

FY 17/18 Emergency Wet Shelter Application Questions

1. Are you a public organization or a non-profit organization as defined by IRS provisions 501 (c)(3) or 501(c)(4)?
 Yes
 No
2. Has your organization been in business at least one (1) year prior to the application release date?
 Yes
 No
3. Does your organization currently have a certificate of Good Standing from the Nevada Secretary of State?
 Yes
 No
4. Does your organization currently possess a City of Las Vegas Business Shelter License with an address where services will be provided?
 Yes
 No
5. Does your organization agree to utilize HMIS and maintain a minimum data quality of 90%?
 Yes
 No
6. I understand that funding must only be utilized to serve subpopulations that reside within the City of Las Vegas boundaries.
 Yes
 No
7. Please note the amount of funds being requested.
8. Name of program for which you are requesting funds.
9. Summarize the program for which you are requesting funds. Describe the project goal, components of service delivery, intended participants, and the planned use of funds.
10. Describe the type(s) of services currently provided by your organization.
11. Does your organization have defined written programmatic policies and procedures?
12. Describe your organization's experience operating a shelter program.
13. Describe your organization's capacity to administer the program. What systems does your organization have in place to ensure the program will be successful?

City of Las Vegas

Office of Community Services

Please submit application responses to Grants@LasVegasNevada.GOV

14. Describe the primary personnel responsible for carrying out program activities by position/title and relevant experience. Please include their qualifications, including licensure and certifications.
15. What qualifications does your organization possess that demonstrates its ability to provide high quality services to chronic inebriates also suffering from substance abuse and/or mental health concerns?
16. Describe your organization's approach to engaging homeless chronic inebriates for services.
17. Please outline the program's client intake process.
18. Describe any resources that your organization is equipped to provide to assist this special population.
19. Please describe how you collaborate with other organizations. Please list any current collaborative partnerships of the program. Summarize the role of each partner and describe how the collaboration enhances performance goals. Please submit a Memorandum of Understanding (MOU) or letter of support from your collaborating partners.
20. How will your organization ensure that the clientele will receive opportunities to engage in detoxification services or other follow-up mental health and/or substance abuse services that meet each client's individualized needs?
21. Identify and describe any audit findings, investigations, or probationary statuses imposed by any funding organizations in the past three years. Include the name of the auditing agency and/or Certified Public Accountant (CPA).
22. Describe the organization's fiscal structure and management. Please submit your organization's financial policies and procedures manual. Please list any outside bookkeeping/CPA firms and your internal financial officer.
23. Are all members of the Board of Directors unrelated to each other, unrelated to the organization's executive director and unrelated to staff through family or business relationships?
24. If no, please describe below how your Conflict of Interest Policy addresses a perceived, apparent, or actual conflict of interest between staff and board members or business associates who are related.
25. Please include the following attachments with your application:
 - a. Articles of Incorporation
 - b. Board of Directors Meeting Minutes From the Last Three (3) Meetings
 - c. Fiscal Policies and Procedures
26. Please completed the attached budget.

PROGRAM BUDGET

Line Items	Wet Shelter Request	Agency Funds	Other Federal	State & Local	Private Foundations	In-Kind	Other	Program Total
DIRECT CLIENT SERVICES								
Salaries & Fringes								
ADMINISTRATION								
Salaries & Fringes								
DIRECT PROGRAM DELIVERY COSTS								
Supplies								
Client Equipment/Materials								
Other								
OPERATING								
Rent (Bldg./Offices)								
Rent (Facility Use)								
Utilities								
Telephone								
Bookkeeping								
Consultants								
Audit/CPA								
Payroll Services								
Printing								
Supplies								
Fidelity Bond								
Liability Insurance								
Legal								
Travel								
Conferences & Seminars								
Staff Training								
Other								
Other								
Other								
EQUIPMENT PURCHASE								
Computers/Software								
Office Equipment								
Other (Specify)								
Other (Specify)								
Other (Specify)								
TOTAL								