# Before Starting the Project Application

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

Things to Remember:

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

# 1A. SF-424 Application Type

| | |
|---|---|
| **1. Type of Submission:** | |
| **2. Type of Application:** | New Project Application |
| **If Revision, select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 09/26/2017 |
| **4. Applicant Identifier:** | |
| **5a. Federal Entity Identifier:** | |
| **6. Date Received by State:** | |
| **7. State Application Identifier:** | |

# 1B. SF-424 Legal Applicant

**8. Applicant**

**a. Legal Name:** 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:** SN CE-Coordinated Entry Matching

**16. Congressional District(s):**

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

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

**17. Proposed Project**

**a. Start Date:** 07/01/2018

**b. End Date:** 06/30/2019

**18. Estimated Funding ($)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

# 1E. SF-424 Compliance

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

# 1F. SF-424 Declaration

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

**I AGREE:** X

**21. Authorized Representative**

| | |
|---|---|
| **Prefix:** | Ms. |
| **First Name:** | 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:** | 09/26/2017 |

# 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:** $202,502.00

(Requested amounts will be automatically entered within applications)

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

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

## Part I Threshold Determinations

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

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

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

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

| Department/Local Agency Name and Address | Type of Assistance | Amount Requested / Provided | Expected Uses of the Funds |
|---|---|---|---|
| HUD | CoC funding grant | $1,527,025.00 | Rental Assistance, S/S for four programs |
| | | | |
| | | | |
| | | | |
| | | | |

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

## Part III Interested Parties

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

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

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

## Certification

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

I certify that this information is true and complete.

**I AGREE:** X

**Name / Title of Authorized Official:** 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 ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 ---<br>(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<br>(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 ---<br>(1) Abide by the terms of the statement; and<br>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; | | |

### 2. Sites for Work Performance.

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

**I hereby certify that all the information stated herein, as well as any information provided in** X

**the accompaniment herewith, is true and accurate.** ☐

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

## Authorized Representative

| | |
|---|---|
| **Prefix:** | Ms. |
| **First Name:** | 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:** | 09/26/2017 |

# 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:** 09/26/2017

# 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 Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 09/26/2017 |

# 2A. Project Subrecipients

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

**Total Expected Sub-Awards:**

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

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

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

HELP of Southern Nevada has been successfully managing federal funds for decades beginning with Department of Energy and State of Nevada funding for the agency's Weatherization program. Since that time, HELP has been awarded funding from the Department of Labor, Department of Housing and Urban Development, State of Nevada, Youth Parole, Clark County, the City of Las Vegas, North Las Vegas, and a number of private donors.

HELP has proven to be an excellent steward to taxpayers, business, and private dollars. The agency receives excellent ratings for the annual A-133 audit, monitorings conducted by funders, and site visits.

Members of HELP staff have been committed to moving the Coordinated Intake process forward as members of the Coordinated Intake Change Advisory Team (CAT). The Chief Social Services Officer is the current chair for the CAT and is Co-Chair for the Family group. HELP's Mobile Crisis Intervention Team (MCIT) completes assessments in the field and works closely with staff from the community queue.

Being involved in the Coordinated Intake process from the beginning has made staff member's historians for the local process. As a result of this working knowledge there should be little ramp-up time needed for this project.

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

HELP has offered integrated services to the people of Southern Nevada and has done so for the past 47 years. The agency prides itself on effectively responding to community needs, which is demonstrated in the agency's nine (9) distinct departments:

Behavioral Health Services – credentialed staff provide mental health and substance abuse services to participants in HELP's programs. HELP has been providing behavioral health services for nine (9) years.

Emergency Resource Services - provides life-changing services to homeless, at-risk, and low-income residents and includes housing assistance, homeless prevention, utility, food, and infant supplies. A New Start, which is a HUD permanent supportive housing program, began in 2010.

Framing Hope Warehouse receives donated retail merchandise and building

supplies from Bed Bath and Beyond through Good 360 and thirteen (13) Home Depot stores, and redistributes these products to local nonprofits and their clientele for an affordable administrative fee.

Holiday Programs – assists low-income families and individuals with food for Thanksgiving Dinner; Adopt-a-Family opportunities, and holiday gifts for children that are received through a holiday Toy Drive.

Homeless Services –provides homeless and chronically homeless individuals and couples without children safe and stable housing, intensive case management, addiction and mental health services, home and wellness visits, and transportation to appointments. This program began in 2008.

Mobile Crisis Intervention Team (MCIT) - conducts interventions, abatements, and health and safety checks in places not meant for human habitation including drainage tunnels, washes, and desert and neighborhood encampments.

Shannon West Homeless Youth Center - provides safe and stable housing, intensive case management, education and employment assistance, and addiction and mental health services to homeless and at-risk youth and young adults. HELP took over the center in 2008.

Weatherization assists low-income households with energy saving measures that help to reduce overall energy costs.

Work Opportunity Readiness Center (WORC) - provides pre-employment services, vocational counseling, job search skills, and methods for retaining employment to low-income members of the community. The WORC department has operated for over 40 years and has help thousands of people secure and maintain employment.

HELP has decades worth of experience leveraging Federal, State, local, and private funding to support and grow programming, which is evidenced by the continued support HELP receives for HUD, the DOL, DOE, State of Nevada, Clark County, the Cities of Las Vegas and North Las Vegas, local businesses, foundations, and civic groups.

There are no subrecipients included in this proposal.

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

HELP of Southern Nevada has a 17 member volunteer Board of Trustees, many who have served for over a decade.

Fuilala Riley, President/CEO was recently promoted to this position as serving as the agency's Chief Operations Officer. Ms. Riley has been with the company for 14 years. She is responsible for the daily operations of the entire agency.

Shelly Torres, Chief Financial Officer has been with HELP for 12 years. Mrs.

Torres is responsible for the day-to-day financial operations of the organization

Kelly Robson, Chief Social Services Officer has been with HELP for 12 years. Ms. Robson is responsible for the day-to-day operations of all social service programs.

Financial accountability procedures are as follows:

A.Accounts Payable.

Check requests. Check requests are used to process disbursements. These disbursements include personal reimbursements, subscriptions, professional fees, petty cash reimbursements, and those purchases where a request for supplies is not used. All check requests, require the approval of the program manager and original supporting documentation. A full accounting of the use of the funds and appropriate supporting documentation must be submitted to the Finance Department no later than the last business day of the month.

Invoices. All invoices submitted to the Finance Department for payment, including those resulting from an order, must be reviewed, and approved by the originating program's manager.

Processing of Checks, Manual Checks, or Transfers. Computer checks are run daily (the check preparer cannot be a signer on the account). Manual checks (non-computer generated) are available only in special situations and require the approval of the President/CEO, as well as a check request or order as appropriate. All checks must have two signatures. Organizational expenses require one signature from either the President/CEO, as well as one Executive Committee Member signature. The disbursements of checks written to vendors must be mailed out to the vendor and may not be hand delivered (unless a Case Manager one of HELP's programs will be paying on behalf of our client for their rent, birth certificate, etc. or approved by the President/CEO or CFO).

| | |
|---|---|
| **4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** | No |

# 3A. Project Detail

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

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

**2. Project Name:** SN CE-Coordinated Entry Matching

**3. Project Status:** Standard

**4. Component Type:** SSO

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

# 3B. Project Description

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

Southern Nevada implemented the first phase of coordinated intake for households without children in July 2014. Clark County Social Service (CCSS), in response to the community's request, has served as the coordinated intake assessment sites since inception. Outreach teams provide assessments in the field and the VA's Community Resource & Referral Center (CRRC) provides assessments for Veterans. The community's Coordinated Intake (CI) Change Advisory Team (CAT) serves as the leadership group providing guidance, evaluation and course correction for CI activities.

CCSS added additional roles and responsibilities to current staff to perform the duties of matching and to meet the community needs. As the CI system has developed and matured over time, the CI CAT realized that in order to be in compliance with HUD CE guidance and self-assessment tool, dedicated positions for community matchers needed to be created. HELP was approached with the request to become community matchers.

Southern Nevada has been developing and preparing to implement CI phase 2 which includes CI and assessment for youth, families and survivors of domestic violence (DV). Establishing community matchers will ensure coordination and collaboration for all homeless persons in the community. The community matchers will work closely with the providers for each sub-population and attend the accompanying care coordination and CI CAT meetings to ensure the most vulnerable households are placed in eligible beds and prioritization is applied throughout the continuum for all persons into appropriate housing resources.

Southern Nevada has limited public transportation which is a barrier for our clients to access services. We recognize that in order to develop a healthy system that will meet the needs of our community members experiencing homelessness, we need to provide adequate means for them to access assessments sites, emergency shelters and housing providers.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

The community utilizes sub-population access sites, however, assessors at all sites will be trained to administer the housing assessment used for each sub-population in order to ensure a no wrong door approach and remain in compliance with HUD's guidance and self-assessment tool.

The Community Matchers will be available Monday through Friday from 8:00am-4:00pm, closed on weekends and all federal holidays. Community outreach teams provide assessments in the field during nontraditional work hours to meet the ongoing unique needs of persons experiencing homelessness.

The management plan is governed by the executive leadership of HELP and the CoC's CI CAT. The management plan will provide overall direction and guidance, develop outcomes, review model interventions and develop the program logic model. The CI CAT, which meets bi-weekly, and the HELP Leadership, which meets quarterly, will monitor the program, address any programmatic concerns and monitor the strategic plan. The CoC will utilize planning funds to contract with a third party to evaluate the CI System's effectiveness and make appropriate recommendations.

Leadership will ensure effective and timely completion of all work as outlined in the strategic plan by holding the community matchers accountable through regular reporting and status reports.

HELP will be able to implement this project within 12 months of execution of the grant agreement.

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

**(Select ALL that apply)**

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

**4. Please select the type of SSO project:** Coordinated Entry

**4a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area?** Yes

**4b. Will the coordinated entry process funded in part by this grant be easily accessible?** Yes

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.**

The CI CAT has developed a variety of materials to advertise CI and to ensure the public is aware of the access sites. These materials will be employed via the medium most appropriate for distribution and available in English and Spanish.

Translators are available at the assessment sites. Electronic methods of advertisement that will be used include the CoC's website, agency provider websites and social media. Written formats will include information cards, homeless resource guides, flyers and newsletters. Materials will be posted in public areas of shelters, food banks, community meals, libraries, bus stops, community centers and other known locations for persons experiencing homelessness.

**4d. Does the coordinated entry process use a comprehensive, standardized assessment process?** Yes

**4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.**

The community matchers will be responsible for utilizing HMIS to make the referrals for clients to available housing resources. Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing and services. Although the current continuum of services rarely has multiple provider options available at the same time. When this does occur, the prioritized client is given a choice of the provider and housing service.

All programs receiving referrals through the CI system, including CoC/ESG funded programs, must use the CI system established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services.

When the assessment tool does not produce the entire body of information necessary to determine a household's prioritization, case conferencing is implemented to ensure that case workers and others working with households have the opportunity to provide additional information. The only information relevant to factors listed in the CI written policies and procedures may be used to make prioritization decisions, and must be consistent with these written standards.

Clients are:
•expected to participate in assessments in order to be connected to the available services that best meet their needs.
•asked to cooperate with staff to provide documentation to meet program eligibility criteria (e.g., homeless status); and
•expected to partner with provider agencies in resolving their housing crisis by participating in finding and obtaining housing and services.

If a client exercises their right to refuse a housing or service placement, they will be placed back into the community queue. However, two rejections of scattered-site housing will lead to a standardized evaluation by the CI CAT to reassess their participation.

Clients have the right to appeal any CI decisions that deviate from the objective standards and practices outlined in the CoC's CI Policies and Procedures.

The two reasons why a provider agency may reject a client referred by the CI system are:
(1)The client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
(2)The program lacks the capacity to safely accommodate the client.

All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success.
If a program rejects a client referral for permanent housing, the program must document the time of the rejection and the particular reason for the rejection, and communicate that information to the client, the community matchers, and in HMIS.

The CI CAT will be monitoring and evaluating all rejected referrals and provide ongoing process improvement recommendations on continued implementation of CI.

| | |
|---|---|
| **4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness?** | Yes |

# 3C. Project Expansion Information

| | |
|---|---|
| **1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** | Yes |
| **2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type?** | No |
| **3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.** | Coordinated entry, Provide additional supportive services to homeless persons |

## Additional supportive services to homeless persons

| | |
|---|---|
| **Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** | Increase number of and/or expand variety of supportive services provided, Coordinated entry |

**Describe the reason for the supportive service increase indicated above.**

Southern Nevada has limited public transportation, which causes barriers for our clients to access services. We recognize in order to develop a healthy system that will meet the needs of our community members experiencing homelessness we need to provide adequate means for them to access assessment sites, emergency shelters, and housing providers. Therefore, this request includes transportation in the form of bus passes and ride shares to close the gap and eliminate access barriers.

# 6A. Funding Request

| | |
|---|---|
| **1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** | Yes |
| **2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** | Reallocation |
| **3. Does this project propose to allocate funds according to an indirect cost rate?** | No |
| **4. Select a grant term:** | 1 Year |
| *** 5. Select the costs for which funding is being requested:** | |
| **Supportive Services** | X |

# 6F. Supportive Services Budget

## Instructions:

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

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

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

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

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

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

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

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

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

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|---|
| **1. Assessment of Service Needs** | | |
| **2. Assistance with Moving Costs** | | |
| **3. Case Management** | 2 FTE Community Matchers and 1 FTE Manager | $164,093 |
| **4. Child Care** | | |
| **5. Education Services** | | |
| **6. Employment Assistance** | | |
| **7. Food** | | |
| **8. Housing/Counseling Services** | | |
| **9. Legal Services** | | |
| **10. Life Skills** | | |
| **11. Mental Health Services** | | |
| **12. Outpatient Health Services** | | |
| **13. Outreach Services** | | |

| | | |
|---|---|---|
| **14. Substance Abuse Treatment Services** | | |
| **15. Transportation** | Daily bus passes and/or ride share | $20,000 |
| **16. Utility Deposits** | | |
| **17. Operating Costs** | | |
| **Total Annual Assistance Requested** | | $184,093 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $184,093 |

**Click the 'Save' button to automatically calculate totals.**

# 6I. Sources of Match

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

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $49,008 |
| **Total Value of In-Kind Commitments:** | $5,000 |
| **Total Value of All Commitments:** | $54,008 |

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Yes | Cash | Private | NPHY | 09/12/2017 | $20,008 |
| Yes | Cash | Private | LSSN | 09/12/2017 | $14,000 |
| Yes | Cash | Private | St. Judes | 09/12/2017 | $15,000 |
| Yes | In-Kind | Private | Family Promise | 09/12/2017 | $5,000 |

# 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)** | NPHY |
| **5. Date of Written Commitment:** | 09/12/2017 |
| **6. Value of Written Commitment:** | $20,008 |

# 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)** | LSSN |
| **5. Date of Written Commitment:** | 09/12/2017 |
| **6. Value of Written Commitment:** | $14,000 |

# 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** | St. Judes |

**office or grant program as applicable)**

**5. Date of Written Commitment:** 09/12/2017

**6. Value of Written Commitment:** $15,000

# Sources of Match Detail

**1. Will this commitment be used towards match ?** Yes

**2. Type of commitment:** In-Kind

**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)** Family Promise

**5. Date of Written Commitment:** 09/12/2017

**6. Value of Written Commitment:** $5,000

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

# 6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|---|---|---|---|
| **1a. Acquisition** | | | $0 |
| **1b. Rehabilitation** | | | $0 |
| **1c. New Construction** | | | $0 |
| **2a. Leased Units** | $0 | 1 Year | $0 |
| **2b. Leased Structures** | $0 | 1 Year | $0 |
| **3. Rental Assistance** | $0 | 1 Year | $0 |
| **4. Supportive Services** | $184,093 | 1 Year | $184,093 |
| **5. Operating** | $0 | 1 Year | $0 |
| **6. HMIS** | $0 | 1 Year | $0 |
| **7. Sub-total Costs Requested** | | | $184,093 |
| **8. Admin (Up to 10%)** | | | $18,409 |
| **9. Total Assistance Plus Admin Requested** | | | $202,502 |
| **10. Cash Match** | | | $49,008 |
| **11. In-Kind Match** | | | $5,000 |
| **12. Total Match** | | | $54,008 |
| **13. Total Budget** | | | $256,510 |

**Click the 'Save' button to automatically calculate totals.**

# 7A. Attachment(s)

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

# Attachment Details

**Document Description:** 501 c 3

# Attachment Details

**Document Description:** Match

# Attachment Details

**Document Description:**

# 7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| In-Kind Match MOU | No | | |

# Attachment Details

**Document Description:**

# 7D. Certification

## A. For all projects:

## Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

### Additional for Rental Assistance Projects:

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

### B. For non-Rental Assistance Projects Only.

### 15-Year Operation Rule.

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

### 1-Year Operation Rule.

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

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

| | |
|---|---|
| **Name of Authorized Certifying Official:** | Fuilala Riley |
| **Date:** | 09/26/2017 |
| **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 Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent** | X |

**statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).** ☐

# 8B. Submission Summary

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

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

| Page | Last Updated |
|---|---|
| **1A. SF-424 Application Type** | No Input Required |
| **1B. SF-424 Legal Applicant** | No Input Required |
| **1C. SF-424 Application Details** | No Input Required |

| | |
|---|---|
| **1D. SF-424 Congressional District(s)** | 09/12/2017 |
| **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. Experience** | 09/12/2017 |
| **3A. Project Detail** | 09/26/2017 |
| **3B. Description** | 09/12/2017 |
| **3C. Expansion** | 09/12/2017 |
| **6A. Funding Request** | 09/12/2017 |
| **6F. Supp Srvcs Budget** | 09/12/2017 |
| **6I. Match** | 09/14/2017 |
| **6J. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 09/12/2017 |
| **7A. In-Kind MOU Attachment** | No Input Required |
| **7D. Certification** | 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

# LUTHERAN SOCIAL SERVICES
## OF NEVADA

September 12, 2017

Fuilala Riley
Chief Executive Officer
Help of Southern Nevada
1640 E. Flamingo Road, #100
Las Vegas, NV 89118

RE: SN CI Community Matching

Dear Mrs. Riley,

The Southern Nevada Homelessness Continuum of Care implemented the first phase of Coordinated Intake (CI) for households without children in July 2014. The implementation of the second phase includes CI and assessment for youth, families, and survivors of domestic violence. The CI Change Advisory Team (CAT) serves as the leadership group providing guidance, evaluation, and course correction for CI activities. As the CI system has developed and matured since 2014, CAT has realized that in order to remain in compliance with HUD guidance, dedicated positions for community matchers need to be created. The SN CI Community Matching project will fund these dedicated positions.

Lutheran Social Services of Nevada (LSSN) is dedicated to supporting the SN CI Community Matching project with **cash match funds**. LSSN is committing:

Type: cash
Source: Unrestricted revenue generating funds
Value: $14,000
Date of Commitment: 7/1/2018-6/30/2019
For: Dedicated positions for community matching for clients directly linked to the SN CI system.

SN CI Community Matching is an innovative project for Southern Nevada that utilizes HMIS to make referrals for clients to available housing resources including CoC and ESG funded programs. If you have any questions or require further information, please contact me at 702-839-8777.

Sincerely,

Armena Mnatsakanyan
Executive Director

73 Spectrum Boulevard
Las Vegas, NV 89101

Phone: (702) 639-1730
Fax: (702) 639-1736

Website: www.lssnv.org
EIN #: 86-0845241

ST. JUDE'S RANCH
FOR CHILDREN

*with help comes hope*

September 12, 2017

**RE: SN CI Community Matching**

To Whom It May Concern:

The Southern Nevada Homelessness Continuum of Care implemented the first phase of Coordinated Intake (CI) for households without children in July 2014. The implementation of the second phase includes CI and assessment for youth, families, and survivors of domestic violence. The CI Change Advisory Team (CAT) serves as the leadership group providing guidance, evaluation, and course correction for CI activities. As the CI system has developed and matured since 2014, CAT has realized that in order to remain in compliance with HUD guidance, dedicated positions for community matchers need to be created. The SN CI Community Matching project will fund these dedicated positions.

St. Jude's Ranch for Children-Nevada Region Inc. (SJRC) is dedicated to supporting the SN CI Community Matching project with **cash match funds**. SJRC is committing:

| Type | Source | Value | Date of Commitment |
|---|---|---|---|
| Cash | General Operating Funds | $15,000 | 7/1/2018-6/30/2019 |

**For:** Dedicated positions for community matching for clients directly linked to the SN CI system. A current SJRC case manager will provide the services to county residents as part of their daily work schedule.

SN CI Community Matching is an innovative project for Southern Nevada that utilizes HMIS to make referrals for clients to available housing resources including CoC and ESG funded programs. If you have any questions or require further information, please contact me at 702-294-7111 or at cvela@stjudesranch.org.

Sincerely,

Christina Vela
Executive Director

Nevada Partnership for Homeless Youth
4981 Shirley St., Las Vegas, NV 89119
Phone (702) 383-1332 • Fax (702) 313-0216

PLEASE SEND CORRESPONDENCE VIA MAIL TO:
P.O. Box 20135, Las Vegas, NV 89112
www.nphy.org

September 12, 2017

Fuilala Riley, CEO
HELP of Southern Nevada
1640 East Flamingo Road
Las Vegas Nevada 89119

RE: SN CI Community Matching CoC Grant Application

The Nevada Partnership for Homeless Youth (NPHY) is dedicated to supporting the SN CI Community Matching CoC grant application with **cash match funds**. NPHY is committing:

| Type | Source | Value | Date of Commitment |
|---|---|---|---|
| In-kind | Unrestricted Revenue (ED) | $2,359.00 | 7/1/2018-6/30/2019 |
| In-kind | Unrestricted Revenue (RDM) plus Private Donations for street outreach | $2,328.00 | 7/1/2018-6/30/2019 |
| In-kind | Unrestricted Revenue (RDA) | $1,125.00 | 7/1/2018-6/30/2019 |
| In-kind | Clark County OAG funds (PM) | $4,440.00 | 7/1/2018-6/30/2019 |
| In-kind | Clark County OAG funds (CMs) | $7,000.00 | 7/1/2018-6/30/2019 |
| In-kind | Clark County OAG funds (CMAs) | $2,756.00 | 7/1/2018-6/30/2019 |

NPHY plans to devote an average of one hour (1) per week of time spent by our Executive Director (ED), one and a half hours (1.5) per week of time spent by our Research & Development Manager (RDM), and one hour and a quarter (1.25) per week of time spent by our Research & Development Assistant (RDA) to this project. Time spent on this project by these staff members will include attendance at CI-CAT/Coordinated Entry Working Group meetings, Youth Working Group/Youth Coordinated Entry Subcommittee meetings, and research, data review, and writing time devoted to our community's youth coordinated entry system.

Additionally, NPHY direct service staff will devote the following time to this project: four hours (4) per week each by two Case Managers (CM); two hours (2) per week each by two Case Manager Assistants (CMA); and three hours and a quarter (3.25) per week by the Programs Manager (PM). Time spent on this project will include conducting youth assessments, attending care coordination meetings, and conducting matching activities for the youth coordinated entry system.

Nevada Partnership for Homeless Youth
4981 Shirley St., Las Vegas, NV 89119
Phone (702) 383-1332 • Fax (702) 313-0216

PLEASE SEND CORRESPONDENCE VIA MAIL TO:
P.O. Box 20135, Las Vegas, NV 89112
www.nphy.org

The total value of $20,008.00 is derived from multiplying each staff member's current professional hourly rate by the average amount of time devoted to this project per month, multiplied by the twelve months of the project period.

Please accept this letter as documentation that NPHY is dedicated to supporting the SN CI Community Matching project through match resources immediately available for purposes of supporting the project. This funding is available to the organization and program covering the period 7/1/18 – 6/30/19.

If you have any questions or require additional information, please contact me at 702-778-8366 or arash@nphy.org.

Sincerely,

Arash Ghafoori
Executive Director

September 12, 2017

**RE: SN CI Community Matching**

To Whom It May Concern:

The Southern Nevada Homelessness Continuum of Care implemented the first phase of Coordinated Intake (CI) for households without children in July 2014. The implementation of the second phase includes CI and assessment for youth, families, and survivors of domestic violence. The CI Change Advisory Team (CAT) serves as the leadership group providing guidance, evaluation, and course correction for CI activities. As the CI system has developed and matured since 2014, CAT has realized that in order to remain in compliance with HUD guidance, dedicated positions for community matchers need to be created. The SN CI Community Matching project will fund these dedicated positions.

Family Promise of Las Vegas (FPLV) is dedicated to supporting the SN CI Community Matching project with **cash match funds**. FPLV is committing:

| Type | Source | Value | Date of Commitment |
|---|---|---|---|
| In-kind | Unrestricted revenue generating funds | $10,000 | 7/1/2018-6/30/2019 |

**For:** Dedicated positions for community matching for clients directly linked to the SN CI system.

SN CI Community Matching is an innovative project for Southern Nevada that utilizes HMIS to make referrals for clients to available housing resources including CoC and ESG funded programs. If you have any questions or require further information, please contact me at 702-638-8806.

Sincerely,

Terry Ruth Lindemann
Executive Director