	Total
8830 Dues & Subscriptions	227.00
8850 Interest Paid	284.85
8870 Taxes & Licenses	358.00
8880 Property Tax	14.99
8885 Staff/Board Meetings	282.22
Total 8999 Administrative Expenses	10,399.57
Total Expenditures	470,978.79
NET OPERATING REVENUE	27,647.35
OTHER EXPENDITURES	
8900 Depreciation Expense	2,979.21
Total Other Expenditures	2,979.21
NET OTHER REVENUE	-2,979.21
NET REVENUE	\$24,668.14

Statement of Financial Position

As of December 31, 2020

	Total
ASSETS	
Current Assets	
Bank Accounts	
1000 Banking	-18,714.02
1010 CNB Checking	50.00
1015 NV State Bank	-18,664.02
Total 1000 Banking	-18,664.02
Total Bank Accounts	-18,664.02
Accounts Receivable	
1210 Accounts Receivable (A/R)	41,521.10
Total Accounts Receivable	41,521.10
Other Current Assets	
1400 Deferred Revenue	-4,422.00
Total Other Current Assets	-4,422.00
Total Current Assets	18,435.08
Fixed Assets	
1510 Vehicles	10,700.00
1590 Accumulated Depreciation	-2,979.21
Total Fixed Assets	7,720.79
TOTAL ASSETS	\$26,155.87
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2010 Accounts Payable (A/P)	2,508.48
Total Accounts Payable	2,508.48
Other Current Liabilities	
2110 Payroll Tax Payable	3,829.68
2120 Prepaid Expenses	-19,621.58
2160 Loan Payable	36,000.00
2162 CNB Loan	6,293.47
2165 2019 Van Loan	-42,293.47
Total 2160 Loan Payable	-26,646.00
2180 Rent Security Deposits	-144.43
Total Other Current Liabilities	2,364.05
Total Current Liabilities	2,364.05
Total Liabilities	2,364.05
Equity	
Retained Earnings	-876.32
Net Revenue	24,668.14
Total Equity	23,791.82

Total

TOTAL LIABILITIES AND EQUITY

\$26,155.87

Statement of Activity

January - December 2021

	Total
REVENUE	
4000 Revenues	
4005 Rental Income	449,782.85
4010 Donations	31,880.30
4020 Grants-Government	41,521.10
4030 Grants-Foundations	11,518.00
4801 Other Revenue	100.04
Total 4000 Revenues	534,802.29
Total Revenue	534,802.29
GROSS PROFIT	
EXPENDITURES	
5000 Operating Expenses	59.00
5005 Payroll Expenditures	
5010 Payroll Wages	76,609.40
5011 Payroll Taxes	19.88
8845 Contractors	16,106.00
Total 5005 Payroll Expenditures	92,735.28
8860 Professional Services	364.00
8861 Prof Fees-Payroll Processing	6,320.56
8862 Prof Fees - Offsite Storage	232.00
8863 Prof Fees - Fire Extinguishers Maintenance	662.00
Total 8860 Professional Services	7,578.56
Total 5000 Operating Expenses	100,372.84
8500 Program Expenses	145.58
8510 Leased Homes Rent Expense	170,092.04
8520 Utilities	552.59
8521 Electricity	15,424.93
8522 Gas/Propane	8,451.96
8523 Phone/Cable/Internet	16,897.74
8525 Water/Trash	7,932.70
Total 8520 Utilities	49,259.92
8529 Repairs & Maintenance	
8531 Property Repairs/Maintenance	1,350.74
8532 Landscaping/Lawn Care	2,576.88
8534 Carpet Cleaning/Repair	3,245.00
8536 Pest Control	220.44
8541 Auto Repairs	593.05
8542 Fuel/Gas/Oil	2,073.13
8546 House Cleaning Services	3,130.00
Total 8529 Repairs & Maintenance	13,189.24
8533 Client Expenses	
8569 Client Expenses - Moving Expenses	598.12

	Total
8570 Client Expenses - Medication/Food	-3,425.12
8571 Client Expenses - Drug Test Kits	154.24
8572 Client Expenses - Birthdays	386.31
8575 Client Expenses - Housing Supplies	431.16
8576 Office/General Administrative Expenditures	-634.83
Total 8533 Client Expenses	-2,490.12
8535 Cleaning/Safety Supplies	417.81
8537 Housing Furniture/Equip/Supplies	5,846.98
Total 8500 Program Expenses	236,461.45
8999 Administrative Expenses	
8310 Advertising & Marketing	72.29
8540 Office Supplies & Software	3,629.23
8561 Office Lease Rent Expense	19,600.00
8562 Office Utilities Expense	4,142.96
8610 Bank Charges & Fees	14.85
8820 Insurance	-892.18
8822 Auto Insurance	1,689.71
8824 D&O/Liability Insurance	7,945.22
8826 Rental Insurance	60.00
Total 8820 Insurance	8,802.75
8830 Dues & Subscriptions	
8832 Dues & Subscriptions - Website/Email	544.56
8833 Dues & subscriptions - Memberships	810.00
Total 8830 Dues & Subscriptions	1,354.56
8850 Interest Paid	1,302.24
8870 Taxes & Licenses	204.00
8880 Property Tax	24.60
8885 Staff/Board Meetings	527.69
Total 8999 Administrative Expenses	39,675.17
Reimbursable Expenses	-43.26
Total Expenditures	376,466.20
NET OPERATING REVENUE	158,336.09
OTHER EXPENDITURES	
8900 Depreciation Expense	2,750.04
Total Other Expenditures	2,750.04
NET OTHER REVENUE	-2,750.04
NET REVENUE	\$155,586.05

Statement of Financial Position

As of December 31, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1000 Banking	258,946.80
1010 CNB Checking	-41,901.82
1015 NV State Bank	30.00
1020 Petty Cash	170.00
1030 Savings/Reserve	2,100.04
Total 1000 Banking	219,345.02
Total Bank Accounts	219,345.02
Other Current Assets	
1400 Deferred Revenue	-4,331.00
Total Other Current Assets	-4,331.00
Total Current Assets	215,014.02
Fixed Assets	
1510 Vehicles	10,700.00
1590 Accumulated Depreciation	-5,729.25
Total Fixed Assets	4,970.75
TOTAL ASSETS	\$219,984.77
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2010 Accounts Payable (A/P)	23,281.89
Total Accounts Payable	23,281.89
Other Current Liabilities	
2120 Prepaid Expenses	-3,200.00
2160 Loan Payable	4,900.00
2162 CNB Loan	45,729.83
2165 2019 Van Loan	-3,377.01
Total 2160 Loan Payable	47,252.82
2180 Rent Security Deposits	-26,727.81
Total Other Current Liabilities	17,325.01
Total Current Liabilities	40,606.90
Total Liabilities	40,606.90
Equity	
Retained Earnings	23,791.82
Net Revenue	155,586.05
Total Equity	179,377.87
TOTAL LIABILITIES AND EQUITY	\$219,984.77

Statement of Activity

January - December 2022

	Total
REVENUE	
2181 Discounts/Refunds Given	2,000.00
4000 Revenues	
4005 Rental Income	388,837.70
4010 Donations	8,122.11
Non-Profit Revenue	864.00
Total 4010 Donations	8,986.11
4020 Grants-Government	-29.95
4801 Other Revenue	114.60
Total 4000 Revenues	397,908.46
Billable Expense Income	346.31
Total Revenue	400,254.77
GROSS PROFIT	
	400,254.77
EXPENDITURES	
5000 Operating Expenses	253.80
5005 Payroll Expenditures	
5010 Payroll Wages	80,957.75
8845 Contractors	3,536.00
Total 5005 Payroll Expenditures	84,493.75
8860 Professional Services	4,488.85
8863 Prof Fees - Fire Extinguishers Maintenance	784.00
Total 8860 Professional Services	5,272.85
Total 5000 Operating Expenses	90,020.40
8500 Program Expenses	
8510 Leased Homes Rent Expense	156,523.98
8520 Utilities	
8521 Electricity	16,358.19
8522 Gas/Propane	9,707.88
8523 Phone/Cable/Internet	14,503.36
8525 Water/Trash	1,729.71
Total 8520 Utilities	42,299.14
8529 Repairs & Maintenance	
8531 Property Repairs/Maintenance	1,185.70
8532 Landscaping/Lawn Care	827.27
8534 Carpet Cleaning/Repair	2,045.00
8536 Pest Control	342.03
8542 Fuel/Gas/Oil	930.72
8545 Small Equipment	-2,000.00
8546 House Cleaning Services	7,172.17
Total 8529 Repairs & Maintenance	10,502.89
8533 Client Expenses	
8570 Client Expenses - Medication/Food	-4,595.58

	Total
8572 Client Expenses - Birthdays	303.42
8575 Client Expenses - Housing Supplies	594.26
8576 Office/General Administrative Expenditures	728.92
Total 8533 Client Expenses	-2,968.98
Total 8566 Program Expenses	206,357.63
8999 Administrative Expenses	
8310 Advertising & Marketing	3,700.00
8540 Office Supplies & Software	435.80
8561 Office Lease Rent Expense	24,120.00
8562 Office Utilities Expense	1,940.62
8820 Insurance	
8822 Auto Insurance	9,667.00
8824 D&O/Liability Insurance	10,387.77
Total 8820 Insurance	20,054.77
8830 Dues & Subscriptions	
8832 Dues & Subscriptions - Website/Email	495.36
8833 Dues & subscriptions - Memberships	874.00
Total 8830 Dues & Subscriptions	1,369.36
8850 Interest Paid	472.02
8870 Taxes & Licenses	193.90
Total 8999 Administrative Expenses	52,286.47
Total Expenditures	348,663.96
NET OPERATING REVENUE	51,590.87
OTHER EXPENDITURES	
8900 Depreciation Expense	2,520.87
Total Other Expenditures	2,520.87
NET OTHER REVENUE	-2,520.87
NET REVENUE	\$49,070.00

Statement of Financial Position

As of December 31, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
1000 Banking	662,724.53
1010 CNB Checking	-332,781.32
1015 NV State Bank	30.00
1020 Petty Cash	170.00
1030 Savings/Reserve	2,100.04
Total 1000 Banking	332,243.25
Total Bank Accounts	332,243.25
Other Current Assets	
1400 Deferred Revenue	-4,331.00
Total Other Current Assets	-4,331.00
Total Current Assets	327,912.25
Fixed Assets	
1510 Vehicles	10,700.00
1590 Accumulated Depreciation	-8,250.12
Total Fixed Assets	2,449.88
TOTAL ASSETS	\$330,362.13
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2010 Accounts Payable (A/P)	60,829.78
Total Accounts Payable	60,829.78
Other Current Liabilities	
2120 Prepaid Expenses	-3,200.00
2160 Loan Payable	13,900.00
2162 CNB Loan	45,729.83
2165 2019 Van Loan	11,382.46
Total 2160 Loan Payable	71,012.29
2180 Rent Security Deposits	-26,727.81
Total Other Current Liabilities	41,084.48
Total Current Liabilities	101,914.26
Total Liabilities	101,914.26
Equity	
Retained Earnings	179,377.87
Net Revenue	49,070.00
Total Equity	228,447.87
TOTAL LIABILITIES AND EQUITY	\$330,362.13

7.1
SAM
^

e.g. 123456789, Smith Corp

"Spirit of Hope" x

Entity

Entity Name

▼

SPIRIT OF HOPE INC x
Unique Entity ID: DPN1VMS48X75

Unique Entity ID

e.g. HTYR9YJHK65L ▼

SPIRIT OF HOPE INC (DPN1VMS48X75) x

CAGE / NCAGE

▼

Location



Status



- Active
- Inactive

Reset

Sort by

Relevance

Showing 1 - 1 of 1 results

SPIRIT OF HOPE INC

Unique Entity ID DPN1VMS48X75	CAGE Code 8PMC2	Physical Address 4628 HILLVIEW DR, CARSON CITY, NV 89701 USA
----------------------------------	--------------------	--

Entity

Expiration Date
Feb 23, 2022

Purpose of Registration
Federal Assistance Awards

Results per page

#712

✓ An official website of the United States government
[Here's how you know](#)



Home > INC-GSAFSD7363658



renew entity



Send

🕒 2h ago • Additional comments

DPN1VMS48X75 Knowledge article KB0017855: Entity
Registration: Update/Renew Existing Entity Registration

GSA InContact API Integration

🕒 3h ago
INC-GSAFSD7363658 Created

Start

Number

INC-GSAFSD7363658

State

Resolved



Priority

3 - Moderate

Created

3h ago

Updated



November 24, 2022

ARPA - Application Review Workshop
Mirjana Gavric, Grants Administrator
Carson City, Department of Finance
201 N. Carson Street #3
Carson City, NV 89704

In Regards: City of Carson Funding Narrative - ARPA Application

As per your request, please find the narrative that highlights the funding we have received from Carson City Department of Finance.

1. CDBG - 2020 - 21 \$124,756.00
2. CSSG - 2020 - 21 \$ 51,585.00

CDBG funding provided for deep cleaning of all 12 homes monthly during COVID. This funding also provided for a new heat treating machine with fans to kill all diseases including from COVID. We hired two employees at full time and acquired a grants manager/office manager. We were successful in navigating COVID with only 3 sick and no hospitalizations from 2020 - 2021.


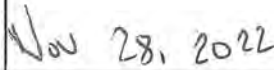
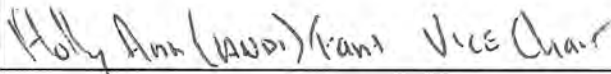
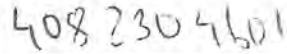
CSSG funding allowed us to purchase our very first 12 seat Ford Van. We have used this van faithfully everyday transporting residents to and from the grocery stores, doctor appointments, dental appointments and any other places they need to visit. We have also used it to move new residents into a home at SOH and sometimes out of an SOH home.


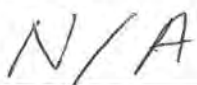
Respectfully submitted,

Ellen Jackson
Executive Director, Spirit of Hope, Inc.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

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
	
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



American Rescue Plan Act Application Grant Period February 1, 2023, through December 31, 2024

GENERAL INFORMATION

The Carson City Board of Supervisors allocated funding from the American Rescue Plan Act (ARPA) for a competitive two-year grant, and the dates are February 1, 2023, through December 31, 2024. This application is based on prior approval of the Letter of Intent and should address the project or program described in the approved Letter of Intent.

The Carson City Board of Supervisors in accordance with the Carson City Housing Plan and Federal guidelines approved the following categories for this application, please check all boxes that apply.

Phase One – Survive

Street Outreach

Provide outreach services designed to build relationships with individuals who are without shelter, connect individuals with Carson City Health and Human Services (CCHHS) for shelter and services, and implement camp cleanup days.

Phase Two – Stabilize

Temporary Housing

- Temporary housing for individuals without shelter.
- Length of stay approximately 180 days
 - Examples: group living housing or modular shelters
- Temporary housing operations including the following services:

Case Management

- Behavioral health (mental health, substance abuse, crisis intervention and other behavioral health services)
- Physical health
- Life skills
- Transportation

Wrap Around Services

- Access to transportation
- Assistance obtaining important documents: birth certificates, social security cards, or ID cards
- Address medical needs including setting appointments with primary care physician
- Assist with legal and financial services
- Rental lease compliance, housekeeping, hygiene, cooking, shopping and yard maintenance

The agency representative will be required to present the program or project to the Application Review Work Group on TBA, 2022.

Applications Are Due: November 28, 2022, by 4:00 P.M.

Please e-mail your application before or on the due date to: grants@carson.org
Applications will not be received after the deadline stated above.

Questions: Please call Mirjana Gavric, 775-283-7069 or email: MGavric@carson.org

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

APPLICATION

- NEW APPLICANT**
- PREVIOUSLY FUNDED APPLICATION (AMOUNT \$ _____)**

APPLICANT INFORMATION

Agency Name: Karma Box Project	
Agency Mailing Address: 90 Walts Lane	
Project Name: Homeless Outreach and Housing	
Project Address if Different than Mailing Address:	
Contact Person: Grant Denton	
Office Number: 702-980-0347	Email: grantadenton@gmail.com
Cell Phone: 702-980-0347	Website: www.karmaboxproject.org

FISCAL MANAGER

Name:	Grant Denton
Title:	Executive Director
Phone Number:	702-980-0347
Email:	grantadenton@gmail.com

PROJECT FUNDING

Requested amount February – December 2023	\$614,033.00
Requested amount January – December 2024	\$614,033.00
Total project cost for two years	\$1,228,066

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

GENERAL OVERVIEW ONE PAGE LIMIT 10 POINTS

Outreach

- The Carson City Street Keeper program will conduct and track outreach efforts. Camp cleanups.
- The KBP outreach specialist will engage only individuals currently living on the streets to help with cleanups throughout the city for 4 hours a day, 5 days a week.
- The specialist will spend the remaining 4 hours of the day working with individuals from the work crew on taking steps necessary to becoming housed.
- The outreach specialist will also respond to camps identified by the City of Carson to start the outreach and cleanup process.

Housing

Low-barrier housing targets adults who are homeless, low to no income, and in need of support in order to access successful tenancy.

- A secured single family home or apartment complex staffed by a site manager (or more than one depending on the size)
- A formal process exists for selecting participants and during intake they are entered into a common database system locally. The goal is to move participants directly into housing when it becomes available.
- Access to bathroom facilities, food, storage opportunities and laundry.
- Overnight security either through a partnership with law enforcement, funded staffing models or in some cases through volunteers or residents.
- Harm reduction facilities that follow low-barrier housing principles (if on government property use is not allowed on site but residents can use offsite).
- Regular house meetings occur, and participants are encouraged engage in community building functions and/or to volunteer to run safety shifts, to help with clean up duties, etc.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

PROBLEM STATEMENT ONE PAGE LIMIT 10 POINTS

Outreach

Without a safe place to go, non-recreational campers often find themselves hanging out in public spaces, along streets and in front of businesses. This activity can create safety concerns, waste and can detract patrons from utilizing local businesses. Through the Carson City Street Keeper program, Karma Box Project takes a proactive approach to creating a safe environment around local businesses. The Street Keeper program will engage the people who would otherwise be hanging out in front of the businesses in helping keep the area clean. One Karma Box outreach specialist will enlist the help of 4 unsheltered individuals for 4 hours, 5 days a week to clean up in the streets of Carson. For the final 4 hours of the day the outreach specialist will perform outreach geared towards getting unsheltered individuals into programs, housing, or document ready

Housing

In the midst of growing numbers of unsheltered people in Carson City there is increased community pressure to reduce the number of people living in encampments. Low barrier housing model being utilized around the country as an option to meet the needs of establishing relationships with unsheltered people to facilitate referrals and placement in stable, permanent housing.

- Provide a sanctioned location for people currently living outside that reduces the environmental, public health and safety concerns of unregulated encampments.
- Provide a safe and supported living environment to reduce the negative impacts of unsheltered people being forcibly removed from a location.
- From this stable location, engage residents in housing focused conversations, service referrals and housing placements.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

GOALS AND OBJECTIVES ONE PAGE LIMIT 10 POINTS

Outreach

- The Carson City Street Keeper program will conduct and track outreach efforts. Camp cleanups.
- The KBP outreach specialist will engage only individuals currently living on the streets to help with cleanups throughout the city for 4 hours a day, 5 days a week.
- The specialist will spend the remaining 4 hours of the day working with individuals from the work crew on taking steps necessary to becoming housed.
- The outreach specialist will also respond to camps identified by the City of Carson to start the outreach and cleanup process.

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

Housing

- Provide a sanctioned location for people currently living outside that reduces the environmental, public health and safety concerns of unregulated encampments.
- Provide a safe and supported living environment to reduce the negative impacts of unsheltered people being forcibly removed from a location.
- From this stable location, engage residents in housing focused conversations, service referrals and housing placements.

In surveying successful low barrier housing models, several consistent themes have arisen:

1. Providing basic services, shelter and support.
2. Adequate staffing including 24/7 staff coverage or security of some sort, in some cases staffed by residents.
3. Adopting as few barriers to entry as possible while also establishing clear rules for participants. Certain behaviors, such as violence towards other residents or staff, results in suspension from the facility.
4. No drugs, alcohol or weapons on site but utilizing a harm reduction model when someone is found to be using substances.
5. Maintaining a housing focus and staffing to support that level of engagement to refer people to services with the goal of getting people into stable, permanent housing.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

METHODS OF ACCOMPLISHMENT TWO PAGE LIMIT 20 POINTS

Outreach

This program will be boots on the ground outreach to help engage those living on the streets in Carson City. The highly trained staff that will be conducting this program will build rapport with those living on the street. This will help get those who are unsheltered access to services that will provide them with proper documentation, employment, and housing. Building rapport and relationships helps staff get to know the history of everyone. This helps with getting these individuals reconnected with family and friends which often leads to relocation and housing. This program also gives those living on the streets a platform for purpose as they learn about the importance of keeping our community clean and safe.

Housing

The housing program will help provide a safe and healthy environment and offer the tools and support needed to get its participants back to their independence. This will be done by providing access to services, reducing theft and threats of violence, teaching soft living skills, and providing the proper case management. This program will operate in a behavioral modification model there for creating a culture of accountability for all participants.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

EQUITABLE OUTCOMES TWO PAGE LIMIT 20 POINTS

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

We know that those experiencing homelessness come from all different walks of lives and are where they are for a myriad of different reasons. We are also aware that mental health issues are complex, and addiction doesn't discriminate.

With all this in mind we are focus on person centered programing. "Wrapping the program around the person and not the person around the programing."

Participants will have equal access to resources and services with case management. However, they will be challenged and progress to the measure of their individual capacity and capability.

Gender identity, race, or class will not determine whether participants succeed or not.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

SUSTAINMENT OF THE PROJECT HALF A PAGE LIMIT 5 POINTS

We are responding to an extremely urgent public health and public safety crisis by creating and operating a sanitary, secure, well-resourced emergency housing option for people experiencing homelessness that is housing focused and staffed to facilitate housing referrals.

In addition to housing, we will put into action an outreach program using a cutting edge boots on the ground approach to enlist the help of the homeless population to clean public and private areas of the city. This helps us build good rapport with the people we serve on the streets with the purpose of developing a plan to get them housed.

COORDINATION AND COLLABORATION HALF PAGE LIMIT 5 POINTS

Karma box will collaborate with local agencies to facilitate our participants housing goals.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

PROJECT BUDGET- 20 POINTS

Complete the Budget Summary chart below for two-years. This information is mandatory in order to be considered for an ARPA Grant. A detailed explanation must be made on the Budget Justification page, with calculations. Other funding is not required.

Project Title:	Requested Amount	Other Funding	Total Funds
Project Expenses February 2023-December 2024			
Personnel	\$840,440.00		
Consultants/Contracts	n/a		
Travel	n/a		
Supplies/ Facility /Ins	\$268,320.00		
Equipment			
Other / Admin	\$119,306.00		
TOTALS	\$1,228,066.00		

OTHER CARSON CITY CONTRIBUTIONS

1. Has your agency received funding or other support from Carson City in the past 3 years?

YES NO

2. If you checked the Yes box above, please list the year that you received funding or other support from Carson City and the amount of support per year.

- 1.
- 2.
- 3.

On your agencies letterhead, please describe the specific services/program(s) for which the funding or support was used.

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

BUDGET JUSTIFICATION

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


PROJECT EXPENSE	AMOUNT BUDGETED	JUSTIFICATION OF EXPENSE
Housing Personnel	\$705,240	Staffing for 24hour coverage, case management and oversight. 2 years
Outreach Personnel	\$135,200	Outreach Specialist for Street Keepers. 2 years
Admin	\$119,306	Admin cost for staffing for both programs. 2 years
Insurance	\$80,000	Liability insurance for housing. 2 years
Rent	\$72,000	Projected rental cost for 3 bedroom home serving 6 clients. 2 years
Utilities	\$4,760	Projected utilities for house. 2 years
Materials	\$4,000	Trash cleanup supplies. 2 years
Gift cards	\$104,000	Gift card incentives for volunteers. 2 years

American Rescue Plan Act Application
Grant Period February 1, 2023, through December 31, 2024

CERTIFICATION

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.

	11/28/2022
Signature of Authorized Official	Date
Grant Denton	(702)980-0347
Typed Name and Title of Authorized Official	Phone Number

	11/28/2022
Signature of President of Board of Directors	Date
John Taylor	(775)741-5473
Typed Name of President of Board of Directors	Phone Number

American Rescue Plan Act Application

Grant Period February 1, 2023, through December 31, 2024

AGENCY INFORMATION

Date of incorporation	05-2020
Date of IRS certification	06/02/2020
Tax exempt number	84-1745049
UEI #	

REQUIRED: Attach items 1-7 to your application. Item 8 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)	X
2	Proof of incorporation from Secretary of State (Certificate Only) Go to https://www.nvsilverflume.gov/certificate 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 http://nvsos.gov/sosentitysearch/ and print your business entity information	X
3	Current Organization Chart with names of staff members	X
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 ARPA funds.]	X
5	Copy of the most recent Federal Tax Return. Attach FIRST 2 PAGES	
6	Profit and Loss Statements and Balance Sheets for prior 3 years	X
7	Has your agency registered with the System for Award Management (SAM) <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE ATTACH A COPY OF YOUR AGENCY'S SAM REGISTRATION	X
8	Funding commitment letters and/or letters of support (if applicable)	N/A

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

DEPARTMENT OF THE TREASURY

Date: JUN 02 2020

KARMA BOX PROJECT
90 WALTERS LANE
RENO, NV 89509-3415

Employer Identification Number:
84-1745049
DLN:
26053547002520
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
April 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 10, 2019
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. 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 947

Program	Names of Staff Members
Administration	Grant Denton Alexis Hall
Outreach	Robert Gillis Floyd Ard Erich Snider
Safe Camp	Andrei O'Brien Joel Dailey Armondo Flores Nicholas Gates Mathew Grimesly Elliott Leibowitz Lazaine Robinson Dale Thomas Daniel Day
Cleanup	Michelle Etter

ENTITY INFORMATION**ENTITY INFORMATION****Entity Name:**

KARMA BOX PROJECT

Entity Number:

E0220942019-3

Entity Type:

Domestic Nonprofit Corporation (82)

Entity Status:

Active

Formation Date:

05/10/2019

NV Business ID:

NV20191358694

Termination Date:

Perpetual

Annual Report Due Date:

5/31/2023

Solicits Charitable Contribution:

No

REGISTERED AGENT INFORMATION**Name of Individual or Legal Entity:**

GRANT A DENTON, DIRECTOR

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

90 WALTERS LANE, RENO, NV, 89509, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
President	John Taylor	5301 Longley Suite 118, Reno, NV, 89511, USA	04/28/2022	Active
Secretary	Sarah Scatini	1 E 1st Street, Reno, NV, 89501, USA	04/28/2022	Active
Other/	Karl Hall	1 E. 1st Street, Reno, NV, 89501, USA	04/12/2021	Active
Treasurer	JOHN FIRESTONE	2425 MANDAN WAY , Reno, NV, 89506, USA	05/19/2020	Active
Director	GRANT A DENTON	90 WALTERS LANE, RENO, NV, 89509, USA	05/10/2019	Active

Page 1 of 1, records 1 to 5 of 5

CURRENT SHARES

Class/Series	Type	Share Number	Value
No records to view.			
Number of No Par Value Shares:			
0			
Total Authorized Capital:			
Filing History Name History Mergers/Conversions			

[Return to Search](#) [Return to Results](#)

Board List Karma Box Project

Grant Denton: Executive Director

grantadenton@gmail.com

(702)980-0347

John Taylor: President

john@3creno.com

(775)741-5473

John Firestone: Treasurer

johnfirestone@tlccreno.org

(775)842-7436

Sarah Scattini: Secretary

sarah@mysbteam.com

(775)544-5412

Karl Hall: Member at Large

hallk@reno.gov

(775)771-9139

Rich Stoltez: Member

rstoltez@wedcoinc.com

(775)815-4525

Karma Box Project

Quarterly Statement of Activity Summary

January - December 2020

	JAN - MAR, 2020	APR - JUN, 2020	JUL - SEP, 2020	OCT - DEC, 2020	TOTAL
Revenue					
Total Revenue					\$0.00
GROSS PROFIT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Expenditures					
Business Expenses					\$0.00
Fuel			49.81		\$49.81
Total Business Expenses			49.81		\$49.81
Meals & Entertainment		10.72	510.53	86.74	\$607.99
Office Supplies				931.65	\$931.65
Operations					\$0.00
Bank Charges				170.00	\$170.00
Telephone, Telecommunications			186.96	203.07	\$390.03
Total Operations			186.96	373.07	\$560.03
Other Types of Expenses					\$0.00
Insurance - Liability, D and O				2,741.60	\$2,741.60
Total Other Types of Expenses				2,741.60	\$2,741.60
Payroll Expenses				9,695.94	\$9,695.94
Total Expenditures	\$0.00	\$10.72	\$747.30	\$13,829.00	\$14,587.02
NET OPERATING REVENUE	\$0.00	\$ -10.72	\$ -747.30	\$ -13,829.00	\$ -14,587.02
Other Expenditures					
Ask My Accountant		-1,714.07	883.10	-19,847.88	\$ -20,678.85
Total Other Expenditures	\$0.00	\$ -1,714.07	\$883.10	\$ -19,847.88	\$ -20,678.85
NET OTHER REVENUE	\$0.00	\$1,714.07	\$ -883.10	\$19,847.88	\$20,678.85
NET REVENUE	\$0.00	\$1,703.35	\$ -1,630.40	\$6,018.88	\$6,091.83

Karma Box Project

Quarterly Statement of Activity Summary

January - December 2021

	JAN - MAR, 2021	APR - JUN, 2021	JUL - SEP, 2021	OCT - DEC, 2021	TOTAL
Revenue					
Individual Donations	800.00				\$800.00
Other Types of Income					\$0.00
Miscellaneous Revenue			23,086.58		\$23,086.58
Total Other Types of Income			23,086.58		\$23,086.58
Program Income			131,187.07		\$131,187.07
Program Service Fees	5,872.00	37,897.47	93,772.20		\$137,541.67
Total Program Income	5,872.00	37,897.47	224,959.27		\$268,728.74
Services	67,612.33	28,616.51	21,591.20	157,015.73	\$274,835.77
Uncategorized Income	30,757.48		28,221.55		\$58,979.03
Total Revenue	\$105,041.81	\$66,513.98	\$297,858.60	\$157,015.73	\$626,430.12
GROSS PROFIT	\$105,041.81	\$66,513.98	\$297,858.60	\$157,015.73	\$626,430.12
Expenditures					
Business Expenses					\$0.00
Auto Repairs & Maintenance		299.43	13.50	53.00	\$365.93
DMV Fees	16.00	518.50	856.75	197.75	\$1,589.00
Fuel	507.99	616.73	1,240.84	1,147.32	\$3,512.88
Gift Cards	12,511.90	10,046.25	17,720.84	9,052.95	\$49,331.94
Total Business Expenses	13,035.89	11,480.91	19,831.93	10,451.02	\$54,799.75
Contract Services					\$0.00
Accounting Fees	715.00	1,745.00	5,080.00	870.00	\$8,410.00
Outside Contract Services				614.80	\$614.80
Total Contract Services	715.00	1,745.00	5,080.00	1,484.80	\$9,024.80
Facilities and Equipment					\$0.00
Equip Rental and Maintenance			2,295.00		\$2,295.00
Rent, Parking, Utilities			1,800.00	1,000.00	\$2,800.00
Total Facilities and Equipment			4,095.00	1,000.00	\$5,095.00
Meals & Entertainment	83.44		11.77		\$95.21
Miscellaneous Expenses		497.72	1,065.35	308.49	\$1,871.56
Office Supplies	160.18		134.38	0.31	\$294.87
Operations					\$0.00
Advertising			1,845.30		\$1,845.30
Bank Charges	68.00		70.00	-546.16	\$ -408.16
Postage, Mailing Service	1.99		30.80	8.70	\$41.49
Supplies		895.34	2,179.90	604.41	\$3,679.65
Telephone, Telecommunications	324.78		444.76		\$769.54
Total Operations	394.77	895.34	4,570.76	66.95	\$5,927.82
Other Types of Expenses					\$0.00
Insurance - Liability, D and O	597.00	1,181.02	23,917.23	22,675.58	\$48,370.83
Total Other Types of Expenses	597.00	1,181.02	23,917.23	22,675.58	\$48,370.83
Payroll Expenses	72,437.07	93,460.98	160,265.88	127,735.77	\$453,899.70
Travel and Meetings			18.36		\$18.36

Karma Box Project

Quarterly Statement of Activity Summary

January - December 2021

	JAN - MAR, 2021	APR - JUN, 2021	JUL - SEP, 2021	OCT - DEC, 2021	TOTAL
Travel		315.97			\$315.97
Total Travel and Meetings		315.97	18.36		\$334.33
Uncategorized Expense		83.46			\$83.46
Total Expenditures	\$87,423.35	\$109,660.40	\$218,990.66	\$163,722.92	\$579,797.33
NET OPERATING REVENUE	\$17,618.46	\$ -43,146.42	\$78,867.94	\$ -6,707.19	\$46,632.79
Other Expenditures					
Ask My Accountant	17,516.06	6,250.73	4,605.28	1,034.84	\$29,406.91
Total Other Expenditures	\$17,516.06	\$6,250.73	\$4,605.28	\$1,034.84	\$29,406.91
NET OTHER REVENUE	\$ -17,516.06	\$ -6,250.73	\$ -4,605.28	\$ -1,034.84	\$ -29,406.91
NET REVENUE	\$102.40	\$ -49,397.15	\$74,262.66	\$ -7,742.03	\$17,225.88

Karma Box Project

Quarterly Statement of Activity Summary

January 1 - November 28, 2022

	JAN - MAR, 2022	APR - JUN, 2022	JUL - SEP, 2022	OCT 1 - NOV 28, 2022	TOTAL
Revenue					
Individ, Business Contributions		20,877.66			\$20,877.66
Individual Donations	540.43	18.82			\$559.25
Other Types of Income	49.95				\$49.95
Program Income					\$0.00
Membership Dues			-59.95		\$ -59.95
Total Program Income			-59.95		\$ -59.95
Services	11,437.32	197,240.46	349,145.98	36,979.59	\$594,803.35
Uncategorized Income			19,603.39		\$19,603.39
Washoe County OF Grant	21,132.26				\$21,132.26
Washoe County RS Grant	36,767.62	29,069.28			\$65,836.90
Washoe County SC Grant	118,377.21	38,304.47			\$156,681.68
Total Revenue	\$188,304.79	\$285,510.69	\$368,689.42	\$36,979.59	\$879,484.49
GROSS PROFIT	\$188,304.79	\$285,510.69	\$368,689.42	\$36,979.59	\$879,484.49
Expenditures					
Business Expenses					
Auto Repairs & Maintenance	76.75	360.81	1,037.52	12.75	\$1,487.83
DMV Fees	530.50	318.00	282.00		\$1,130.50
Fuel	1,217.23	3,863.28	4,030.99	307.07	\$9,418.57
Gift Cards	12,666.36	24,003.87	23,613.24		\$60,283.47
Total Business Expenses	14,490.84	28,545.96	28,963.75	319.82	\$72,320.37
Contract Services					
Outside Contract Services	389.70	93.60	148.80		\$632.10
Total Contract Services	389.70	93.60	148.80		\$632.10
Facilities and Equipment					
Equip Rental and Maintenance		3,470.00	920.00		\$4,390.00
Total Facilities and Equipment		3,470.00	920.00		\$4,390.00
Office Supplies	100.63	72.53	25.50		\$198.66
Operations					
Advertising		36.98	1,946.06		\$1,983.04
Bank Charges		123.00			\$123.00
Books, Subscriptions, Reference			47.93		\$47.93
Postage, Mailing Service	102.25	6.30	205.20		\$313.75
Supplies	1,009.46	3,246.27	3,041.58	73.57	\$7,370.88
Telephone, Telecommunications	122.82	1,293.46	348.21		\$1,764.49
Total Operations	1,234.53	4,706.01	5,588.98	73.57	\$11,603.09
Other Types of Expenses					
Insurance - Liability, D and O	21,597.56	5,748.38	11,454.33		\$38,800.27
Other Costs		2.00			\$2.00
Total Other Types of Expenses	21,597.56	5,750.38	11,454.33		\$38,802.27
Payroll Expenses	161,713.91	171,501.92	142,677.19	17,863.10	\$493,756.12
Travel and Meetings					\$0.00
Travel			328.00		\$328.00

Karma Box Project

Quarterly Statement of Activity Summary

January 1 - November 28, 2022

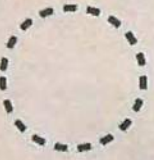
	JAN - MAR, 2022	APR - JUN, 2022	JUL - SEP, 2022	OCT 1 - NOV 28, 2022	TOTAL
Total Travel and Meetings			328.00		\$328.00
Worker's Comp Insurance	8,012.00				\$8,012.00
Total Expenditures	\$207,539.17	\$214,140.40	\$190,106.55	\$18,256.49	\$630,042.61
NET OPERATING REVENUE	\$ -19,234.38	\$71,370.29	\$178,582.87	\$18,723.10	\$249,441.88
Other Expenditures					
Ask My Accountant	8,288.84	18,431.49	6,949.71	1,919.76	\$35,589.80
Total Other Expenditures	\$8,288.84	\$18,431.49	\$6,949.71	\$1,919.76	\$35,589.80
NET OTHER REVENUE	\$ -8,288.84	\$ -18,431.49	\$ -6,949.71	\$ -1,919.76	\$ -35,589.80
NET REVENUE	\$ -27,523.22	\$52,938.80	\$171,633.16	\$16,803.34	\$213,852.08

Entity Information

Karma Box Project ● Pending ID Assignment

You submitted documentation on **Nov. 18, 2022.**

- Legal business name
- Physical address (no P.O. boxes or virtual offices)
- Start date
- Country or state of incorporation, if applicable
- National identifier (non-U.S. entities only)



Validate Entity
Not Complete



Get Unique Entity ID
Not Complete

Carson City Proposal Package

Carson City Safe Camp

The Need

In the midst of growing numbers of unsheltered people in Carson City there is increased community pressure to reduce the number of people living in encampments. Safe Camp is a model being utilized around the country as an option to meet the needs of establishing relationships with unsheltered people to facilitate referrals and placement in stable, permanent housing.

The Purpose

- Provide a sanctioned location for people currently living outside that reduces the environmental, public health and safety concerns of unregulated encampments.
- Provide a sanctioned camping location to reduce the negative impacts of unsheltered people being forcibly removed from a location.
- From this stable location, engage safe camp residents in housing focused conversations, service referrals and housing placements.

In surveying successful Safe Camp models, several consistent themes have arisen:

1. Providing basic services such as restrooms, handwashing, and trash disposal.
2. Adequate staffing including 24/7 staff coverage or security of some sort, in some cases staffed by residents.
3. Adopting as few barriers to entry as possible while also establishing clear rules for participants. Certain behaviors, such as violence towards other residents or staff, results in suspension from the facility.
4. No drugs, alcohol or weapons on site but utilizing a harm reduction model when someone is found to be using substances.
5. Maintaining a housing focus and staffing to support that level of engagement to refer people to services with the goal of getting people into stable, permanent housing.

Site Capacity

The Safe Camp will accommodate a capacity of 20 pods but has the staffing capacity to accommodate 50. All pods will be provided to individuals and will be intended to support single adults, or couples as established at point of entry.

The Model

Safe Camp models began gaining momentum nationally over the 2010's as communities across the country grappled with rising numbers of unhoused individuals and a lack of shelter and housing resources. The idea is that if people are going to be unsheltered there are ways to provide safe spaces, access to bathroom facilities and provision of case management to increase

health, safety, and housing access points for those sleeping outside. Many communities have done extensive research on best practices and a program called Camp Hope in Las Cruces New Mexico has been identified as a successful model. Other successful models include Grace Marketplace in Gainesville Florida, City of Seattle sanctioned campsites and the City of Denver Safe Outdoor Space program.

The basic structure of a Safe Camp nationally is as follows:

- A secured area staffed by a site manager (or more than one depending on the size)
- A formal process exists for selecting Safe Camp residents and all participate in housing intake so that they are entered into a common database system locally. The goal is to move campers directly into housing when it becomes available.
- Access to bathroom facilities, food, storage opportunities and laundry.
- Overnight security either through a partnership with law enforcement, funded staffing models or in some cases through volunteers or residents.
- Harm reduction facilities that follow low-barrier housing principles (if on government property use is not allowed on site but residents can use offsite).
- Regular camp meetings occur, and campers are encouraged engage in community building functions and/or to volunteer to run safety shifts, to help with clean up duties, etc.
- During inclement weather warming or cooling features can be provided.
- Permanent encampments typically have lean-tos or tiny home structures instead of tents.
- Sanctioned camps can be set up as pilot programs where local planning regulations are suspended to give the camp a chance to be piloted (4-6 month trial period).

What We Would Need to Be Successful

- Guidance on what zoning and permitting regulations apply and zoning allowance for safe camp implementation if needed.
- Contract in place for operator who will staff the camp
- Funding agreements in place
- Support of Safe Camp model based on a housing focused approach. This includes the provision of staffing to engaging participants in housing conversations and facilitation of housing referrals.

Volunteer/Faith Community

- Food/Meal Provision—coordination to provide a nightly meal
- Volunteers to assist with meal service

Community Service Providers

- Engagement on referrals to services available

Operation Plan Overview

Purpose

To respond to this urgent public health and public safety crisis by creating and operating a sanitary, secure, well-resourced outdoor option for people experiencing homelessness that is housing focused and staffed to facilitate housing referrals.

Partner Agencies/ Roles

- Carson City Office: Project oversight, contractual oversight of operator, project outcome evaluation, administration of the project, develop policies and procedures. Provide security staffing for coverage. Assist with linkages to emergency shelter and other programs such as rapid rehousing programs
- Contracted Operator: Provide all staffing. During operational hours staff will be provided to conduct intakes and orientation to new residents, ensure the Safe Camp is properly maintained and in good working order and engage residents in housing focused conversations. Resolve issues that arise between Safe Camp residents using de-escalation and conflict resolution skills. Fully implement all policies and procedures and assist with housing referrals when possible.

Prioritization for Service

1. People experiencing homelessness currently living in encampments in Carson City and not accessing existing shelter services or resources.
2. Referrals from law enforcement, and community outreach groups with transportation assistance for people experiencing homelessness currently living in encampments in Carson City.
3. All residents must be willing to:
 - a. Meet with site staff to discuss housing plans and possible referrals to housing programs
 - b. Uphold resident responsibilities including situational protocols

Location/Infrastructure

- Parking lot, or vacant lot.
- General Liability Insurance- provided by Carson City as currently planned, the contracted operator will also be required to obtain general liability insurance
- Size – 20 pods serving single adults and couples
- Individual pods 10 feet apart, or spaced apart as directed by Carson City zoning and ordinance requirements, and all personal items are subject to pod guidelines, inside and outside of pod.

- Designated locations for meal distribution, community areas and service delivery.
- Infrastructure/facilities provided:

- Electricity provided will at a minimum allow for:
 - Power to an entry/Office building / Pods
 - Lighting throughout the site
 - Restrooms / Handwash Stations / Laundry / Showers
- Restrooms – 1:10 participant ratio with ADA availability
- Hand washing facilities – 1:15 participant ratio
- Drinking water – provided by water tap
- Dumpsters provided by Carson City, serviced weekly
- Food/Meals
 - One hot meal per day provided by volunteer/faith communities / Local agencies
 - Additional food will be provided as available
- Storage container
- Storage area for donations, monitored by operator
- Staff office/entry building
- Single Point of Entry/Exit
- Emergency point of exit
- Fully accessible for emergency fire and medical services

On-Site Staff—Provided by Contracted Operator

There will be staff on site 24 hours a day, 7 days a week. There will be no less than one staff on site at all times.

Contractor Operator Supervisor

- Go to person on site for all staff and volunteers
- Oversee safety/security
- Lead contact for the contracted security team and will assist with, or assign staff to assist with, security duties including internal/external site patrol, conflict resolution, de-escalation, accountability, and removal of participants if necessary. A security plan will be developed in consultation with Carson City Security Administrator.
- Coordinates with personnel to ensure site safety
- Oversee intake and resident support
- Provide conflict resolution and resident accountability
- Notified Carson City if and when conflict resolution and de-escalation efforts fail
- Oversee site clean-ups
- Oversee meal coordination and on site meal service
- Oversee donations/activities
- Referrals to health care and other available services
- Log daily activity including, issues, incidents, and other notable occurrences
- Completes and submits incident reports when needed

Contractor Operator Site Staff

- Will leverage and facilitate connections to existing community resources to assist camp participants
- Build relationships to better understand individual stories and then assist in referring camp participants to community resources with the goal of stabilizing living situations
- Ensuring only Safe Camp participants and approved providers are on site
- Assist with and coordinate resident site cleanup teams
- Assist with clean-ups of the overall site and of individual camps
- Maintain trash/recycling, portable toilets, and handwashing stations, alert the Operator site supervisor when an issue arises and additional site services or cleans up are needed.

Safety/Security-perform Site Management duties overnight including internal/external site patrol, alerting Site Management and/or Carson City if needed in partnership with on site operator staff.

Karma Box Project Safe Camp Operations	
	Total
Day-(1.4 FTE) (\$17/hr base pay, \$21.25/hr w/fringe)	\$61,880
Swing-(1.4 FTE) (\$17/hr base pay, \$21.25/hr w/fringe)	\$61,880
Grave-(1.4 FTE) (\$19/hr base pay, \$23.75/hr w/fringe)	\$69,160
Manager –(1 FTE) (\$25/hr base pay, \$31.25 w/fringe)	\$65,000
Case Management –(1 FTE) (\$22/hr base pay, \$27.5 w/fringe)	\$57,200
Director (0.5 FTE of \$75,000)	\$37,500
Staff Subtotal	\$352,620
Admin (15% of staffing only)	\$52,893
Staffing + Admin	\$405,513
Insurance/Supplies	\$40,000
Total	\$445,513

The Annual cost and startup cost will greatly be affected by location of camp and existing utilities.

Annual

Office Unit / Storage Unit @ \$5,000 each	\$10,000
Potable Water	\$6,000
Restroom Rentals	\$155,280
Laundry / Shower Services	\$340,000
Lighting / Utilities	\$78,000
Waste Disposal	\$26,000
Facilities Total	\$615,280
Operating Total	\$445,513
Grand Total	\$1,060,793
Two Year Total	\$2,121,586

Start- up

Pallet Homes x 20 @ \$8,000 each	\$160,000
Electric Start-up	\$665,773
Fencing	\$20,000
Grading	\$410,000
Sewer Connection	\$30,000
Total	\$1,285,773

Carson City Low Barrier Housing (Re-entry)

The Need

In the midst of growing numbers of unsheltered people in Carson City there is increased community pressure to reduce the number of people living in encampments. Low barrier housing model being utilized around the country as an option to meet the needs of establishing relationships with unsheltered people to facilitate referrals and placement in stable, permanent housing.

The Purpose

- Provide a sanctioned location for people currently living outside that reduces the environmental, public health and safety concerns of unregulated encampments.
- Provide a safe and supported living environment to reduce the negative impacts of unsheltered people being forcibly removed from a location.
- From this stable location, engage residents in housing focused conversations, service referrals and housing placements.

In surveying successful low barrier housing models, several consistent themes have arisen:

6. Providing basic services, shelter and support.
7. Adequate staffing including 24/7 staff coverage or security of some sort, in some cases staffed by residents.
8. Adopting as few barriers to entry as possible while also establishing clear rules for participants. Certain behaviors, such as violence towards other residents or staff, results in suspension from the facility.
9. No drugs, alcohol or weapons on site but utilizing a harm reduction model when someone is found to be using substances.
10. Maintaining a housing focus and staffing to support that level of engagement to refer people to services with the goal of getting people into stable, permanent housing.

Facility Capacity

The facility will accommodate anywhere from 6 to 10 participants depending on number of rooms in house.

The Model

Low-barrier housing targets adults who are homeless, low to no income, and in need of support in order to access successful tenancy.

The basic structure of low barrier housing program is as follows:

- A secured single family home or apartment complex staffed by a site manager (or more than one depending on the size)
- A formal process exists for selecting participants and during intake they are entered into a common database system locally. The goal is to move participants directly into housing when it becomes available.
- Access to bathroom facilities, food, storage opportunities and laundry.
- Overnight security either through a partnership with law enforcement, funded staffing

- models or in some cases through volunteers or residents.
- Harm reduction facilities that follow low-barrier housing principles (if on government property use is not allowed on site but residents can use offsite).
- Regular house meetings occur, and participants are encouraged engage in community building functions and/or to volunteer to run safety shifts, to help with clean up duties, etc.

What We Would Need to Be Successful

- Guidance on what zoning and permitting regulations apply and zoning allowance for safe camp implementation if needed.
- 3 to 5 bedroom single family homes / block of apartment complexes or motel (weeklys)
- Contract in place for operator who will staff the houses.
- Funding agreements in place
- Support of low barrier housing model based on a housing focused approach. This includes the provision of staffing to engaging participants in housing conversations and facilitation of housing referrals.

Volunteer/Faith Community

- Food/Meal Provision—coordination to provide a nightly meal
- Volunteers to assist with meal service

Community Service Providers

- Engagement on referrals to services available

Operation Plan Overview

Purpose

To respond to this urgent public health and public safety crisis by creating and operating a sanitary, secure, well-resourced option for people experiencing homelessness that is housing focused and staffed to facilitate housing referrals.

Partner Agencies/ Roles

- Carson City: Project oversight, contractual oversight of operator, project outcome evaluation, administration of the project, develop policies and procedures. Provide security staffing for coverage.
- Contracted Operator: Provide all staffing. During operational hours staff will be provided to conduct intakes and orientation to new residents, ensure the facility is properly maintained and in good working order and engage participants in housing focused conversations. Resolve issues that arise between participants using de-escalation and conflict resolution skills. Fully implement all policies and procedures and assist with housing referrals when possible.

Prioritization for Service

4. People experiencing homelessness currently living in encampments near the Truckee River and not accessing existing shelter services or resources.
5. Referrals from law enforcement, MOST, and community outreach groups with transportation assistance for people experiencing homelessness currently living in encampments in Washoe County.
6. All residents must be willing to:
 - a. Meet with site staff to discuss housing plans and possible referrals to housing programs
 - b. Uphold resident responsibilities including social distancing protocols

Location/Facility

Infrastructure/facilities provided:

Facilities and location will be based on availability in current market.

- Food/Meals
 - One hot meal per day provided by volunteer/faith communities
 - Additional food will be provided as available
- Storage area for donations, PPE, etc. monitored by operator
- Staff office/entry building
- Designated Pet Area
- Designated Smoking Area
- Emergency point of exit
- Fully accessible for emergency fire and medical services

On-Site Staff—Provided by Contracted Operator

There will be staff on site 24 hours a day, 7 days a week. There will be no less than one staff on site at all times.

Contractor Operator Supervisor

- Go to person on site for all staff and volunteers
- Oversee safety/security
- Assist with, or assign staff to assist with, security duties including internal/external site patrol, conflict resolution, de-escalation, accountability, and removal of participants if necessary.
- Oversee intake and participant support
- Provide conflict resolution and resident accountability
- Oversee facility clean-ups
- Oversee meal coordination and meal service
- Oversee donations/activities
- Referrals to health care and other available services
- Log daily activity including, issues, incidents, and other notable occurrences
- Completes and submits incident reports when needed

Contractor Operator Site Staff

- Will leverage and facilitate connections to existing community resources to assist participants
- Build relationships to better understand individual stories and then assist in referring participants to community resources with the goal of stabilizing living situations
- Ensuring only participants and approved providers are on site
- Assist with and coordinate resident chores

Participant Responsibilities

Every participant is responsible to uphold the following:

Complete intake process with staff, including a commitment to pursuing stable, permanent housing as soon as possible.

Uphold Basic Guidelines:

- No Violence
- No Weapons
- No Theft
- No Fires
- No Substances on site
- No guests
- No Disruptive Behavior - quiet hours from 10 pm-6 am
- No Discriminatory/Oppressive Behavior
- Promote peace and wellbeing for all guests
- Abide by any emergency orders as dictated by state and local authorities
- Must agree to leave the site and receive medical treatment if displaying symptoms
- Keep space clean
- Adhere to pet policies and procedures
- Report violations of agreements to staff
- Address conflict nonviolently

Karma Box Project Low Barrier Housing Re-entry Program	
	Total
Day-(1.4 FTE) (\$17/hr base pay, \$21.25/hr w/fringe)	\$61,880
Swing-(1.4 FTE) (\$17/hr base pay, \$21.25/hr w/fringe)	\$61,880
Grave-(1.4 FTE) (\$19/hr base pay, \$23.75/hr w/fringe)	\$69,160
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Staff Subtotal	\$352,620
Admin (15% of staffing only)	\$52,893
Staffing + Admin	\$405,513
Insurance/Supplies	\$40,000
Total	\$445,513

The cost reflects a 3 bed single family home to accommodate 6 participants and is scalable.

Annual

Rent	\$36,000
Power	\$3,000
Trash	\$560
Sewage	\$600
Facilities Total	\$40,160
Operating Total	\$445,513
Grand Total	\$485,673
Two Year Total	\$971,346

Carson City Street Keepers

Program Background

Founded in 2019, The Karma Box Project started out as a community initiative that allows people to give non-perishable food, hygiene products, toiletries, and other useful items to those in need. This work expanded in late summer of 2020 to include work cleaning up the Truckee River while engaging people living in encampments to keep their environment free of trash and dispose of any waste appropriately.

This proposal will take the River Steward concept and adapt it to help employ unsheltered individuals in keeping downtown Reno clean. The Downtown Street Keeper program will support local business owners by keeping the areas outside of their establishment beautiful and free from trash and debris.

Community Need to be Addressed

Without a safe place to go, non-recreational campers often find themselves hanging out in public spaces, along streets and in front of businesses. This activity can create safety concerns, waste and can detract patrons from utilizing local businesses. Through the Carson City Street Keeper program, Karma Box Project takes a proactive approach to creating a safe environment around local businesses. The Street Keeper program will engage the people who would otherwise be hanging out in front of the businesses in helping keep the area clean. One Karma Box outreach specialist will enlist the help of 4 unsheltered individuals for 4 hours, 5 days a week to clean up in the streets of Carson. For the final 4 hours of the day the outreach specialist will perform outreach geared towards getting unsheltered individuals into programs, housing, or document ready

Project Goals

The Carson City Street Keeper program will conduct and track outreach efforts, as well as camp cleanups. The KBP outreach specialist will engage only individuals currently living on the streets to help with cleanups throughout the city for 4 hours a day, 5 days a week. The specialist will spend the remaining 4 hours of the day working with individuals from the work crew on taking steps necessary to becoming housed. The outreach specialist will also respond to camps identified by the City of Carson to start the outreach and cleanup process.

Monthly Performance Measures:

- Number of staff hours conducting clean up
- Number of volunteer hours conducting clean up
- Number of Street Keepers put into HMIS
- Number of gift cards provided to volunteers
- Number of people moved out of homelessness

Karma Box Street Keepers Carson City		
Outreach Specialist	\$32.50 x 40 hours per week x 52 weeks x 1 staff	\$67,600.00
Materials		\$2,000.00
Gift Cards	\$50 x 4 Volunteers 5 days a week x 52 weeks	\$52,000.00
Admin (Labor Only)	0.1%	\$6,760.00
Total		\$128,360.00
2 Years		\$256,720.00