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:	09/27/2017
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).	NV0036
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: St. Jude's Ranch for Children

b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2917263

	c. Organizational DUNS:	056369408	PLUS 4	

d. Address

Street 1: 200 Wilson Circle
Street 2:
City: Boulder City
County: Clark County
State: Nevada
Country: United States
Zip / Postal Code: 89005

e. Organizational Unit (optional)

Department Name:
Division Name:

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

Prefix: Mr.
First Name: Jed
Middle Name:
Last Name: Blake
Suffix:
Title: Grants Manager
Organizational Affiliation: St. Jude's Ranch for Children
Telephone Number: (702) 294-7109

Extension:
Fax Number: (702) 294-7191
Email: jblake@stjudesranch.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: Crossings

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: 07/01/2018

b. End Date: 06/30/2019

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

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

1F. SF-424 Declaration

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

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Christina
Middle Name:	
Last Name:	Vela
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 294-7111
Fax Number: (Format: 123-456-7890)	(702) 294-7191
Email:	cvela@stjudesranch.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/27/2017

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:	St. Jude's Ranch for Children
Prefix:	Mrs.
First Name:	Christina
Middle Name:	
Last Name:	Vela
Suffix:	
Title:	Executive Director
Organizational Affiliation:	St. Jude's Ranch for Children
Telephone Number:	(702) 294-7111
Extension:	
Email:	cvela@stjudesranch.org
City:	Boulder City
County:	Clark County
State:	Nevada
Country:	United States
Zip/Postal Code:	89005

2. Employer ID Number (EIN):	20-2917263
3. HUD Program:	Continuum of Care Program
4. Amount of HUD Assistance Requested/Received:	$344,610.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Crossings 200 Wilson Circle Boulder City 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
Clark County Outside Agency Grant	Grant	$50,000.00	Direct client services

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	Social Security No.	Type of	Financial Interest	Financial Interest

reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity ($)	in Project/Activity (%)
NA	NA	NA	$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: Christina Vela, Executive Director

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

Date Signed: 09/14/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: St. Jude's Ranch for Children

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:	Mrs.
First Name:	Christina
Middle Name	
Last Name:	Vela
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 294-7111
Fax Number: (Format: 123-456-7890)	(702) 294-7191
Email:	cvela@stjudesranch.org
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	09/27/2017

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: St. Jude's Ranch for Children

Name / Title of Authorized Official: Christina Vela, Executive Director

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

Date Signed: 09/27/2017

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:	St. Jude's Ranch for Children
Street 1:	200 Wilson Circle
Street 2:	
City:	Boulder City
County:	Clark County
State:	Nevada
Country:	United States
Zip / Postal Code:	89005

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:	Mrs.
First Name:	Christina
Middle Name:	
Last Name:	Vela
Suffix:	
Title:	Executive Director
Telephone Number: (Format: 123-456-7890)	(702) 294-7111
Fax Number: (Format: 123-456-7890)	(702) 294-7191
Email:	cvela@stjudesranch.org
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/27/2017

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 screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: $0

Organization	Type	Type	Sub-Award Amount
This list contains no items			

2B. Recipient Performance

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?	Yes
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?	Yes
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: NV0036
(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: Crossings

4. Project Status: Standard

5. Component Type: TH

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

3B. Project Description

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

Crossings is a 15-unit transitional housing program located in Las Vegas, Nevada. Clients of the program are hard to serve transition aged youth 18-25 years old. Individuals are referred to the Crossings through Clark County Social Services Coordinated Intake Pilot Program, Clark County Department of Family Services and other Youth Programs in Southern Nevada serving homeless transition age youth. Upon notification the Program Manager living onsite assigns a case manager to help the resident complete their intake packet. Post assessment, Resident information is uploaded into HMIS and the individual is placed into the Crossings transitional housing program.

In addition to traditional support services provided in transitional housing (i.e. identification card, healthcare assistance, food assistance, etc.) residents gain valuable life experiences through a mentor relationship with their case managers and peer mentoring. Case managers work onsite and interact with their clients on a daily basis. Trust building between resident and case manager is developed throughout the program. Examples of building trust include: residents being chaperoned to doctor visits, trips to support service offices, school counseling sessions, employer introductions, and other activities. The close bond and open communication with the case manager allows the program manager to see measurable progress in the client through completion of the self-sufficiency plan.

Peer mentoring has been proven to help residents learn self-sufficiency and encourage good behavior. Participants benefit from listening and learning from current and past residents of the program. These current and past residents have similar life experiences and have faced similar challenges. Peer mentors demonstrate good work ethic, proper manners, abide by the program rules, follow direction from their case manager and work towards permanent housing.

The program manager that lives on site with her family also plays an important part in developing resident’s life skills. As residents continue through the program, the program manager ensures the participant is making measurable progress through macro-level observations (i.e. increased communication skills, work experience attained, enrollment in education, and interaction with positive influences, etc.). When needed changes in a resident’s self-sufficiency plan are required, the program manager ensures the client and their case managers quickly act to remediate the deficiency (i.e. tardiness at work, violating curfew, engaging in violent behavior, positive alcohol or drug test, etc.).

The Crossing provides a first of its kind experience to its residents. A combination of role modeling, peer mentoring, independent living responsibilities, and respect for authority are at the core of the Crossings program.

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

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

Chronic Homeless		**Domestic Violence**	X
Veterans		**Substance Abuse**	X
Youth (under 25)	X	**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

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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 Yes

are received and renewed?	
3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	Yes
3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.	Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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: 15

Total Beds: 15

Housing Type	Units	Beds
Single Room Occupancy (SRO)...	15	15

4B. Housing Type and Location Detail

1. Housing Type: Single Room Occupancy (SRO) units

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

a. Units: 15

b. Beds: 15

3. Address

Street 1: 5005 McLeod Drive

Street 2:

City: Las Vegas, NV

State: Nevada

ZIP Code: 89120

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

329003 Clark County

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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

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				0
Adults ages 18-24		15		15
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	15	0	15

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										
Adults ages 18-24				5			5		5	
Total Persons	0	0	0	5	0	0	5	0	5	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.

50%	**Directly from the street or other locations not meant for human habitation.**
50%	**Directly from emergency shelters.**
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing (TH and SSO Pojects Only)
	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program.
100%	**Total of above percentages**

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	
Supportive Services	X
Operating	X
HMIS	

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:	$86,153
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$86,153

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Local sales tax g...	07/01/2018	$86,153

Sources of Match Detail

1. Will this commitment be used towards Match?	Yes
2. Type of Commitment:	Cash
3. Type of Source:	Government
4. Name the Source of the Commitment: (Be as specific as possible and include the office or grant program as applicable)	Local sales tax grant and other state grants
5. Date of Written Commitment:	07/01/2018
6. Value of Written Commitment:	$86,153

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

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	$0
3. Supportive Services	$256,704
4. Operating	$77,021
5. HMIS	$0
6. Sub-total Costs Requested	$333,725
7. Admin (Up to 10%)	$10,885
8. Total Assistance plus Admin Requested	$344,610
9. Cash Match	$86,153
10. In-Kind Match	$0
11. Total Match	$86,153
12. Total Budget	$430,763

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501(c)(3)	10/29/2015
2) Other Attachmenbt	No	Crossings OAG Grant	09/22/2017
3) Other Attachment	No	St. Jude's Cash M...	09/22/2017

Attachment Details

Document Description: 501(c)(3)

Attachment Details

Document Description: Crossings OAG Grant

Attachment Details

Document Description: St. Jude's Cash Match Letter

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	Christina Vela
Date:	09/27/2017
Title:	Executive Director
Applicant Organization:	St. Jude's Ranch for Children
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	☐
2B. Recipient Performance	☐
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	☐
Part 4 - Housing Services and HMIS	
4A. Services	☐
4B. Housing Type	☐
Part 5 - Participants and Outreach Information	
5A. Households	☐
5B. Subpopulations	X
5C. Outreach	X
Part 6 - Budget Information	
6A. Funding Request	☐
6D. Match	X

6E. Summary Budget	☐
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):

Regarding Question 5C. Outreach, the previous year had a total of 90%. This was made up of 40% Directly from the street and 50% Directly from emergency shelters.
I added 10% to Directly from the street to make the new total for that line item 50% and the new total for all categories equal 100%.
Regarding 5B - the persons in households without children was corrected to show 0 chronically homeless non-veterans and the populations consists of youth ages 18-24, who are not chronically homeless.

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	09/14/2017
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/14/2017
1E. SF-424 Compliance	09/14/2017

1F. SF-424 Declaration	09/14/2017
1G. HUD-2880	09/14/2017
1H. HUD-50070	09/14/2017
1I. Cert. Lobbying	09/14/2017
1J. SF-LLL	09/14/2017
2A. Subrecipients	No Input Required
2B. Recipient Performance	09/14/2017
3A. Project Detail	09/14/2017
3B. Description	09/14/2017
4A. Services	09/14/2017
4B. Housing Type	09/14/2017
5A. Households	09/14/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/14/2017
6A. Funding Request	09/14/2017
6D. Match	09/22/2017
6E. Summary Budget	No Input Required
7A. Attachment(s)	09/22/2017
7B. Certification	09/14/2017
Submission Without Changes	09/27/2017

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0752235477
Aug. 22, 2014 LTR 4168C 0
20-2917263 000000 00
00019241
BODC: TE

ST JUDES RANCH FOR CHILDREN-NEVADA
REGION INC
% ST JUDES RANCH FOR CHILDREN
PO BOX 60100
BOULDER CITY NV 89006-0100

01720

Employer Identification Number: 20-2917263
Person to Contact: Customer Service
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 13, 2014, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 2005.

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

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

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

0752235477
Aug. 22, 2014 LTR 4168C 0
20-2917263 000000 00
00019242

ST JUDES RANCH FOR CHILDREN-NEVADA
REGION INC
% ST JUDES RANCH FOR CHILDREN
PO BOX 60100
BOULDER CITY NV 89006-0100

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

Sincerely yours,

Kim D. Bailey
Operations Manager, AM Operations 3

CLARK COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM

Petitioner: Michael J. Pawlak, Director of Social Service

Recommendation:

That the Board of County Commissioners approve, adopt, and authorize the Chairman to sign a resolution to provide FY2016/17 County Department Initiatives grant funds in the amount of $50,000 to St. Jude's Ranch for Children to assist with program costs associated with its Crossings Youth Transitional Housing Program. (For possible action)

FISCAL IMPACT:

Fund #: 2031.000
Fund Center: 1080719000
Description: youth transitional housing

Fund Name: County Grants
Funded Program/Grant: OAG17
Amount: $50,000

BACKGROUND:

The Crossings Youth Transitional Housing program is a 15-unit transitional housing facility located in Las Vegas, Nevada. Clients of the program are hard to serve transition age homeless youth 18-25 years old. Individuals are referred to the Crossings through Clark County Social Services. In addition housing and traditional support services (i.e. identification card, health care assistance, food assistance, etc.), clients gain valuable life experiences through a mentor and mentee relationship with their case managers. Case managers work onsite and interact with their clients on a daily basis. A combination of role modeling, peer mentoring, independent living responsibilities, and respect for authority are at the core of the Crossings Youth Transitional Housing program. Funds will be used to help pay for operations of the facility and case management.

The District Attorney's Office has reviewed and approved this resolution as to form and St. Jude's Ranch for Children has accepted the terms and conditions contained in the resolution.

Respectfully submitted,

APPROVED AS RECOMMENDED

Michael J. Pawlak, Director of Social Service

Cleared for Agenda
12/6/2016 MD

Agenda Item #
38

RESOLUTION TO GRANT FUNDS TO
ST. JUDE'S RANCH FOR CHILDREN
FOR CROSSINGS SUPPORTIVE HOUSING

WHEREAS, St. Jude's Ranch for Children ("Recipient") located at 200 Wilson Circle, Boulder City, NV 89005, proposes to provide transitional housing to homeless youth 18-25 years old through its Crossings Supportive Housing program (the "Program"); and

WHEREAS, pursuant to NRS 244.1505, the Board of County Commissioners may expend money for any purpose which will provide a substantial benefit to the inhabitants of the County or grant money to a private organization, not for profit, to be expended for the selected purpose; and

WHEREAS, Recipient has requested financial assistance from the County to assist with the cost of operations for the Program, administered primarily at 200 Wilson Circle, Boulder City, NV 89005; and

WHEREAS, Recipient is a nonprofit organization created for religious, charitable, or educational purposes as defined by NRS 244.1505 and NRS 372.3261; and

WHEREAS, the Board of County Commissioners hereby determines that the purpose for which the Funds (as hereinafter defined) will be used by Recipient, as identified at Exhibit "A", "Expenditures Eligible for Reimbursement", attached hereto and incorporated herein as if fully set forth, will provide a substantial benefit to the inhabitants of the County; and

WHEREAS, Recipient agrees to furnish such services upon the terms and conditions set forth below.

WHEREAS, County management has identified the program as a Department Initiative in support of the Department of Juvenile Justice Services, Department of Family Services, and/or Department of Social Service in supplementing county functions.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Clark County, Nevada, that County funds be granted to Recipient for the Program, subject to the following conditions and limitations:

I. Scope of Services

A. The County will provide FIFTY THOUSAND AND NO/100TH DOLLARS ($50,000) in Fiscal Year 2016/2017 County Outside Agency Grant funds (the "Funds") to Recipient to assist with the cost of providing transitional housing to homeless youth 18-25 years old, during the period from July 1, 2016, through June 30, 2017, as outlined in Exhibit "A", "Expenditures Eligible for Reimbursement", except as provided for hereafter.

B. If the Program is for the purchase of real estate or construction thereon, unless otherwise provided herein, or by law, the County may elect to either grant the Funds to Recipient, through reimbursement, or expend the Funds on its behalf. If the County elects to expend the Funds on behalf of Recipient, it shall bid or negotiate as required by law to ensure the purchase, providing for such expenses as are necessary for the purchase and shall enter into contracts with a

seller of property, a general contractor and an architect when necessary in order to cause work in accordance with plans and specifications that have been approved by the County and Recipient. The Director of the Social Service Department, or the designee, with assistance of such other County agencies as are appropriate, is hereby delegated the discretion to expend the Funds, or reimburse Recipient, subject to the limitation that such exercise of discretion shall: be directed at maximizing the substantial benefit to the inhabitants of the County; be consistent with the law and regulations addressed herein; and not jeopardize any activity project, or funding source of the County.

C. Recipient will provide all services, including personnel and materials, to operate and manage the Program in accordance with Exhibit "B", "Scope of Services", attached hereto and incorporated herein as if fully set forth. Changes in the Scope of Services, as described in Exhibit "B", must receive prior written approval of the County.

D. Recipient will provide Program reports to Community Resources Management ("CRM") on a quarterly basis during the program year beginning July 1, 2016, and ending June 30, 2017. These reports will contain, but are not limited to, the information contained in Exhibit "C," "Quarterly Progress Report to Clark County," including any narrative report to delineate the benefit realized by the County for Program support.

E. Recipients receiving funds agree to adhere to the Southern Nevada Homeless Continuum of Care guidelines regarding housing first, low barrier programming and coordinated intake as applicable to individual projects.

F. Recipient must use the Southern Nevada Continuum of Care Coordinated Assessment and Intake System and must keep documentation evidencing the use of, and written intake procedures for, the Coordinated Assessment and Intake System in accordance with the requirements established by HUD, as applicable. More information can be found at www.helphopehome.org.

G. Recipient acknowledges these funds are not to be used for research and development activities.

H. The Awarding Official for this grant is Michael Pawlak, Director of Clark County Social Service. The Clark County OAG Program contact person is Apryl J. Kelly, Clark County Social Service, Community Resources Management, 1600 Pinto Lane 2nd Floor, Las Vegas, NV 89106, Apryl.Kelly@clarkcountynv.gov, or 702-455-5030.

II. General Conditions

A. In accordance with Clark County policy, Recipient shall give priority attention to referrals for service for County-identified clients if described in Exhibit "B".

B. Recipient will obtain any and all federal, state, and local permits and licenses required to operate the Program, and will keep and maintain in effect at all times any and all licenses, permits, notices and certifications which may be required by any City or County ordinance or state or federal statute.

C. The County will require Recipient to be bound by all City and County ordinances and state and federal statutes, as required.

D. Recipient has requested the financial support of the County to enable Recipient to provide the services contemplated herein. The County shall have no relationship whatsoever with the services contemplated herein except the provision of financial support and the receipt of reports as provided in this Resolution. To the extent, if at all, that any relationship to such services on the part of the County may be claimed or found to exist, Recipient shall be an independent contractor only.

Nothing in this Resolution is intended to appoint Recipient as an agent of the County. The Board of County Commissioners has not delegated to any County officer or employee the authority to appoint, and no review or approval of services, invoices, or records may be construed as appointing Recipient an agent of the County.

E. Recipient may not assign or delegate any of its rights, interests, or duties under this Resolution without the written consent of the County. Any such assignment or delegation made without the required consent shall be void, and may, at the option of the County, result in the forfeiture of all financial support provided herein.

F. (1) If Recipient uses a vehicle in providing its services, Recipient shall carry or provide Comprehensive Automobile Liability Insurance covering bodily injury and property damage, with minimum coverages as follows:

Bodily Injuries:	$1,000,000 each person; $1,000,000 each occurrence;
Property Damage:	$1,000,000 each person; $1,000,000 each occurrence; and

(2) Recipient shall carry or provide Comprehensive Fire and Hazard Insurance covering the full replacement costs of the Program.

(3) Recipient shall furnish to the County a copy of each policy for the aforementioned insurance coverages within ten days after adoption of this Resolution and shall notify the County at least ten days prior to the date on which any cancellation or material change of any such coverage is to become effective. The County shall be named as an additional insured party in all policies of insurance obtained pursuant to this Resolution. The County shall be furnished a copy of each policy within thirty days of its implementation, renewal, or change thereto.

G. Recipient shall allow duly authorized representatives of the County or independent auditors contracted by the County, or any combination thereof, to conduct such reviews, audits, and on-site monitoring of the Program as the reviewing entity deems to be appropriate in order to determine:

(1) Whether the objectives of the Program are being achieved;

(2) Whether the Program is being operated in an efficient and effective manner;

(3) Whether management control systems and internal procedures have been established to meet the objectives of the Program;

(4) Whether the financial operations of the Program are being conducted properly;

(5) Whether the periodic reports to the County contain accurate and reliable information; and

(6) Whether all of the activities of the Program are conducted in compliance with the provisions of state and federal laws and regulations and this Resolution.

Visits by the County, independent auditors contracted by the County, shall be announced to Recipient in advance of those visits, and shall occur during normal operating hours. Such persons may request and, if such a request is made, shall be granted, access to all of the books, documents, papers, and records of Recipient which relate to the Program. Such persons may interview recipients of the services of the Program.

H. Recipient shall protect, defend, indemnify, and save harmless the County from and against any and all liability, damages, demands, claims, suits, liens, and judgments of whatever nature including but not limited to claims for contribution or indemnification for injuries to or death of any person or persons, caused by, in connection with, or arising out of any activities undertaking pursuant to this Resolution. Recipient's obligation to protect, defend, indemnify, and save harmless as set forth in this paragraph shall include any and all reasonable attorneys' fees incurred by the County in the defense of handling of said suits, demands, judgments, liens, and claims and all reasonable attorney' fees and investigation expenses incurred by the County in enforcing or obtaining compliance with the provisions of this Resolution. In the event that the County incurs any expenses in this regard, it shall have a right to charge said expenses made in good faith to Recipient. An itemized statement of expenses shall be prima facie evidence of the fact and extent of the liability of Recipient.

I. Recipient will not use any funds or resources which are supplied by the County in litigation against any persons, natural or otherwise, or in its own defense in any such litigation and will notify the County of any legal action which is filed by or against it.

J. To the extent permitted by law, Recipient shall not institute any action or suit at law or in equity against County, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action, or cause of action for equitable relief, damages, costs, loss of services, expenses, or compensation for or on account of any damage, loss or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown, past, present or future, arising out of, in any way, the terms of this Resolution.

K. No officer, agent, consultant, or employee of Recipient may seek or accept any gifts, service, favor, employment, engagement, emolument, or economic opportunity which would tend improperly to influence a reasonable person in that position to depart from the faithful and impartial discharge of the duties of that position.

L. No officer, agent, consultant, or employee of Recipient may use his or her position to secure or grant any unwarranted privilege, preference, exemption, or advantage for himself or

herself, any member of his or her household, any business entity in which he or she has a financial interest, or any other person.

M. No officer, agent, consultant, or employee of Recipient may participate as an agent of Recipient in the negotiation or execution of any contract between Recipient and any private business in which he or she has a financial interest.

N. No officer, agent, consultant, or employee of Recipient may suppress any report or other document because it might tend to affect unfavorably his or her private financial interests.

O. No officer, agent, consultant, employee, or elected or appointed official of the County, or Recipient, shall have any interest, direct or indirect, financial or otherwise, in any contract, subcontract, or agreement with respect thereto, or the proceeds thereof, either for himself or herself, or for those whom he or she has family or business ties, during his or her tenure, or for one year thereafter, for any of the work to be performed pursuant to the Program.

P. None of the personnel employed in the administration of the Program shall be in any way or to any extent engaged in the conduct of political activities prohibited by Chapter 15 of Title 5, U.S. Code, as applicable.

Q. None of the Funds to be paid under this Resolution shall be used for any partisan political activity, or to support or defeat legislation pending before Congress.

R. If Recipient engages in inherently religious activities, such as worship, religious instruction, or proselytization, then as a Recipient of County funds, and in connection with public services offered through the Program, Recipient must adhere to the following stipulations:

(1) Recipient must not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services funded by this Resolution;

(2) If a Recipient conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded in this Resolution, and participation must be voluntary for the beneficiaries of the County-funded programs or services;

(3) Recipient shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief; and

(4) Recipient shall post a notice, in an area easily accessible and conspicuous to proposed client population, announcing that participation in religious worship, religious instruction, or proselytization is voluntary and not required to receive services. Such a notice may welcome participants to participate in any worship services, religious instruction, or proselytization activities by announcing the dates, times and locations of such activities, but shall explicitly state that such participation is purely voluntary.

III. Financial Management

A. Recipient shall record all costs of the Program by budget line items which shall be supported by adequate source documentation, including checks, payrolls, time records, invoices, contracts, vouchers, orders, and other accounting documents evidencing in proper detail the nature and propriety of all costs. At any time during normal business hours, Recipient's financial transactions with respect to the Program may be audited by the County or independent auditors contracted by the County, or any combination thereof. Recipient will provide a copy of its most recent audit to CRM. The representatives of the auditing agency or agencies shall have access to all books, documents, accounts, records, reports, files, papers, things, property, recipients of program services, and other persons pertaining to such financial transactions and necessary to facilitate the audit.

B. Copies, excerpts, or transcripts of all of the books, documents, papers, and records, including checks, payrolls, time records, invoices, contracts, vouchers, orders, and accounting documents concerning matters that are reasonably related to the Program will be provided upon request to the County.

C. The County will reimburse Recipient for all eligible costs of the Program up to the total amount of the Funds. Invoices containing receipts and cancelled checks will be submitted by Recipient on a monthly basis. Expenditures will be reviewed for consistency with the approved budget and scope of services. Approved invoices will be paid in a timely manner. Recipient shall pay all costs of the Program which exceed the total amount of the Funds provided by the County under this Resolution.

D. Expenditures eligible for reimbursement from the Funds are delineated in Exhibit "A". Recipient shall not make any changes in the line item expenditures in Exhibit "A" without prior written approval of the County.

E. Expenditures submitted for reimbursement by Recipient to the County from the Funds will be accounted for in a ledger separate from all other revenue sources.

F. In the event that the County finds that the total amount of the Funds allocated for the Program are not expended in the time and manner prescribed in this Resolution, the County reserves the right to extract that portion for other projects and programs under the County's jurisdiction.

G. Upon the expiration or revocation of this Resolution, Recipient shall transfer to the County any Funds on hand at the time of expiration or revocation, and any accounts receivable attributable to the use of the Funds.

IV. Expiration, Modification or Revocation of Resolution

A. This Resolution will commence upon its approval and signature by all parties and shall be completed by June 30, 2017, except as provided for hereafter. A time extension of up to six months may be authorized by the Director of Social Service, or his designated representative, for the grant funds provided each fiscal year if additional time is necessary to complete the Program

and the extension of time will not jeopardize any other activity, project or funding source of the County.

B. Upon Recipient's request, the agreement created by acceptance of this Resolution may be extended by the Director of Social Service, on an annual fiscal year basis for a period of up to 2 additional years in addition to that provided in section IV. A., for the same services provided for in this Resolution and with the same budget amount of new funding, or for a lesser amount of funding as determined by the Director of Social Service, amending Exhibits accordingly, subject to additional appropriation by the County and an annual review by CRM of the efficacy of Recipient's services.

C. The parties hereto will be required to amend or otherwise revise this Resolution should such modification be required by any applicable state or federal statutes or regulations.

D. Recipient may not assign or delegate any of its rights, interests, or duties under this Resolution without written approval from the County. Any such assignment or delegation made without the required consent shall be void and may, at the option of the County, result in the forfeiture of all financial support provided herein.

E. If Recipient fails to fulfill in a timely and proper manner its obligations under this Resolution, or if Recipient violates any of the conditions or limitations of this Resolution, the County may suspend or revoke this Resolution, and may terminate its participation in the Program at any time for convenience.

PASSED, ADOPTED, and APPROVED this 6th day of December, 2016.

BOARD OF COUNTY COMMISSIONERS
CLARK COUNTY

By_____
STEVE SISOLAK, CHAIRMAN

ATTEST:

_____
LYNN GOYA, COUNTY CLERK

APPROVED AS TO FORM:

STEVEN B. WOLFSON,
DISTRICT ATTORNEY

By: _____
Deputy District Attorney

EXHIBIT "A"

EXPENDITURES ELIGIBLE FOR REIMBURSEMENT

ST. JUDE'S RANCH FOR CHILDREN

FOR CROSSINGS SUPPORTIVE HOUSING

Fiscal Year 2016/2017 County Outside Agency Grant Funds

The following items may be paid with the Clark County General Funds, not to exceed $50,000:

Program Operations Costs

Salaries & Fringe Benefits (related to Operations)	$ 10,000
Approx. % of	

Direct Assistance on Behalf of Participants

Salaries & Fringe Benefits (related to Direct Services)	$ 30,000
Approx. % of	
Furniture/Fixtures and Equipment for client/participant space	$ 2,000
Scholarships, Vouchers, other purchases for clients	$ 6,000
Food Packages, Hygiene Items, other basic items to distribute	$ 2,000

TOTAL **$ 50,000**

EXHIBIT "B"

ST. JUDE'S RANCH FOR CHILDREN

FOR CROSSINGS SUPPORTIVE HOUSING

SCOPE OF SERVICES

Program Year 2016/2017

1. Clark County will provide FIFTY THOUSAND AND NO/100TH DOLLARS ($50,000) in Fiscal Year 2016/2017 County Outside Agency Grant funds (the "Funds") to St. Jude's Ranch For Children (the "Recipient") to assist with the expenses associated with its Crossings Supportive Housing program (the "Program").

2. During the program year ending June 30, 2017, Recipient will provide transitional housing to homeless youth 18-25 years old.

3. Specifically, the objectives of the Program in this fiscal year will be to:

   - Increase in income for 10 clients

   - Life skills, employment assistance and education assistance for 10 clients.

4. Recipient shall maintain client data demonstrating client eligibility for services provided and retain such client data as well as all financial records, supporting documents, statistical records, and all other records pertinent to this Resolution for a period of four (4) years.

5. Recipient will provide to Clark County written notice of any program changes during the fiscal year for which County funds are allocated under the provisions of this Resolution.

6. Recipient shall give priority attention to referrals for service for County-identified clients.

EXHIBIT "C"

QUARTERLY PROGRESS REPORT TO CLARK COUNTY

Reflecting Months: _____ Year: _____

Agency: ST. JUDE'S RANCH FOR CHILDREN

Program: CROSSINGS SUPPORTIVE HOUSING

PROGRESS TOWARDS ACHIEVING OBJECTIVES:

OBJECTIVE	THIS QUARTER	YEAR TO DATE
Increase in income for 10 clients		
Life skills, employment assistance / education assistance for 10 clients		

NARRATIVE REPORT: (please use additional pages as necessary)

Describe any problems and/or changes implemented during the operating year:

Describe any progress made to build collaborations or facilitate cooperation among and between agencies and persons serving this population:

Please list any Technical Assistance subject matters that would improve your agency's or the community's ability to better serve this target population:

ACCEPTANCE OF OUTSIDE AGENCY GRANT AND AGREEMENT TO COMPLY WITH GRANT CONDITIONS

I, Myesha Wilson, as Executive Director of St. Jude's Ranch For Children, a Nevada non-profit corporation, on behalf of that corporation, do hereby accept the grant made and the conditions imposed upon that grant contained in the Resolution to Grant County Funds to St. Jude's Ranch For Children, for the Crossings Supportive Housing program, adopted by the Board of County Commissioners of Clark County, Nevada, on the 6th day of December, 2016, a copy of which is attached hereto and incorporated herein.

EXECUTED this 8th day of November, 2016.

ST. JUDE'S RANCH FOR CHILDREN

By _____
SIGNATURE OF RESPONSIBLE PARTY

STATE OF NEVADA
COUNTY OF CLARK

This instrument was acknowledged before me on November 8, 2016 by
(Date)

Myesha Wilson as Executive Director of
(Name of Person) (Title)

St. Jude's Ranch for Children.

(SEAL) CHERI J. HUMPHRIES NOTARY PUBLIC - STATE OF NEVADA CLARK COUNTY My Commission Expires: 12-23-19 Certificate No: 99-4436-1

_____
NOTARY PUBLIC

My Commission expires: 12-23-19

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
☐ Sole Proprietorship	☐ Partnership	☐ Limited Liability Company	☐ Corporation	☐ Trust	☑ Non-Profit Organization	☐ Other

Business Designation Group (Please select all that apply)						
☐ MBE	☐ WBE	☐ SBE	☐ PBE	☐ VET	☐ DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business

Number of Clark County Nevada Residents Employed: 61

Corporate/Business Entity Name:	St. Jude's Ranch for Children - Nevada Region Inc.	
(Include d.b.a., if applicable)		
Street Address:	200 Wilson Circle	Website: www.stjudesranch.org
City, State and Zip Code:	Boulder City, NV 89005	POC Name: Jed Blake Email: jblake@stjudesranch.org
Telephone No:	702-294-7109	Fax No: 702-294-7191
Nevada Local Street Address: (If different from above)		Website:
City, State and Zip Code:		Local Fax No:
Local Telephone No:		Local POC Name: Email:

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? ☐ Yes ☑ No

1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

   ☐ Yes ☑ No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?

   ☐ Yes ☑ No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature — Myesha Wilson (Print Name)

Executive Director (Title) — 05-31-2017 (Date)

REVISED 7/25/2014

Department of Business License
JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.clarkcountynv.gov/businesslicense

CHARITABLE ORGANIZATION

Certificate of Registration

for St. Jude's Ranch For Children - Nevada Region, Inc.

Registration Number: 2000270.960

This certificate of registration is hereby granted to **St. Jude's Ranch For Children - Nevada Region, Inc.** by the Clark County Department of Business License. This certificate is non-transferable, and is valid only as to the identified Charitable Organization.

The issuance of this certificate of registration is not an endorsement of this solicitation by Clark County or any of its officers or employees.

This registration is issued in perpetuity and considered complete and valid only if the recipient is properly registered with the Nevada Secretary of State as a Non-Profit entity OR has been recognized by IRS to receive tax-deductible charitable contributions. Verification of appropriate status is available on line at nvsos.gov and IRS.gov: http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations-Select-Check.

Lisa Sosa-Perez

Business License Technician I
for **Jacqueline R. Holloway, Director**

Date: *8/26/2014*

St. Jude's Ranch For Children - Nevada Region, Inc.
PO Box 60100
Boulder City, NV 89006

Expires
6-16-2019

Good For 5 years —

EXHIBIT "A"

EXPENDITURES ELIGIBLE FOR REIMBURSEMENT

ST. JUDE'S RANCH FOR CHILDREN

FOR CROSSINGS SUPPORTIVE HOUSING

Fiscal Year 2017/2018 County Outside Agency Grant Funds

The following items may be paid with the Clark County General Funds, not to exceed $50,000:

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TOTAL $ 50,000

ST. JUDE'S RANCH
FOR CHILDREN

with help comes hope

June 6, 2017

US Department of Housing and Urban Development
Community Planning and Development Division
600 Harrison Street, 3rd Floor
San Francisco, CA 94107-1387

To Whom It May Concern:

RE: St. Jude's Ranch Crossing Transitional Housing – Cash Match Letter

Please accept this letter as a guarantee of Cash Match (cash) support for the above mentioned project. As the guarantee, St. Jude's Ranch for Children will provide after care services, furniture assistance, household supplies, educational assistance, transportation, and clothing for interviews and job search support for our clients. The total amount of these commitments is $86,152. The cash match is derived from St. Jude's Ranch for Children private funding and future contributions from grants based on historical awards.

Should you have any questions or concerns, please do not hesitate to contact me at (702) 294-7101or email at myeshaw@stjudesranch.org.. Thank you for helping for supporting our project.

Sincerely,

Myesha Wilson
Executive Director