Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/22/2017
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: Safe Nest: Temporary Assistance for Domestic Crisis, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 94-2411883

	c. Organizational DUNS:	884422957	PLUS 4:	

d. Address

Street 1: 2915 W Charleston Blvd
Street 2: Suite 3A
City: Las Vegas
County: Clark
State: Nevada
Country: United States
Zip / Postal Code: 89102

e. Organizational Unit (optional)

Department Name:
Division Name:

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Christy
Middle Name:
Last Name: Shannon
Suffix:
Title: Vice President of Finance and Grants
Organizational Affiliation: Safe Nest: Temporary Assistance for Domestic Crisis, Inc.

Telephone Number: (702) 821-2724
Extension:
Fax Number: (702) 877-0127
Email: csha@safenest.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only):
(for multiple selections hold CTRL key) Nevada

15. Descriptive Title of Applicant's Project: Operation Fresh Start

16. Congressional District(s):

a. Applicant: NV-004, NV-003, NV-001

b. Project: NV-003, NV-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2018

b. End Date: 06/30/2019

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Liz
Middle Name:	
Last Name:	Ortenburger
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(702) 821-2747
Fax Number: (Format: 123-456-7890)	(702) 877-0127
Email:	lort@safenest.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/22/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	Safe Nest: Temporary Assistance for Domestic Crisis, Inc.
Prefix:	Ms.
First Name:	Liz
Middle Name:	
Last Name:	Ortenburger
Suffix:	
Title:	Chief Executive Officer
Organizational Affiliation:	Safe Nest: Temporary Assistance for Domestic Crisis, Inc.
Telephone Number:	(702) 821-2747
Extension:	
Email:	lort@safenest.org
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip/Postal Code:	89102

2. Employer ID Number (EIN): 94-2411883

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: $270,636.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Victims of Crime Act (VOCA) and Family Violence Prevention & Services Act (FVPSA) funds through the Nevada Coalition to End Domestic and Sexual Violence; 250 S Rock Blvd; Reno, NV 89502	Federal Grant Funds	$305,594.00	Basic needs, mental health and sobriety support, therapeutic counseling, and court advocacy services for program participants
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA
NA	NA	$0.00	NA

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%
NA	NA	NA	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that this information is true and complete.

I AGREE: X

Name / Title of Authorized Official: Liz Ortenburger, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: Safe Nest: Temporary Assistance for Domestic Crisis, Inc.

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e.	Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b.	Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f.	Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c.	Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g.	Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d.	Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I hereby certify that all the information stated X

herein, as well as any information provided in the accompaniment herewith, is true and accurate. ☐

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Ms.
First Name:	Liz
Middle Name	
Last Name:	Ortenburger
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(702) 821-2747
Fax Number: (Format: 123-456-7890)	(702) 877-0127
Email:	lort@safenest.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/22/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: Safe Nest: Temporary Assistance for Domestic Crisis, Inc.

Name / Title of Authorized Official: Liz Ortenburger, Chief Executive Officer

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/22/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	Safe Nest: Temporary Assistance for Domestic Crisis, Inc.
Street 1:	2915 W Charleston Blvd
Street 2:	Suite 3A
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip / Postal Code:	89102

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and X

complete. ☐

Authorized Representative

Prefix:	Ms.
First Name:	Liz
Middle Name:	
Last Name:	Ortenburger
Suffix:	
Title:	Chief Executive Officer
Telephone Number: (Format: 123-456-7890)	(702) 821-2747
Fax Number: (Format: 123-456-7890)	(702) 877-0127
Email:	lort@safenest.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/22/2017

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

Safe Nest was incorporated in 1977 for the sole purpose of providing assistance to domestic violence victims. It is the oldest, largest, and most comprehensive domestic violence program in Southern Nevada, devoted solely to domestic violence issues and providing its client services exclusively for individuals in Nevada experiencing domestic violence. All services provided by Safe Nest are heavily utilized by the Southern Nevada community and have been since its inception in 1977. In the 40 years that Safe Nest has operated, program staff and volunteers have responded to over 500,000 crisis calls and sheltered over 20,000 women and children. The agency's counseling office has provided therapeutic counseling for over 40,000 families, offering victim support groups, child and adolescent counseling, and batterers' treatment groups. Additionally, Safe Nest advocates at the Temporary Protection Order Office, which opened at Family Court in 1993, have assisted over 150,000 victims with protection order and court advocacy services.

Operation Fresh Start's target population are shelter residents and victims of domestic violence, including those individuals who are categorized as high barrier (those with mental health issues, substance abuse issues, and/or high eviction rates). Since Safe Nest's shelter residents are attempting to flee domestic violence, they are considered "homeless" per Category 4 of HUD's Homeless Definition Final Rule. While in shelter, all residents receive basic necessities, intensive case management, mental health and substance abuse support if needed, systems advocacy, and wrap-around services to guide them toward self-sufficiency. All services provided for shelter residents are individualized, through personal treatment plans developed by each client with assistance from their case manager/advocate who works with the family to determine short-term and long-term needs. These are formulated as objectives that become a written "plan of action" which each client works on during the family's stay. Short-term objectives include obtaining resources for more immediate needs including medical issues, financial assistance, legal aid, and counseling. Long-term objectives include obtaining vocational training, child care, employment, and permanent housing. The plans of action are reviewed with clients on a weekly basis, at least, to assess progress toward objectives and to assist clients in overcoming obstacles. In addition to plans of action, all residents are assisted with developing a personalized safety plan unique to their individual situations. The average stay at the Safe Nest shelter is 8 weeks.

To provide these services, Safe Nest has been a regular recipient of federal funding sources for 20+ years, including VOCA, FVPSA, VAWA, and SAPTA funds, and thus has experience working within funding guidelines and limitations, including fiscal and time limitations and funding requirements/criteria.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

In its four decades of operation, Safe Nest has been the recipient of a diversity of funding sources, including federal (VOCA, FVPSA, VAWA, SAPTA, Title IV-B) grants, state (Marriage License) grants, as well as local, private, and in-kind funding sources. Safe Nest maintains a standing board committee for fundraising and resource development, and community support for Safe Nest is strong. Private funding makes up 48% of Safe Nest's budget and is continually being diversified. A revenue-producing business was started by the Safe Nest board in 1998, through which excess used clothing and goods (with donor approval) are sold in bulk to local thrift stores. Net income from this venture constitutes about 10% of Safe Nest's program budget. In 2015, the organization added a Director of Development to its staff to further strengthen donor relations and to develop alternative giving programs, such as endowments and planned giving. Safe Nest's Chief Executive Officer and the board are continually developing both specific and long-range funding plans to expand financial resources and to secure the long-term future of current projects.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Safe Nest's Chief Executive Officer oversees the major program components as well as the agency's Donation Center. Each program is supervised by a Program Vice President, who directs professional staff and trained volunteers. The administrative team consists of the Vice President of Finance and Grants, the Vice President of Development and Communications, the Executive Assistant, and an Accounting Clerk.

Safe Nest's Board is comprised of 15 - 20 members of the local community and includes members with expertise in a variety of relevant areas including finance, marketing, business management, information technology, and law. Board members oversee the agency's finances; set agency policies; ensure services meet the organization's vision, mission and goals; and authorize the Chief Executive Officer to administer its programs. Safe Nest accepts applications for Board membership on an ongoing basis.

Safe Nest's Chief Executive Officer and Vice President of Finance and Grants oversee the day-to-day financial accounting for the agency, which is conducted in part by a third-party accounting firm to ensure proper checks and balances are maintained. Safe Nest's Vice President of Finance and Grants works closely with the Chief Executive Officer and all program directors to track grant expenditures and statistics on a monthly, quarterly, and yearly basis. Safe Nest conducts regular internal and external financial audits, including the federally mandated annual OMB Single Audit, and is current on all grant, financial, and statistical reporting. Annual independent financial audits
have always rendered Safe Nest's programs as in compliance with generally accepted accounting standards and practices.

4a. Are there any unresolved monitoring or No

audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?

3A. Project Detail

1a. CoC Number and Name: NV-500 - Las Vegas/Clark County CoC

1b. CoC Collaborative Applicant Name: Clark County Social Service

2. Project Name: Operation Fresh Start

3. Project Status: Standard

4. Component Type: PH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Operation Fresh Start (OFS) will serve domestic violence victims who have been identified as at-risk to return to abusive homes due to issues such as mental health barriers and/or financial insecurity. Likewise, participants with high eviction rates are common in domestic violence shelters due to the high number of disturbance calls and police interactions they experienced because of the abuse. Also, program participants are often low-income with limited job skills -- a common occurrence for domestic violence victims due to the controlling behavior of an abusive partner. OFS will accept these high-barrier individuals and other victims of domestic violence who have difficulty accessing other housing programs or affordable housing. The supportive services and financial assistance domestic violence survivors receive during this crucial time of transition from shelter to independent living will help them to establish financial independence and build self-confidence, thus increasing the likelihood that they will not return to an abusive home due to lack of necessary resources. To be eligible for this OFS, a client must have participated in an emergency shelter program provided through a domestic violence-specific agency. Clients must also have the ability to earn an income that allows them to maintain self-sufficiency after program completion.

The OFS Housing Program Coordinator will work with shelter staff to identify clients who are ready to transition out of shelter and meet the criteria for Operation Fresh Start; this will likely be 2-3 families per month. The Housing Program Coordinator will contact local property managers and subsidized housing properties to secure an affordable apartment appropriate for the size of the family. Program participants will receive rental assistance, assistance with basic needs, assistance with child care services while seeking and/or retaining employment, and case management services for the duration of the program, up to 12 months.

The Housing Program Coordinator will monitor clients throughout the program and will work with them on logistics such as bill payment and employment status, utilizing Safe Nest's partnerships with local employment and job skills training agencies during the program. Individualized case management services will be provided weekly to OFS participants. For supportive services, Safe Nest's Additional Support Coordinator will provide counseling for mental health or substance abuse issues and referral to appropriate community partners to provide additional emotional support. The program will be overseen by Safe Nest's Vice President of Shelter and Emergency Services, who will monitor all record keeping and will facilitate the program intake process to ensure that appropriate clients are accepted into the program. OFS will be administered following transitional housing guidelines established by the National Network to End Domestic Violence.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely

completion of all work.

Through the duration of the 12-month program, Safe Nest will provide financial assistance for housing and intensive individualized case management services directly to all participants of Operation Fresh Start. Upon entering the program, participants will be required to engage in monthly meetings and weekly check-ins via phone or in person with the Housing Program Coordinator. During their initial intake, a savings plan will be created with each participant to outline a schedule and the amount of money that should be placed into savings during the program so they have funds available to them after the program ends. During the monthly meetings, progress on the savings plan in addition to the program plan will be evaluated. Additionally, at least once a quarter, program staff will visit the participant in their new residence to ensure that they are living according to Operation Fresh Start program guidelines.

The Housing Program Coordinator will help implement the program, with oversight from the VP of Shelter and Emergency Services. Once a participant is accepted into the program, the Housing Program Coordinator will assist with locating and securing appropriate housing, setting up utility accounts, and handling moving arrangements. The Housing Program Coordinator, in partnership with the VP of Shelter and Emergency Services and the Additional Support Coordinator, will provide oversight, coordination,
and delivery of each participant's supportive services during the entirety of the program. The status of the overall program will be presented to and evaluated by the VP of Shelter and Emergency Services on a monthly and ongoing basis; any issues or concerns will be addressed individually with the participants, and the participants' program plan and/or the overall activities of the program will be modified as necessary. Any concerns expressed by program participants and/or property managers involved in the program will first be referred to the Housing Program Coordinator and then to the VP of Shelter and Emergency Services, with involvement from Safe Nest's Chief Executive Officer and/or Board President, if appropriate.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	☐	**Domestic Violence**	X
Veterans	☐	**Substance Abuse**	☐
Youth (under 25)	☐	**Mental Illness**	☐
Families	☐	**HIV/AIDS**	☐
		Other (Click 'Save' to update)	☐

5. Housing First

a. Will the project quickly move participants into permanent housing Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	X
Active or history of substance use	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

d. Will the project follow a "Housing First" approach? (Click 'Save' to update) Yes

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

Project participants will be responsible for maintaining their individual residences in an appropriate and habitable manner as required by the terms of their landlord-tenant lease agreement.

7. Will the PH project provide PSH or RRH? RRH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? Yes

Explain how and why the project will implement this requirement.

A client must have resided and participated in an emergency shelter program provided through a domestic violence-specific agency (in Southern Nevada, this is Safe Nest and SAFE House, located in Henderson) prior to being enrolled in the Operation Fresh Start housing program.

9. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?	No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	Yes
1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Safe Nest's Housing Program Coordinator will work with the participants of OFS to find affordable housing, enter housing programs, and secure employment. Program participants will receive financial assistance for up to 12 months as they work toward self-sufficiency. The Coordinator will meet regularly with program participants to assess each individual's strengths, resources, support systems, goals, and actual or potential barriers to housing. Supportive services provided through the program will be tailored to address the specific needs of each individual client and will include individualized case management, crisis intervention to identify mental health and/or substance abuse issues, financial education, housing search assistance, safety planning, and service coordination among agencies in the community that Safe Nest partners with. Other services provided will include employment counseling, job training referrals, life skills training, and assistance obtaining public benefits.

3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

For Operation Fresh Start program participants, case management begins when they enter shelter and continues as they transition into and go through the Operation Fresh Start program. Safe Nest's individualized case management process is designed to develop self-sufficiency so a participant can depart from the shelter safely with resources to help them live independently. As such, the majority of program participants shall immediately apply for any public benefits for which they are eligible upon entering the shelter including food stamps, TANF, disability, and Social Security; these will then be secured by the time they transition into Operation Fresh Start. These benefits provide a client with a base which will help them develop an increased income.

Safe Nest's Housing Program Coordinator will work with participants to help them find employment that matches their individual skill levels. If skill development is needed, the Housing Program Coordinator will refer the participant to employment development programs provided by community partners, such as Nevada Partners and Las Vegas Urban League. Additionally, Safe Nest has a relationship with JobConnect in which a JobConnect representative is at the shelter bi-weekly to assist shelter residents with finding employment. JobConnect also provides resume and application assistance for shelter clients and will do the same for Operation Fresh Start program participants.

Safe Nest offers a professional wardrobe closet where participants can choose appropriate clothing for a job interview; Safe Nest will also provide professional clothing for the participant once they secure employment. Also, Safe Nest will provide Operation Fresh Start participants with child care assistance as they look for work, retain employment, and/or utilize Safe Nest's supportive services, in addition to providing transportation for clients to assist them with commuting to work.

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Weekly
Assistance with Moving Costs		Applicant	Monthly
Case Management		Applicant	Weekly
Child Care		Applicant	Weekly
Education Services		Partner	Quarterly
Employment Assistance and Job Training		Applicant	Bi-weekly
Food		Applicant	Monthly
Housing Search and Counseling Services		Applicant	Weekly
Legal Services		Partner	Weekly
Life Skills Training		Partner	Monthly
Mental Health Services		Applicant	Daily
Outpatient Health Services		Partner	Quarterly
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Partner	Quarterly
Transportation		Applicant	Weekly
Utility Deposits		Applicant	Monthly

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	Yes
5b. Use of a single application form for four or more mainstream programs?	No
5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	Yes
6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

Total Units: 16

Total Beds: 54

Housing Type	Units	Beds
Scattered-site apartments (...	16	54

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 16

b. Beds: 54

3. Address

Street 1: Safe Nest Administration Office

Street 2: 2915 W Charleston Blvd, Suite 3A

City: Las Vegas

State: Nevada

ZIP Code: 89102

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)**

320096 Henderson, 320108 Las Vegas, 320138 North Las Vegas, 329003 Clark County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	15	1	0	16

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	14	1		15
Adults ages 18-24	1			1
Accompanied Children under age 18	38			38
Unaccompanied Children under age 18				0
Total Persons	53	1	0	54

Click Save to automatically calculate totals

The number of children entered does not correspond to the number of households with only children.

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							14			
Adults ages 18-24							1			
Children under age 18							38			
Total Persons	0	0	0	0	0	0	53	0	0	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24							1			
Adults ages 18-24										
Total Persons	0	0	0	0	0	0	1	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Directly from safe havens.
100%	**Persons fleeing domestic violence.**
	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	**Total of above percentages**

2. Describe the outreach plan to bring these homeless participants into the project.

As Safe Nest is specifically a domestic violence shelter and not a general homeless shelter, Operation Fresh Start will not take direct referrals through the coordinated entry process. However, if a domestic violence victim presents themselves at a coordinated intake site, the victim will be referred to Safe Nest for further screening. If the
individual is appropriate for shelter, a Safe Nest advocate will pick up the client and bring them into shelter. Upon successful completion of the eight-week (or longer) shelter and counseling program, participants who are eligible will be referred by advocates to participate in OFS. Additionally, SAFE House, Safe Nest's partner program
located in Henderson, NV, will be notified of OFS and encouraged to refer potential program participants to the OFS Housing Program Coordinator.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019?	Yes
2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?	Permanent Housing Bonus
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

Total Request for Grant Term:	$196,356
Total Units:	16

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NV - Las Vegas-Henderson-Paradise, NV...	16	$196,356

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NV - Las Vegas-Henderson-Paradise, NV MSA (3200399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$474	x	12	=	$0
0 Bedroom	1	x	$632	x	12	=	$7,584
1 Bedroom	3	x	$781	x	12	=	$28,116

2 Bedrooms	8	**x**	$968	**x**	12		**=**	$92,928
3 Bedrooms	4	**x**	$1,411	**x**	12		**=**	$67,728
4 Bedrooms		**x**	$1,690	**x**	12		**=**	$0
5 Bedrooms		**x**	$1,943	**x**	12		**=**	$0
6 Bedrooms		**x**	$2,197	**x**	12		**=**	$0
7 Bedrooms		**x**	$2,451	**x**	12		**=**	$0
8 Bedrooms		**x**	$2,704	**x**	12		**=**	$0
9 Bedrooms		**x**	$2,958	**x**	12		**=**	$0
Total Units and Annual Assistance Requested	16							$196,356
Grant Term								1 Year
Total Request for Grant Term								$196,356

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and limits HUD’s understanding of what is being requested. Failure to enter adequate ‘Quantity AND Detail’ may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs	16 moving van rentals x $50 each; 16 security deposits x $500 each; 16 rental application fees x $30 each = $9,280	$9,280
3. Case Management	1 FTE: Housing Program Coordinator to conduct all program case management (Annual salary of $38,000 + fringe benefits/health insurance)	$38,000
4. Child Care	Child care vouchers: $15/child/day x 90 days = $1,350 per child x 38 children per year = $51,300	$27,000
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		

12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$74,280
Grant Term		1 Year
Total Request for Grant Term		$74,280

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	$67,659
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$67,659

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Nevada State Dome...	07/24/2017	$67,659

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)	Nevada State Domestic Violence Marriage License Grant
5. Date of Written Commitment:	07/24/2017
6. Value of Written Commitment:	$67,659

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
2a. Leased Units	$0	1 Year	$0
2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$196,356	1 Year	$196,356
4. Supportive Services	$74,280	1 Year	$74,280
5. Operating	$0	1 Year	$0
6. HMIS	$0	1 Year	$0
7. Sub-total Costs Requested			$270,636
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			$270,636
10. Cash Match			$67,659
11. In-Kind Match			$0
12. Total Match			$67,659
13. Total Budget			$338,295

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Safe Nest IRS Det...	09/15/2017
3) Other Attachment(s)	No	Match Letter	09/22/2017
2) Other Attachment(s)	No	Safe Nest Code of...	09/22/2017

Attachment Details

Document Description: Safe Nest IRS Determination Letter

Attachment Details

Document Description: Match Letter

Attachment Details

Document Description: Safe Nest Code of Conduct

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official:	Liz Ortenburger
Date:	09/22/2017
Title:	Chief Executive Officer
Applicant Organization:	Safe Nest: Temporary Assistance for Domestic Crisis, Inc.
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am	X

aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2017
1E. SF-424 Compliance	09/14/2017
1F. SF-424 Declaration	09/14/2017
1G. HUD 2880	09/15/2017
1H. HUD 50070	09/14/2017
1I. Cert. Lobbying	09/14/2017
1J. SF-LLL	09/14/2017
2A. Subrecipients	No Input Required
2B. Experience	09/14/2017
3A. Project Detail	09/14/2017
3B. Description	09/22/2017
3C. Expansion	09/22/2017
4A. Services	09/15/2017
4B. Housing Type	09/22/2017
5A. Households	09/14/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2017
6A. Funding Request	09/14/2017
6E. Rental Assistance	09/15/2017
6F. Supp Srvcs Budget	09/22/2017
6I. Match	09/15/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7D. Certification	09/15/2017

IRS Department of the Treasury
Internal Revenue Service

OGDEN UT 84201-0029

In reply refer to: 4077591934
May 13, 2014 LTR 4168C 0
94-2411883 000000 00
00029204
BODC: TE

SAFE NEST TEMPORARY ASSISTANCE FOR
DOMESTIC CRISIS INC
PO BOX 43264
LAS VEGAS NV 89116-1264

008152

Employer Identification Number: 94-2411883
Person to Contact: Ms. Wiles
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Mar. 11, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1977.

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

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

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

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

Sincerely yours,

Tamera Ripperda
Director, Exempt Organizations

Safe Nest 40 ANNIVERSARY 1977 - 2017

Temporary Assistance for Domestic Crisis, Inc.

July 24, 2017

Re: Cash Match for Safe Nest's Operation Fresh Start

Safe Nest will utiltize cash match from the Nevada State Domestic Violence Marriage License grant in the amount of $67,659 to support the Operation Fresh Start program. This funding will be used to support administrative development and oversight of Operation Fresh Start in addition to shelter and program operations costs.

Please feel free to get in touch if there are any questions.

Sincerely,

Liz Ortenburger, Chief Executive Officer
Safe Nest: Temporary Assistance for Domestic Crisis
702-821-2747 | lort@safenest.org

September 13, 2017

Re: Safe Nest's Code of Conduct

DUNS #: 884422957

EIN #: 94-2411883

Legal Business Name:
Safe Nest: Temporary Assistance for Domestic Crisis, Inc.

Responsible Official:
Liz Ortenburger, Chief Executive Officer
2915 W Charleston Blvd, Suite 3A
Las Vegas, NV 89102
702-821-2724; lort@safenest.org

Conflict of Interest and Code of Conduct Policies:

From Safe Nest's Personnel Policies and Procedures Employee Handbook (last updated 12/2016) –

CONFLICT OF INTEREST POLICY (Section Number 5.0)

General Precautions
Safe Nest directors, officers and employees have an obligation to conduct business within guidelines that prohibit actual or potential conflicts of interest. The purpose of these guidelines is to provide general direction on issues related to acceptable standards of operation. Employees may contact the Supervisor or Program Director for more information or questions about conflicts of interest.

An actual or potential conflict of interest occurs when an employee or director is in a position to influence a decision that may result in a personal gain for that employee or director, or for a relative, as a result of Safe Nest's business dealings. For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee or director is similar to that of persons who are related by blood or marriage.

If a Safe Nest representative has any influence on transactions involving purchases, contracts, or leases, it is imperative that they disclose to Safe Nest management as soon as possible the existence of any actual or potential conflict of interest so that safeguards can be established to protect all parties.

Personal gain may result in cases where an employee, director or relative has a significant ownership in a firm with which Safe Nest does business. Personal gain includes situations that result in any kickback, bribe, substantial gift, or special consideration as a result of any Safe Nest transaction or business. Representatives of Safe Nest must not accept entertainment, gifts, or personal favors that could, in any way, influence, or appear to influence, business decisions in favor of any person or organization doing business with Safe Nest.

Gifts, Gratuities

Regardless of whether or not an employee is in a position to influence a business decision, pursuant to the previous section, employees are not to accept honorariums, gifts, gratuities, free trips, personal property or other items for their personal use or gain from an outside person, organization, or client encountered in the course of carrying out Safe Nest business.

Outside Employment

Outside employment that constitutes a conflict of interest is prohibited. Employees should consult with their supervisors prior to accepting outside employment, to discuss if a potential conflict exists. Employees may not receive any income or material gain outside Safe Nest for materials produced or services rendered while performing their jobs.

Otherwise, employees may hold outside jobs as long as they meet the performance standards of their job with Safe Nest. All employees will be judged by the same performance standards and will be subject to Safe Nest's scheduling demands, regardless of any existing outside work requirements. If Safe Nest determines that an employee's outside work interferes with performance or the ability to meet the requirements of Safe Nest as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with Safe Nest.

Personal Beliefs

Safe Nest recognizes that its directors or employees may hold a wide range of personal beliefs, values, and commitments. They are a conflict of interest if the director or employee attempts to use the nonprofit's time and facilities for furthering them, or attempting to convert others to their personal beliefs.

CODE OF ETHICS POLICY (Section Number 5.1)

Many Safe Nest employees are licensed or regulated by professional associations which require adherence to professional standards or ethics. In addition to those expectations, Safe Nest employees are required to conduct themselves in word and deed in a manner that affirms the organization's Core Values, which are the guiding principles of the organization's professional philosophy. Refer to Section 2.2, Core Values.

Confidentiality and Non-Disclosure

Employees are expected to adhere to confidentiality policies described in Safe Nest's "Operational Policies and Procedures." The protection of confidential information is vital to the interests of Safe Nest and its clients. Such confidential information includes, but is not limited to, the following examples:

* client information
* staff internal communications
* compensation data
* donor lists
* financial information
* pending projects and proposals
* internal grievances
* HR issues

Employee Conduct

Employees are expected to conduct themselves in a manner that is respectful of their co-workers, supervisors, and clients. As a representative of Safe Nest, each employee should be cognizant of avoiding behavior, speech, or actions that would reflect negatively on Safe Nest. Drinking, gambling, fighting, swearing, and similar unprofessional activities are strictly prohibited while on the job. All employees must ensure that their actions cannot be interpreted as being in conflict with the policies governing Safe Nest.

Unlawful Behavior

There are other sections of Personnel Policies that cover specific areas of unlawful behavior, such as illegal drug use, theft, and sexual harassment. For these areas and others, if investigation of the issue confirms that an employee has engaged in an illegal or unlawful activity, the employee will be subject to serious disciplinary action, up to and including termination of employment or prosecution.

Employees who are arrested for any reason, whether during work hours or non-work hours, on duty or off duty, must notify their supervisor within 48 hours of the arrest. The supervisor must then notify the Executive Director as soon as possible. A police report and written statement may be required of the employee. At the discretion of the Executive Director, the employee may be placed on administrative leave, with or without pay, until resolution of the case.

Violence, Abusive Behavior, and Domestic Violence
Given the organization's mission of non-violence, Safe Nest will not tolerate behavior, speech or actions that exhibit violence or abuse of others. This extends not only to relationships within the workplace, but also to relationships outside the workplace. Although resources may be provided to the employee to assist her or him in correcting behavior, verification of such activity will in most cases result in termination of employment.

Affirmations and Expectations
A Safe Nest Representative:

- Will honor Safe Nest's Core Values.
- Will make a commitment to provide the highest quality of service to those who seek their professional assistance.
- Will not discriminate against or refuse professional services to anyone on the basis of race, color, creed, age, sex, sexual orientation, religion, or nationality.
- Will not use their professional relationships to further their own personal business interests.
- Will not in any manner exploit clients or others deserving of their trust.
- Will make every effort to maintain professional boundaries with clients and avoid forming personal non-professional relationships.
- Will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service.
- Will maintain a professional attitude that earns the trust of clients, colleagues, donors and other business associates.
- Will respect the rights and views of colleagues, and treat them with fairness and courtesy.
- Will not exploit the trust and confidences of the public, clients or co-workers.
- Will make every effort to avoid relationships that could impair professional judgment.
- Will not engage in or condone any form of harassment or discrimination.

- Will not present themselves as (or permit fellow employees to present themselves as) competent to perform services beyond their training and/or level of experience.
- Will correct, when possible, misleading or inaccurate information and representations made by others concerning their qualifications or services.
- Will not engage in repudiation of the organization or its employees, clients, or associates.
- Will extend respect and cooperation to colleagues of all professions.
- Will bring to a colleague's attention any issues that involve the colleague violating ethical standards. If this fails to result in corrective behavior, the activity will be reported to management.
- Will abide by the organization's policies related to making public statements.
- Will strive to become and remain proficient in professional practice and the performance of professional functions.
- Will act in accordance with standards of professional integrity.

Violation or disregard for the organization's Code of Ethics will result in serious disciplinary action, up to and including termination of employment (or removal from the board in the case of a board member).

Annual Certification

At the beginning of each calendar year, each employee, director, and officer will sign an acknowledgement that he or she has recommitted to the Code of Ethics and Conflict of Interest policy and that he or she agrees to abide by its principles.