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 via 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 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/23/2017
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	NV0107
Check to confrim that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: HELP of Southern Nevada

b. Employer/Taxpayer Identification Number (EIN/TIN): 88-0108496

	c. Organizational DUNS:	165099326	PLUS 4	

d. Address

Street 1: 1640 East Flamingo Road Suite 100

Street 2:

City: Las Vegas

County: Clark

State: Nevada

Country: United States

Zip / Postal Code: 89119

e. Organizational Unit (optional)

Department Name: Social Services

Division Name:

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

Prefix: Ms.

First Name: Kelly

Middle Name:

Last Name: Robson

Suffix:

Title: Chief Social Services Officer

Organizational Affiliation: HELP of Southern Nevada

Telephone Number: (702) 369-4357

Extension: 1232
Fax Number: (702) 369-4089
Email: krobson@helpsonv.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:	HELP THEM HOME Expansion
16. Congressional District(s):	
a. Applicant: (for multiple selections hold CTRL key)	NV-003, NV-001
b. Project: (for multiple selections hold CTRL key)	NV-003, NV-001
17. Proposed Project	
a. Start Date:	09/01/2018
b. End Date:	08/31/2019
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:	Fuilala
Middle Name:	
Last Name:	Riley
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(702) 836-2113
Fax Number: (Format: 123-456-7890)	(702) 369-4089
Email:	friley@helpsonv.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2017

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:	HELP of Southern Nevada
Prefix:	Ms.
First Name:	Fuilala
Middle Name:	
Last Name:	Riley
Suffix:	
Title:	President/CEO
Organizational Affiliation:	HELP of Southern Nevada
Telephone Number:	(702) 836-2113
Extension:	
Email:	friley@helpsonv.org
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip/Postal Code:	89119

2. Employer ID Number (EIN):	88-0108496
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$324,970.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: HELP THEM HOME Expansion 1640 East Flamingo Road Suite 100 Las Vegas Nevada

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
HUD	CoC funding grant	$1,527,025.00	Rental Assistance, S/S for four programs

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 (%)
N/A	N/A	N/A	$0.00	0%

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: Fuilala Riley, President/CEO

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

Date Signed: 09/12/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: HELP of Southern Nevada

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;		

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 herein, as well as any information provided in the accompaniment herewith, is true and	X

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:	Fuilala
Middle Name	
Last Name:	Riley
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(702) 836-2113
Fax Number: (Format: 123-456-7890)	(702) 369-4089
Email:	friley@helpsonv.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2017

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: HELP of Southern Nevada

Name / Title of Authorized Official: Fuilala Riley, President/CEO

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

Date Signed: 09/23/2017

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:	HELP of Southern Nevada
Street 1:	1640 East Flamingo Road Suite 100
Street 2:	
City:	Las Vegas
County:	Clark
State:	Nevada
Country:	United States
Zip / Postal Code:	89119

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 complete. [X]

Authorized Representative

Prefix:	Ms.
First Name:	Fuilala
Middle Name:	
Last Name:	Riley
Suffix:	
Title:	President/CEO
Telephone Number: (Format: 123-456-7890)	(702) 836-2113
Fax Number: (Format: 123-456-7890)	(702) 369-4089
Email:	friley@helpsonv.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/23/2017

Additional Information

Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.

Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.

Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.

If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.

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	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request? No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

This grant's first fiscal year will end on August 31, 2018.

2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request? No

3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request? No

Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.

Grant is just beginning.

4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? No

3A. Project Detail

1. Expiring Grant Number: NV0107
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: NV-500 - Las Vegas/Clark County CoC

2b. CoC Collaborative Applicant Name: Clark County Social Service

3. Project Name: HELP THEM HOME Expansion

4. Project Status: Standard

5. Component Type: PH

6. 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.

HELP THEM HOME Expansion is an expansion of a permanent supportive housing program from chronically homeless, disabled individuals. Intensive Case Management and wraparound services are provided to each individual in the program.

Current program services include:

•Gateway services- HTH takes an assertive approach to maintaining contact with people who have been referred through the Community Queue and are awaiting verification of chronicity before being placed in permanent housing.

•Safe affordable housing – each participant will be assisted with locating safe and stable housing that meets the household's individual needs.

•Intensive Case Management (ICM) -program participants meet with their ICM a minimum of once a week and in some situations up to 2-3 times weekly. The ICM and participant work together as a team to address presenting issues such as a lack of income, needed medical care, food, identification, etc. Home visits are conducted and provide coaching on housekeeping, time management, problem solving, and Activities of Daily Living.

•Person-Centered Case Plan (PCCP) –the ICM and the participant(s) create a PCCP that focuses on strengths, challenges, and obstacles to build a plan for future self-reliance.

•Income and Benefit Assessment – ICM's assess the resident's current income and benefit status to determine, what, if any, mainstream resources the residents can apply for. SOAR trained staff assist with the SSI/SSDI application process.

•Addiction and Mental Health Services - HELP employs a Behavioral Health Director, Licensed Clinical Alcohol Drug Counselor/Clinical Professional Counselor Intern (LCADC-CPC-I) and a Certified Alcohol Drug Counselor/Clinical Professional Counselor Intern (CADC/CPC-I) who conduct assessments for addiction and mental health issues. After the assessment, the participant is placed in the appropriate level of treatment, which determines the intensity and frequency of services.

•Activities of Daily Living (ADL) –modeling, mentoring, and workshops are offered to participants to who have not mastered their ADL's, which often include issues of hygiene, hoarding, shopping, housekeeping, social interactions, scheduling and attending appointments, or following medical advice.

All of these services help build a solid foundation for chronically homeless participants to move towards their goals and independence.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

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

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing Yes

3b. 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	

3c. 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	

3d. Does the project follow a "Housing First" approach? Yes

4. Does the PH project provide PSH or RRH? PSH

Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above.	100% Dedicated

4A. Supportive Services for Participants

1. 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	Daily
Assistance with Moving Costs		Partner	As needed
Case Management		Applicant	Daily
Child Care		Non-Partner	As needed
Education Services		Applicant	As needed
Employment Assistance and Job Training		Applicant	Daily
Food		Applicant	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Partner	As needed
Life Skills Training		Applicant	Weekly
Mental Health Services		Applicant	Daily
Outpatient Health Services		Partner	As needed
Outreach Services		Applicant	Daily
Substance Abuse Treatment Services		Applicant	Daily
Transportation		Applicant	As needed
Utility Deposits		Applicant	Annually

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. Use of a single application form for four or more mainstream programs? No

2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner Yes

agency?	
3a. 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: 20

Total Beds: 33

Total Dedicated CH Beds: 33

Housing Type	Units	Beds
Scattered-site apartments (...	20	33

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: 20

b. Beds: 33

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 33

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Street 1: 1640 E Flamingo Rd

Street 2:

City: Las Vegas

State: Nevada

ZIP Code: 89119

5. Select the geographic area(s) associated with the address: (for multiple selections hold CTRL Key)

329003 Clark County

5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		20		20

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		20		20
Adults ages 18-24				0
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	20	0	20

Click Save to automatically calculate totals

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										
Adults ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

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	20			9	1	9	1			
Adults ages 18-24										
Total Persons	20	0	0	9	1	9	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	0

5C. Outreach for Participants

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

95%	**Directly from the street or other locations not meant for human habitation.**
5%	**Directly from emergency shelters.**
	Directly from safe havens.
	Persons fleeing domestic violence.
100%	**Total of above percentages**

6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant?	No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term:	1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	X
HMIS	

6C. 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:	$206,220
Total Units:	20

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NV - Las Vegas-Henderson-Paradise, NV...	20	$206,220

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$474	$474	x	12	=	$0
0 Bedroom		x	$632	$632	x	12	=	$0
1 Bedroom	14	x	$781	$781	x	12	=	$131,208
2 Bedrooms	5	x	$968	$968	x	12	=	$58,080
3 Bedrooms	1	x	$1,411	$1,411	x	12	=	$16,932
4 Bedrooms		x	$1,690	$1,690	x	12	=	$0
5 Bedrooms		x	$1,943	$1,943	x	12	=	$0
6 Bedrooms		x	$2,197	$2,197	x	12	=	$0
7 Bedrooms		x	$2,451	$2,451	x	12	=	$0
8 Bedrooms		x	$2,704	$2,704	x	12	=	$0
9 Bedrooms		x	$2,958	$2,958	x	12	=	$0
Total Units and Annual Assistance Requested	20							$206,220
Grant Term								1 Year
Total Request for Grant Term								$206,220

Click the 'Save' button to automatically calculate totals.

6D. 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:	$81,243
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$81,243

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	Private	HELP of Southern ...	08/07/2017	$81,243

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Private
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	HELP of Southern Nevada
5. Date of Written Commitment:	08/07/2017
6. Value of Written Commitment:	$81,243

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	$0
1b. Leased Structures	$0
2. Rental Assistance	$206,220
3. Supportive Services	$105,662
4. Operating	$0
5. HMIS	$0
6. Sub-total Costs Requested	$311,882
7. Admin (Up to 10%)	$13,088
8. Total Assistance plus Admin Requested	$324,970
9. Cash Match	$81,243
10. In-Kind Match	$0
11. Total Match	$81,243
12. Total Budget	$406,213

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501 c 3	09/12/2017
2) Other Attachmenbt	No	Match	09/12/2017
3) Other Attachment	No	MOUs	09/12/2017

Attachment Details

Document Description: 501 c 3

Attachment Details

Document Description: Match

Attachment Details

Document Description: MOUs

7B. 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.

20-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 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.

C. Explanation.

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	Fuilala Riley
Date:	09/23/2017
Title:	President/CEO
Applicant Organization:	HELP of Southern Nevada
PHA Number (For PHA Applicants Only):	
I certify that I have been duly authorized by the applicant to submit this Applicant	X

Certification and to ensure compliance. I am 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).	

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2- Recipient and Subrecipient Information	
2A. Subrecipients	X
2B. Recipient Performance	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	X

6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	X
7B. Certification	X

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This project was identified as a 100% Dedicated project.

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	09/12/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/12/2017

1E. SF-424 Compliance	09/12/2017
1F. SF-424 Declaration	09/12/2017
1G. HUD-2880	09/12/2017
1H. HUD-50070	09/12/2017
1I. Cert. Lobbying	09/12/2017
1J. SF-LLL	09/12/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/12/2017
3A. Project Detail	09/12/2017
3B. Description	09/12/2017
3C. Dedicated Plus	09/23/2017
4A. Services	09/12/2017
4B. Housing Type	09/23/2017
5A. Households	09/23/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/12/2017
6A. Funding Request	09/12/2017
6C. Rental Assistance	09/23/2017
6D. Match	09/12/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/12/2017
7B. Certification	09/12/2017
Submission Without Changes	09/12/2017

BRIAN SANDOVAL
Governor
ROBERT R. BARENGO
Chair, Nevada Tax Commission
CHRISTOPHER G. NIELSEN
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada, 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 6881303

HENDERSON OFFICE
2550 Paseo Verde Parkway Suite 180
Henderson, Nevada 89074
Phone:(702) 486-2300
Fax: (702) 486-3377

December 31, 2012

Account Number: **RCE-001-424**
Exp date: December 31, 2017

HELP OF SOUTHERN NEVADA
1640 E FLAMINGO RD., STE. 100
LAS VEGAS NV 89119

Pursuant to NRS 372.3261 and related statutes, HELP OF SOUTHERN NEVADA has been granted sales/use tax exempt status as a charitable organization. Direct purchases or sales of tangible personal property made by or to HELP OF SOUTHERN NEVADA are exempt from sales/use tax. Fraudulent use of this exemption letter is a violation of Nevada law.

Vendors selling tangible personal property to HELP OF SOUTHERN NEVADA are authorized to sell to them tax exempt. The vendor shall account for the exempt sale on its sales/use tax return under exemptions. For audit purposes, a vendor must have a copy of this letter in order to document the transaction was tax exempt.

This letter only applies to Nevada sales/use tax and does not provide exemption from any other tax.

This exemption applies only to the above named organization and is not extended to individuals, or contractors or lessors to or for such organizations.

Any vendor having questions concerning the use of this sales/use tax exemption letter may contact the Department at one of the district offices listed above.

If, upon further or future review by the Department, it is determined the above named organization does not meet or no longer meets the criteria outlined in NRS 372.348, this letter of exemption will be revoked.

Sincerely,

Raymond H. Lummus
Tax Manager

STATE OF NEVADA
DEPARTMENT OF TAXATION
Web Site: http://tax.state.nv.us
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor
ROBERT R. BARENGO
Chair, Nevada Tax Commission
CHRISTOPHER G. NIELSEN
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

EXEMPT ORGANIZATIONS

Governmental, Religious, Charitable and Educational organizations that are granted exemption from sales and use taxes for purchases or sales may only use their exemption in an official capacity.

Exemption status may **not** be transferred to individual organization members or anyone else for their personal use. Accordingly, use of an organization's exemption letter for other than its official capacity is inappropriate. Misuse of an organization's exemption may result in its revocation by the Department.

IRS Department of the Treasury
Internal Revenue Service

CINCINNATI OH 45999-0038

In reply refer to: 0248219434
Jan. 26, 2015 LTR 4168C 0
88-0108496 000000 00
00018951
BODC: TE

HELP OF SOUTHERN NEVADA
1640 E FLAMINGO RD STE 100
LAS VEGAS NV 89119-5280

000909

Employer Identification Number: 88-0108496
Person to Contact: Ms. Benson
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 04, 2015, 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 January 1971.

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

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

Please refer to our website www.irs.gov/eo 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.

0248219434
Jan. 26, 2015 LTR 4168C 0
88-0108496 000000 00
00018952

HELP OF SOUTHERN NEVADA
1640 E FLAMINGO RD STE 100
LAS VEGAS NV 89119-5280

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

Sincerely yours,

Susan M. O'Neill

Susan M. O'Neill, Department Mgr.
Accounts Management Operations

Internal Revenue Service

Department of the Treasury

District
Director

450 Golden Gate Ave.
San Francisco, Calif. 94102

Person to Contact: Taxpayer Service Representative

Telephone Number: (800) 424-1040

Refer Reply to: SF 4446

Date: July 3, 1986

HELP of Southern Nevada
1020 South Main Street
Las Vepas, NV 89101

Reference is made to your request for verification of the tax exempt status of your organization.

We are unable to furnish you with a copy of the original determination or ruling letter that was issued to your organization. However, our records indicate that exemption was granted as shown below.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code of 1954 or under a prior or subsequent Revenue Act remains in effect until exempt status has been terminated, revoked or modified.

Our records indicate that there has been no change in your organization's exempt status.

Sincerely yours,

J. L. Micelli

District Director

Name of the organization: HELP of Southern Nevada

Date of exemption letter: January 1971

Exemption granted pursuant to 1954 Code d o n 501(c)(3) or its predecessor Code section.

Foundation Classification (if applicable) 509(a)(1) and 170(b)(1)(A)(vi)

Tax I.D. # 88-0108496

HELP
OF SOUTHERN NEVADA
helping people help themselves

August 7, 2017

Michele Fuller-Hallauer MSW, LSW
Manager/Continuum of Care Coordinator
Clark County Social Services
1600 Pinto Lane
Las Vegas, NV 89106

Re: NV0107L9T001600

Dear Ms. Fuller-Hallauer:

This letter is to certify that HELP of Southern Nevada will provide through unrestricted revenue generating programs the required cash match for supportive services. These funds will be used to provide Permanent Supportive Housing to households without children under HUD's grant number NV0107L9T001600. The amount of non-federal cash resources for the year is $81,243 and is effective August 1, 2018.

If you have any questions or require further information, please contact me at 702/369-4357 extension 1238 or by email at friley@helpsonv.org.

Sincerely,

Fuilala Riley
CEO-Elect

HELP
OF SOUTHERN NEVADA
helping people help themselves

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND BLIND CENTER

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **BLIND CENTER** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **BLIND CENTER** to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **BLIND CENTER** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

BLIND CENTER agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provide education for legally blind services to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **BLIND CENTER** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and BLIND CENTER agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **May 22, 2017 thru May 31, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17
Date

BLIND CENTER

Name of Executive Director Cory Nelson

5/23/17
Date

HELP
OF SOUTHERN NEVADA
helping people help themselves

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND COMMUNITY COUNSELING CENTER

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **COMMUNITY COUNSELING CENTER** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **COMMUNITY COUNSELING CENTER** to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **COMMUNITY COUNSELING CENTER** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

COMMUNITY COUNSELING CENTER agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provide **Substance Abuse** services to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **COMMUNITY COUNSELING CENTER** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and COMMUNITY COUNSELING CENTER agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **June 1, 2017 thru June 1, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/13/17

Date

COMMUNITY COUNSELING CENTER

Name of Executive Director

06/01/17

Date

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND LEGAL AID CENTER OF SOUTHERN NEVADA

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. LEGAL AID CENTER OF SOUTHERN NEVADA agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with LEGAL AID CENTER OF SOUTHERN NEVADA to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **LEGAL AID CENTER OF SOUTHERN NEVADA** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

LEGAL AID CENTER OF SOUTHERN NEVADA agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides legal services to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **LEGAL AID CENTER OF SOUTHERN NEVADA** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on the service they provide.

HELP of Southern Nevada and LEGAL AID CENTER OF SOUTHERN NEVADA agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

Additionally, it is acknowledged that Legal Aid Center of Southern Nevada is bound by attorney-client privilege, and may not be able to communicate said information. In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;
- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect May 22, 2017 thru May 22, 2018 and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17

Date

LEGAL AID CENTER OF SOUTHERN NEVADA

Barbara E. Buckley, Executive Director

5-31-17.

Date

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND NEVADA HOMELESS ALLIANCE

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. NEVADA HOMELESS ALLIANCE agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with NEVADA HOMELESS ALLIANCE to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with NEVADA HOMELESS ALLIANCE on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

NEVADA HOMELESS ALLIANCE agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides PROJECT HOMELES CONNECT PROGRAMMING TO OUTREACH CLIENTS to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.

4. Refer NEVADA HOMELESS ALLIANCE participants to appropriate HELP housing, employment, and emergency resources programming.
5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and NEVADA HOMELESS ALLIANCE agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;
- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **May 22, 2017 thru May 22, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17
Date

NEVADA HOMELESS ALLIANCE

Emily Paulsen, Executive Director

05/31/2017
Date

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND NEVADA TREATMENT CENTER

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. NEVADA TREATMENT CENTER agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with NEVADA TREATMENT CENTER to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with NEVADA TREATMENT CENTER on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

NEVADA TREATMENT CENTER agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides MENTAL AND BEHAVIORAL SERVICES to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer NEVADA TREATMENT CENTER participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and NEVADA TREATMENT CENTER agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential Information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting Incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect May 22, 2017 thru May 31, 2018 and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17
Date

NEVADA TREATMENT CENTER

Name of Executive Director

5/31/17
Date

HELP
OF SOUTHERN NEVADA
helping people help themselves

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND STARS COMM.DEV.CORP.

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **STARS COMM.DEV.CORP.** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **STARS COMM.DEV.CORP.** to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **STARS COMM.DEV.CORP.** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

STARS COMM.DEV.CORP. agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides FOOD AND CLOTHING SERVICES to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **STARS COMM.DEV.CORP.** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and STARS COMM.DEV.CORP. agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **June 1, 2017 thru June 1, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/20/17
Date

STARS COMM.DEV.CORP.

Name of Executive Director

6-19-2017
Date

HELP
OF SOUTHERN NEVADA
helping people help themselves

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND SERENITY MENTAL HEALTH

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **SERENITY MENTAL HEALTH** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **SERENITY MENTAL HEALTH** to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **SERENITY MENTAL HEALTH** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

SERENITY MENTAL HEALTH agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides MENTAL AND BEHAVIORAL SERVICES to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **SERENITY MENTAL HEALTH** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and SERENITY MENTAL HEALTH agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **June 1, 2017 thru June 1, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/13/17

Date

SERENITY MENTAL HEALTH

Name of Executive Director
CHRISTIAN LAZANTE

6/5/17

Date

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND JR DISABILITY

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **JR DISABILITY** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **JR DISABILITY** to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **JR DISABILITY** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

JR DISABILITY agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provides SOCIAL SECURITY DISABILITY ADVOCACY to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer **JR DISABILITY** participants to appropriate HELP housing, employment, and emergency resources programming.

5. Provide training for staff on **the service they provide**.

HELP of Southern Nevada and JR DISABILITY agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **June 1, 2017 thru June 1, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/13/17

Date

JR DISABILITY

Name of Executive Director

6/8/17

Date

HELP
OF SOUTHERN NEVADA
helping people help themselves

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND THE SHADETREE

HELP of Southern Nevada (HELP) which offers the "Homeless Services " by providing financial assistance with rent and utilities for the Chronic homeless individuals and families and intensive case management towards self-sufficiency. The Shade Tree agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with The Shade Tree to provide services to disabled homeless and chronically homeless people.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the client is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with The Shade Tree on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.

SHADETREE agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless people.
2. Provide Emergency Shelter and domestic violenc services to HELP program participants.
3. Communicate with HELP Intensive Case Manager regarding progress of participant, after proper permission has been obtained.
4. Refer The Shade Tree participants to appropriate HELP housing, employment, and emergency resources programming.
5. Provide training for staff on domestic violence issues.

HELP of Southern Nevada and The Shade Tree agree to:

1. Provide mutual clients with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual clients in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the clients with the needed services.
4. To identify gaps in services.
5. To assist clients in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect May 1, 2017 thru May 31, 2018 and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

5/8/17

Date

The Shade Tree

Marlene Richter, Executive Director

5/1/17

Date

MEMORANDUM OF UNDERSTANDING BETWEEN **HELP OF SOUTHERN NEVADA**
AND
VILLAGE SQUARE

HELP of Southern Nevada (HELP) offers housing services to homeless families and individuals. Households are provided financial assistance with rent/utilities, intensive case management, and other wraparound services. The goal is to reduce barriers, secure needed services, and increase long-term financial and housing stability. VILLAGE SQUARE agrees to work in partnership with HELP to provide safe, habitable, and affordable housing to program participants. HELP does not assume the role of agent to the participant and the lease is strictly between the resident and VILLAGE SQUARE .

HELP agrees to:

1. Refer appropriate participants to VILLAGE SQUARE
2. Conduct a Housing Quality Standards (HQS) Inspection prior to occupancy, HQS inspections are renewed annually.
3. Notify VILLAGE SQUARE of any repairs that need to be made if the unit fails the HQS inspection. Repairs are to be completed within 7 days. ***Rent payments cannot be made on a unit for any days that the unit did not meet HQS standards.**
4. Provide rental assistance on behalf of the participant/resident as long as the participant is in compliance with the program and funding is available.
5. Pay the program portion of the rent once the participant/resident has paid their portion. *Participants receiving income are required to pay a portion of their gross income towards the program rent.
6. Provide the participant with intensive case management, life skills training, food assistance, referrals, and other supportive services.
7. Conduct weekly home visits.
8. Work with VILLAGE SQUARE to ensure the resident is complying with the Rental Agreement and Property Rules.
9. Notify VILLAGE SQUARE in writing when a participant is exiting HELP's housing program.
10. Provide follow-up case management up to one month for participants who have exited the program and continue to reside at VILLAGE SQUARE

VILLAGE SQUARE agrees to:

1. Provide residents with safe, habitable, and affordable housing that meets HUDs Housing Quality Standards. Including furniture and utilities.
2. Follow Nevada Landlord and Tenant laws as codified in Nevada Revised Statute (NRS) Chapter 118A.
3. Follow Fair Housing requirements as codified in the Title VIII Civil Rights Act of 1968.
4. Make the necessary repairs to the unit within 7 days to ensure it will pass the HQS inspection which is renewed annually and expires one year from the date of inspection. ***Rent payments cannot be made on a unit for any days that the unit did not meet HQS standards.**
5. Provide verification by a qualified person, certifying the property, built prior to 1978 is free of lead base paint, before any participant can move into the apartment.
6. Waive all fees including but not limited to application, administrative, and late fees.
7. Provide housing at rates that comply with Rent Reasonableness Standards and do not exceed HUD's Fair Market Rent (FMR) rates INCLUDING utilities ***FMR is updated annually, usually in October.**
8. Notify Case Manager of any changes or violations of the lease.
9. Grant the Case Manager entry into the unit for well checks in the event the resident is unavailable or non-responsive.
10. Forward rent receipts to Case Manager confirming payment of participant's portion.
11. Use discretion when discussing participant/resident to ensure confidentiality.
12. Release a resident from their lease agreement if they are approved for low-income housing.

HELP and VILLAGE SQUARE agree to:

1. Collaborate to provide participant/resident with the opportunity and tools needed to ensure personal and family safety.
2. Maintain open communication between organizations and notify each other of relative staff changes.
3. Work together to ensure participant/resident is complying with program rules, terms of the lease and their Person Centered Case Plan.
4. Rental Rates: Studio $ 623 , 1 bdrm $ 769 , 2 bdrm $, 3 bdrm $ rates will be adjusted if needed to not exceed HUD's FMR for new leases.

CONFIDENTIALITY PROVISIO

The arrangements between the parties in connection with HELP contemplate that one or both parties will disclose information concerning its participants to the other in an effort to arrange, provide, or obtain services. ***All information concerning a participant (including, without limitation, a participant's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information".*** Each party agrees to implement and enforce measures and procedures reasonably designed:

- To assure that all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements".
- Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules, and regulations that may be applicable from time to time to the disclosure, use, storage, and security of confidential information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;

- In receiving, storing, processing, or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto; and if necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect beginning May 22, 2017 to May 22, 2018 and will remain effective until terminated by either party with a 30-day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17
Date

VILLAGE SQUARE

Alisa Fuller
Property Manager

5/25/17
Date

MEMORANDUM OF UNDERSTANDING
BETWEEN HELP OF SOUTHERN NEVADA AND WESTCARE

HELP of Southern Nevada (HELP) offers a wide variety of services to homeless and chronically homeless families, individuals, and youth. Services can include housing and utility assistance, intensive case management, mental health and addiction services, education and employment services, money management, transportation assistance, and many other services designed to promote self-sufficiency. **WestCare** agrees to work in conjunction with HELP of Southern Nevada to provide the following services.

HELP of Southern Nevada agrees to:

1. Work in conjunction with **WestCare** to provide services to homeless youth.
2. Provide participants with intensive case management services, life skills training, education and employment services, housing, food assistance, transportation and supportive services as needed.
3. Provide active referrals to outside services such as medical, psychological, and vocational training, once the youth is ready to move back into the workforce.
4. HELP of Southern Nevada will keep in communication with **WestCare** on the participants' progress through their program.
5. Provide training for staff on housing, employment, and emergency assistance issues.
6. Provide Level 3 medium intensity residential treatment, level 1 out-patient substance abuse treatment, comprehensive evaluation adolescent and adult. Level 1 co-occurring outpatient treatment, adolescent and adult treatment.

WestCare agrees to:

1. Work in conjunction with HELP to provide services to disabled homeless and chronically homeless youth.
2. To provide emergency shelter, case management, and other appropriate services for Shannon West referrals.

3. Refer **WestCare** participants to appropriate HELP housing, employment, and emergency resources programming.
4. Provide training for staff on WestCare programming.

HELP of Southern Nevada and WestCare agree to:

1. Provide mutual youth with the opportunity and tools needed to ensure personal and family safety and stability.
2. To assist mutual youthj in mastering the development tasks necessary to lead a satisfying and productive life.
3. To coordinate efforts and provide the youth with the needed services.
4. To identify gaps in services.
5. To assist youth in complying with Coordinated Intake specifications in an effort to strive towards self-sufficiency.

CONFIDENTIALITY PROVISION

The arrangements between the parties in connection with Coordinated Intake contemplate that one or both parties will disclose information concerning its clients to the other in an effort to arrange, provide or obtain services. All information concerning a client of a party (including, without limitation, a client's name and address), whether the information is oral, written or in some other format, is hereinafter referred to as "Confidential Information". Each party agrees to implement and enforce measures and procedures reasonable designed:

- To assure that access to and use of all Confidential Information received from the other party will be limited to persons having a need for the information in connection with their duties for the recipient;
- To assure that persons who obtain such Confidential Information from or through the recipient (including, without limitation, officers and employees of the recipient) do not misuse or rediscover it;
- To assure that such confidential information is otherwise held in strict confidence by the recipient. The measures and procedures referred to above are hereinafter referred to as to "minimum confidentiality requirements". Disclosure and other matters relating to civil status and /or federal or state administrative regulations.

In addition to complying with minimum confidentiality requirements, each party agrees to identify and comply with all federal and state laws, rules and regulations that may be applicable from time to time to the disclosure, use, storage and security of confidential Information received from the other party. If confidential information concerns a person who is revealed (or plausibly or actual referral therefore) for alcohol or drug abuse (all Confidential Information relating to any such person is hereinafter referred to as "Extraordinarily Regulated Confidential Information") and if it has not been established that the requirements and restrictions of 42 CFR Part 2 do not apply to the confidential information in question, then the parties further agree:

- To comply with all requirements and restrictions of 42 CFR 2.1 through 2.67 applicable to such extraordinarily regulated confidential information;
- In receiving, storing, processing or otherwise dealing with such Extraordinarily Regulated Confidential Information to be bound by 42 CFR Part 2 and more stringent laws, rules and regulations applicable thereto.
- If necessary, to resist in judicial proceedings any efforts to obtain access to such extraordinarily regulated confidential information except as permitted by 42 CFR Part 2. The agreement in the paragraphs are not intended and shall not be construed to prohibit a party to this agreement or any other person from reporting incident of suspected child abuse or neglect to appropriate authorities pursuant to NRS Chapter 432B.

This agreement is in effect **May 1, 2017 thru May 31, 2018** and will remain effective until terminated by either party with a 30 day written notification.

HELP of Southern Nevada

Fuilala Riley, President/CEO

6/8/17
Date

WestCare

Kevin Morss/Regional Vice President Nevada

6.6.17
Date