

South Lake Tahoe Women's Center

Womenspace Unlimited

September 14, 2009

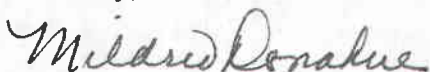
El Dorado County
Procurement and Contracts
330 Fair Lane
Placerville, CA 95667

To Whom It May Concern:

Enclosed is one original and five copies of Womenspace Unlimited South Lake Tahoe Women's Center's Statement of Interest and Qualifications for the 2009 Continuum of Care Homeless Assistance Program (RFQ# 10-952-006) posted on the El Dorado County website. We have enclosed these in a sealed envelope marked "RFQ 10-952-006 MAILROOM DO NOT OPEN" and mailed them to the address listed above.

Please direct all questions you may have regarding this application to Anna Richter, Development Director at (530) 542-7633 or ARichter@sltwc.org.

Sincerely,



Mildred Donahue
Interim Executive Director

Womenspace Unlimited South Lake Tahoe Women's Center

2. Project Summary Narrative

- a. **Applicant name:** Womenspace Unlimited South Lake Tahoe Women's Center
- b. **Organizational structure:** A 10-member Board of Directors provides support and oversight of the agency's Executive Director (who is currently on maternity leave and will return 11/09—her position has been filled by Interim Executive Director Mildred Donahue). The Executive Director supervises the Attorney and Director level staff, including the Finance, Operations and Development Directors. The Operations Director supervises three counselors, one part-time contractor and all Coordinator-level positions, including Fiscal/Data Coordinator, Housing Coordinator, Outreach Coordinator, P2P Program Coordinator, Alpine Coordinator, and Advocate Coordinator. The Finance Director co-supervises the Fiscal/Data Coordinator position, and the Development Director supervises the Grants Coordinator. The Advocate Coordinator supervises six Advocate positions; the Receptionist Advocate supervises crisis line volunteers. The Housing Coordinator supervises the Bilingual Housing Advocate and would also supervise the Transitional Advocate whose salary we are requesting with this grant.
- c. **Experience narratives:** We have strong, experienced leadership from our Executive Director, who has worked at the agency in various roles for over 10 years, and strong involvement from our Board, whose 10 members have 109 years of combined service.

Before state funds were available to domestic violence programs to provide shelter to survivors, the Women's Center recognized the need for emergency shelter in the community and organized a grassroots network of community volunteers who provided such shelter out of their own homes. In 1985, when state shelter funds became available, the Women's Center began providing temporary emergency shelter in local motels and long-term shelter through a rented "safe house." Shortly thereafter, the agency began a grassroots transitional housing program. The Women's Center rented houses on clients' behalves and paid a large portion of the rent. With each month that passed, clients paid larger percentages until they eventually paid all of the rent. At that time, the lease was transferred to the client's name. In 1991, the Women's Center used state and federal funds to purchase an eight-bed emergency shelter whose location has remained confidential ever since. In 2001, the Women's Center purchased a transitional housing duplex to provide transitional housing for two families for up to 18 months.

Current shelter staff are bilingual Latinas, one with significant management experience and one with a BA in public health. The Housing Coordinator has

worked with homeless survivors of domestic violence for 6 years (and was trained by the former Housing Coordinator, who had nearly 11 years experience in the shelter program) and the Housing Advocate is in her second year of serving this population. The MA-level Counselor has served victims of violence for 6 years. All staff has completed 80 hours of state-certified training related to domestic violence, sexual assault, and child abuse and completes a minimum of 12 ongoing training hours per year to maintain their certification as domestic violence and sexual assault counselors.

- d. **Population to be served:** Those served will be adult victims and their children who have successfully completed the 90 day Emergency Shelter Program and who need up to 6 months of additional services and support. The following demographics are from clients served in FY 08-09 in the agency's Emergency Shelter Program, the pool of those eligible to participate in the expanded 6-month Transitional Housing Program. Eighty-five percent of clients served had incomes of less than \$9,000 each year and 95% had incomes of less than \$15,000. Eighty-six percent of clients were supporting their children on these incomes. Ethnicities served included: Caucasian (45%), Hispanic (38%), Native American (5%), Multi-racial (10%), African American (1%), and Asian (1%). Thirty-six percent of clients served received services in Spanish or Tagalog. All clients had survived domestic violence, including: physical, emotional, financial, and/or sexual abuse and stalking. The children staying at the shelter have witnessed the abuse or had been directly involved, often getting hurt while trying to intervene to stop the abuse. Approximately 13% of shelter clients disclosed having been sexually assaulted, and between 3-10% of those served were people with physical or mental disabilities.
- e. **Type of housing and/or service proposed:** Transitional shelter is currently available for up to 18 months for two families who are homeless due to domestic violence. Clients must have successfully completed the 90-day Emergency Shelter Program to be eligible for the Transitional Housing Program. Using funds requested and matching funds, we will expand the existing Transitional Housing Program by securing 6-month leases of appropriately-sized homes for 10 victims of violence and their children each year for a total of 42 additional leased apartments/homes. Expanding the Transitional Shelter Program will help victims increase self-sufficiency, gain employment, secure child care, establish savings, and learn additional other skills to help them maintain their housing, independence from abusers and overall stability. After the support and services received throughout the new six-month Transitional Housing Program, clients will have built the skills and taken the steps necessary to be able to take over the leases. This will lead to each program participant having safe, permanent housing at the completion of the six-month program.

Services provided to Transitional Housing Program clients are individualized to meet clients' specific needs and may include:

1. Counseling: individual, group and peer counseling is provided to adults and children.
2. Case management: program staff and clients will meet weekly to address immediate needs, create action plans, assess progress toward goals, provide advocacy and accompaniment to facilitate goal completion, and more.
3. Legal services: the agency's attorney works with clients to address any legal issues that stem from the domestic violence or sexual assault they have experienced. Services provided include referrals, assistance with preparing and filing documents, legal advice and information, and representation.
4. Budgeting education: clients meet with shelter program staff to learn how to develop and adhere to a monthly budget. Clients are provided with tools and education to help them save funds to support their efforts to move from transitional housing into permanent housing.
5. Life skills training: clients will receive weekly training and assistance related to self-transport, budgeting, cost-effective meal planning/grocery shopping, cooking skills, resume development, employment searches, securing child care, referrals to other service providers, and more.
6. Transportation assistance: clients receive assistance with transportation through either monthly gas vouchers or monthly bus passes.
7. Food and clothing: clients will receive a stipend to be used toward approved food or household expenses and will be reimbursed for those eligible expenses. Clothing will be provided through community donations, or through no-cost voucher systems established with local thrift shops.
8. Utilities: clients will receive up to \$100 per month toward their utility costs while they participate in the program. The program will pay the utility companies directly and clients will be responsible for all utility costs above and beyond this allowance. All clients will be educated about how to sign up for utility assistance programs for which they may qualify.
9. Child care: clients with children will receive a partial stipend to be used toward child care for the first two months of their participation so they can focus on establishing a form of income. This stipend will be paid by the agency directly to reputable, licensed child care facilities.
10. Advocacy and/or accompaniment: Clients are provided with advocacy and/or accompaniment through medical and legal processes, job and housing searches, and with supportive local agencies (such as Social Services, Child Protective Services, Mental Health, and others).
11. Community resource referrals: Clients receive appropriate referrals to assist them in seeking and using available resources to proactively meet their own needs and address mental health, medical and substance abuse issues.

- f. **Location of proposed housing or services:** The business office is located at 2941 Lake Tahoe Blvd., South Lake Tahoe, CA and the existing transitional

housing duplex is confidentially located in South Lake Tahoe, CA. The additional 10 units to be leased by the agency and then taken over by the clients each year will be located throughout the agency's service area and as close to public transport, grocery stores and other services as possible.

- g. **Main goal of the proposed project:** The goal of the Transitional Housing Program is to increase clients' self-sufficiency and success in providing safe, nonviolent, permanent homes for themselves and their children. Each family's transitional home will become permanent housing as they take over the lease after 6 months. We accomplish this goal by providing safe places where victims of domestic violence and their children can live while being protected and supported as they develop skills to increase their self-sufficiency, break the cycle of violence, heal from the abuse they have experienced, and achieve stability in permanent housing. We are excited to dramatically expand our Transitional Housing Program to provide this opportunity to many more clients with HUD support.
- h. **Description of proposed participation in mainstream programs, including follow up on outcome:** All clients are educated regarding the various local, state and federal resources, programs and agencies that may be able to provide support and assistance. After clients have developed goals to be accomplished during their stay at the transitional shelter, advocates work diligently with transitional clients to connect them to resources appropriate to their needs. Staff document referrals provided, and also document advocacy or accompaniment services provided with each agency. Clients work regularly with agencies like Health and Human Services (for cash aid benefits, food stamps, and to sign up for Medi-Cal), Barton Medical Clinic, Choices for Children (child care assistance), WIC, Office of Child Support Services, Sierra Recovery Center, Job One employment services, and more. During weekly (sometimes twice weekly) case management, advocates work with clients to set schedules, identify issues, follow up on meeting or application outcomes, and discuss options.
- i. **Description of participation in Energy Star:** When the existing duplex transitional shelter was rehabilitated to increase access for people with disabilities, all new Energy Star-compliant appliances were purchased. We will maximize client success through ensuring that clients are placed in energy efficient housing units whenever possible.
- j. **Anticipated outcomes of the proposed project:** Advocates meet weekly with clients interested in securing or increasing their income and/or continuing their education to provide information, assistance, referrals and support. Advocates support clients through assisting with job applications or public benefits applications, providing advocacy and accompaniment in meetings with potential employers, assisting with pre-employment conditions or needs (getting Sheriff's card to work in casinos, drug testing appointments, paying for uniforms), and support clients through the process of securing child care during working hours.

Clients receive weekly training on parenting, budgeting, housekeeping, safe food handling practices, healthy menu planning strategies on limited budgets, and cost-effective grocery shopping skills. The assistance and support provided as these essential life skills are taught gives clients the tools they will need to successfully and independently support themselves and their children on limited budgets.

Projected Outcomes:

- 90% of transitional clients served through this expanded program will successfully take over their leases at the end of the six month program.
- 90% of transitional clients served who were interested in gaining employment will become employed.
- 80% of transitional clients served who were interested in receiving other forms of income (SSI, TANF, for example) will receive this income.
- 90% of transitional clients with a mental illness or chemical dependency will stabilize their condition for at least 30 days.



The County of El Dorado

Chief Administrative Office

Gayle Erbe-Hamlin, Chief Administrative Officer

Procurement & Contracts Division

Phone (530)621-5830 Fax (530)295-2537

**Request for Qualifications and Statement of Interest
RFQ # 10-952-006
2009 Continuum of Care Homeless Assistance Program**

Exhibits in MS Word format

Exhibit "B" - Form SF-424

Exhibit "C" - Form SF-424

Exhibit "D" - Form HUD-2880

Exhibit "F" - Form HUD-400900-2

Exhibit "B"
Form SF-424
Application for Federal Assistance

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

*2. Type of Application

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s)

*Other (Specify) _____

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

*5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*a. Legal Name: Womenspace Unlimited South Lake Tahoe Women's Center

*b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2598256

*c. Organizational DUNS:

123542811

d. Address:

*Street 1: 2941 Lake Tahoe Blvd.

Street 2: _____

*City: South Lake Tahoe

County: El Dorado

*State: CA

Province: _____

*Country: USA

*Zip / Postal Code 96150

e. Organizational Unit:

Department Name:

N/A

Division Name:

N/A

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

Prefix: Ms.

*First Name: Anna

Middle Name: K.

*Last Name: Richter

Suffix: _____

Title: Development Director

Organizational Affiliation: Employee

*Telephone Number: (530) 542-7633

Fax Number: (530) 542-7624

*Email: arichter@sltwc.org

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**
Nonprofit 501(c)3 other than higher education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

HUD

11. Catalog of Federal Domestic Assistance Number:

2009 CFDA # not yet available. 2008 =14.235

CFDA Title:

Supportive Housing Program

***12 Funding Opportunity Number:**

2009 FO # not yet available. 2009 = FR-5220-N-01

*Title:

2009 Continuum of Care Homeless Assistance Program

13. Competition Identification Number:

COC-14

Title:

2009 Continuum of Care Homeless Assistance Program

14. Areas Affected by Project (Cities, Counties, States, etc.):

Alpine County and eastern half of El Dorado County, including the following cities/towns: South Lake Tahoe, Meyers, Kyburz, Twin Bridges, Fallen Leaf, Camp Richardson, Frederickburg, Kirkwood, Mesa Vista, Woodfords, Markleeville, Lake Alpine and Bear Valley.

***15. Descriptive Title of Applicant's Project:**

Transitional Housing Program for Survivors of Domestic Violence

16. Congressional Districts Of:

*a. Applicant: CA-003, CA-004

*b. Program/Project: CA-003, CA-004

17. Proposed Project:

*a. Start Date: 7/1/10

*b. End Date: 6/30/13

18. Estimated Funding (\$):

*a. Federal	_____	\$384,360
*b. Applicant	_____	\$50,661
*c. State	_____	
*d. Local	_____	
*e. Other (In-kind match)	_____	
*f. Program Income	_____	
*g. TOTAL	_____	\$435,021

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on 9/14/09
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing 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

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: Mildred
 Middle Name: _____
 *Last Name: Donahue
 Suffix: _____

*Title: Interim Executive Director

*Telephone Number: (530) 542-7631

Fax Number: (530) 542-7624

* Email: mdonahue@sltwc.org

*Signature of Authorized Representative: *Mildred Donahue*

*Date Signed: 9/14/09

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

Exhibit "C"

Form SF-424

Supplemental Survey on Ensuring Equal Opportunities for Applicants

Exhibit "D"
Form HUD-2880
Applicant/Recipient Disclosure/Update Report

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

Instructions. (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

Applicant/Recipient Information

Indicate whether this is an Initial Report or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Womenspace Unlimited South Lake Tahoe Women's Center 2941 Lake Tahoe Blvd. South Lake Tahoe, CA 96150 (530) 544-2118	2. Social Security Number or Employer ID Number: 94-2598256
3. HUD Program Name Continuum of Care Homeless Assistance Program	4. Amount of HUD Assistance Requested/Received \$384,360
5. State the name and location (street address, City and State) of the project or activity: Transitional Housing Program, run in confidential sites in South Lake Tahoe, CA—business offices at 2941 Lake Tahoe Blvd., South Lake Tahoe, CA	

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No.
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If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

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/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

Part III Interested Parties. You must disclose:

- 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
- 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 in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

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 non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 09/14/09
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Applicant Name: Womenspace Unlimited SLTWC

Project Name: Transitional Housing Program

TERM: Year 2

HUD Program: Continuum of Care

Service or Activities/Output

Period:
Start Date:
End Date:

Outcome

Pre Post

Evaluation Tools

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 09/30/2007

Component Name:

0

1	2	3	4		5	6		7
Policy	Planning	Programming	Measure	Pre Post	Impact	Measure	Pre Post	Accountability
HUD Goals	Problem, Need, Situation	Service or Activities/Output	22	22	Homeless participants moved to permanent housing - all	22	22	Agency database
C4	F5	Transitional housing programs are needed to help homeless individuals and families move to self-sufficiency.	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Agency database Individual case records Specialized database
	F6	Life skills-non case management-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Interviews
		Mental health services-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Post tests
		Child care-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Agency database
		Education-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Individual case records
		Transportation-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	Specialized database
		Employment assistance-all	Participants	Participants	Homeless participants obtained employment-all	Participants	Participants	
		Legal-all	Participants	Participants	Homeless participants moved to permanent housing - all	Participants	Participants	C. Source of Data Counseling reports Work plan reports Employment records Placements
			#N/A	#N/A		#N/A	#N/A	D. Frequency of Collection Daily Weekly Monthly
			#N/A	#N/A		#N/A	#N/A	E. Processing of Data Computer spreadsheets Statistical database
			#N/A	#N/A		#N/A	#N/A	
			#N/A	#N/A		#N/A	#N/A	
			#N/A	#N/A		#N/A	#N/A	
			#N/A	#N/A		#N/A	#N/A	
			#N/A	#N/A		#N/A	#N/A	

eLogic Model¹ Applicant Name: Womenspace Unlimited SLTWC

Project Name: Transitional Housing Program

TERM: Year 3

HUD Program: Continuum of Care

Period:
Start Date:
End Date:

US Department of Housing and Urban Development
OMB Approval 2535-0114 exp. 09/30/2007

Component Name: 0

HUD Goals	Policy Priorit	Problem, Need, Situation	Service or Activities/Output	Pre Post		Outcome	Pre Post		Evaluation Tools
				4	5		6	7	
1		2	3	4	5	6	7		
Policy		Planning	Programming	Measure	Impact	Measure	Accountability		
C4	F5	Transitional housing programs are needed to help homeless individuals and families move to self-sufficiency.	Case Management-all	Participants	Homeless participants moved to permanent housing - all	Participants			
	F6		Life skills-non case management-all	Participants	Homeless participants moved to permanent housing - all	Participants	A. Tools for Measurement	Database	
			Mental health services-all	20	Homeless participants moved to permanent housing - all	20		Questionnaire	
			Child care-all	22	Homeless participants moved to permanent housing - all	22		Intake log	
			Education-all	Participants	Homeless participants moved to permanent housing - all	Participants	B. Where Data Maintained	Interviews	
			Transportation-all	22	Homeless participants moved to permanent housing - all	22		Agency database	
			Employment assistance-all	Participants	Homeless participants moved to permanent housing - all	Participants		Individual case records	
			Legal-all	10	Homeless participants obtained employment-all	10	C. Source of Data	Specialized database	
				Participants	Homeless participants moved to permanent housing - all	Participants		Counseling reports	
				20		20		Work plan reports	
				#N/A		#N/A		Employment records	
				#N/A		#N/A		Placements	
				#N/A		#N/A	D. Frequency of Collection		
				#N/A		#N/A		Daily	
				#N/A		#N/A		Weekly	
				#N/A		#N/A		Monthly	
				#N/A		#N/A	E. Processing of Data		
		Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.		#N/A		#N/A		Computer spreadsheets	
				#N/A		#N/A		Statistical database	
				#N/A		#N/A			
				#N/A		#N/A			
				#N/A		#N/A			
				#N/A		#N/A			
				#N/A		#N/A			
				#N/A		#N/A			

eLogic Model Applicant Name: Womenspace Unlimited SLTWC

Project Name: Transitional Housing Program

TERM: Total

HUD Program Continuum of Care

HUD Goals	Policy Priority	Problem, Need, Situation	Service or Activities/Output	Pre	Post	Outcome	Pre	Post	Evaluation Tools
1	1	2	3	4		5	6		7

Period:
Start Date:
End Date:

Start Date:
End Date:

Pre Post

Outcome

Pre Post

Evaluation Tools

US Department of Housing and Urban Development

OMB Approval 2535-0114 exp. 09/30/2007

Component Name: 0

Accountability

A. Tools for Measurement

Database
Questionnaire
Intake log
Post tests

B. Where Data Maintained

Agency database
Individual case records
Specialized database

C. Source of Data

Counseling reports
Work plan reports
Employment records
Placements

D. Frequency of Collection

Daily
Weekly
Monthly

E. Processing of Data

Computer spreadsheets
Statistical database

Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.

Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.

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Homeless individuals lack the skills and income and other resources needed to obtain and maintain self-sufficiency.

Exhibit "F"
Form HUD-400900-2
Homeless Programs Project Application

Section I: Project Summary Information

Part A: General Project Information (All Projects)

1. Project Priority Number (From Project Priority Chart in Exhibit1): _____	2. <input checked="" type="checkbox"/> New Project <input type="checkbox"/> Renewal Project	3. If renewal, list previous grant number & project identifier number (PIN):	Previous Grant Number: PIN Number:
<input type="checkbox"/> Check box if project is a #1 Priority Samaritan Bonus Project			
4. HUD-Defined CoC Name: El Dorado County CoC		5. CoC Number: CA-525	
6. Applicant's Organization Name (Legal Name from SF-424) Womenspace Unlimited South Lake Tahoe Women's Center		8. Applicant's DUNS Number (From SF-424): 123542811	
7. <input type="checkbox"/> Check box if Applicant is a Faith-Based Organization <input checked="" type="checkbox"/> Check box if Applicant has ever received a federal grant, either directly from a federal agency or through a state/local agency			
9. Project Applicant's Address (From SF-424) Street: City: 2941 Lake Tahoe Blvd. State: CA Zip: 96150		10. Applicant's Employer Identification Number (EIN) (From SF-424): 94-2598256	
11. Contact person of Project Applicant: (From SF-424) Name: Anna Richter Phone number: (530) 542-7633 Title: Development Director Fax number: (530) 542-7624 Email Address: arichter@sltwc.org		12. <input checked="" type="checkbox"/> Check box if Project Applicant is the same as Project Sponsor	
13. Project Name: Transitional Housing Program for Survivors of Domestic Violence		14. Project's location 6-digit Geographic Code: 069017	
15. Project Address (S+C SRAs, if multiple sites list all addresses including): Street: 2941 Lake Tahoe Blvd. (business offices) Additional sites to be selected for real property leasing City: South Lake Tahoe State: CA Zip: 96150		18. <input checked="" type="checkbox"/> Check box if Energy Star is used in this project	
16. <input checked="" type="checkbox"/> Check box if project is located in a Rural Area		19. Project Congressional District(s): CA-003, CA-004	
17. If project contains housing units, are these units: <input type="checkbox"/> Leased? <input checked="" type="checkbox"/> Owned?			
20. Project Sponsor's Organization Name (If different from Applicant) N/A		22. Sponsor's DUNS Number: N/A	
21. <input type="checkbox"/> Check box if Project Sponsor is a Faith-Based Organization <input type="checkbox"/> Check box if Project Sponsor has ever received a federal grant, either directly from a federal agency or through a state/local agency			
23. Project Sponsor's Address (if different from Applicant) Street: N/A City: State: Zip:		24. Sponsor's Employer Identification Number (EIN): N/A	
25. Contact person of Project Sponsor (if different from Applicant) Name: N/A Phone number: Title: Fax number: Email Address:			

Part B: Project Summary Budget

B1. Supportive Housing Program (SHP) (All SHP Projects)

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)		
b. Component Types (Check only one box) <input checked="" type="checkbox"/> TH <input type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input checked="" type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)	
1. Acquisition				
2. Rehabilitation				
3. New Construction				
4. Subtotal (Lines 1 through 3)				
5. Real Property Leasing From Leasing Budget Chart	\$157,680		\$157,680	
6. Supportive Services From Supportive Services Budget Chart	\$28,680	\$5,736	\$34,416	
7. Operations From Operating Budget Chart	\$179,698	\$44,925	\$224,666	
7. HMIS From HMIS Budget Chart				
8. SHP Request (Subtotal lines 4 through 8)	\$366,058	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)	
9. Administrative Costs (Up to 5% of line 9)	\$18,302			
10. Total SHP Request (Total lines 9 and 10)	\$384,360	\$50,661	\$435,021	

*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

B2. Shelter Plus Care (S+C) (All S+C Projects)

a. <input type="checkbox"/> S+C Program	c. Grant Term (Renewals are 1 year only) (Check only one box)
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO	<input type="checkbox"/> Renewal 1 Year <input type="checkbox"/> New 5 Years <input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart	\$

B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)

a. <input type="checkbox"/> SRO Program	c. Grant Term
b. Component Type <input type="checkbox"/> (SRO)	<input type="checkbox"/> 10 Years
1. Total SRO Rental Assistance Amount from SRO Budget Chart	\$

Part C: Point in Time Housing and Participants Chart

(All Projects Except Dedicated HMIS Projects)

1. Housing Type* (Check all that apply)	1a. <input checked="" type="checkbox"/> Multi-family <input checked="" type="checkbox"/> Single-family <input type="checkbox"/> Congregate Facility	1b. <input checked="" type="checkbox"/> Scattered Site <input checked="" type="checkbox"/> Project Based	
2. Units, Bedrooms, Beds	a. Current Level (Point-in-Time)	b. New Effort or Change in Effort (If Applicable)	c. Projected Level (column a + col. b)
Number of Units	2	10 x 3 years= 30	32
Number of Bedrooms	4	11 x 3 years= 33	37
Number of Beds	10	15 x 3 years= 45	55
3. Participants	2	8 x 3 years= 24	
a. Number of Households with Dependent Children			26
i. Number of adults	2	8 x 3 years= 24	26
ii. Number of children	3	12 x 3 years= 36	39
iii. Number of disabled persons	3	4 x 3 years= 12	15
b. Number of Households without Dependent Children	0	2 x 3 years= 6	6
i. Number of disabled persons	0	1 x 3 years= 3	3
ii. Of all disabled persons, number of chronically homeless	0	0	0

*Housing Types: Multi-family (apartments, duplexes, SROs, other buildings with 2 or more units); Single-family; Congregate Facility (dormitory, barracks, shared-living).

Part D: Targeted Subpopulations

(All Projects Except Dedicated HMIS Projects)

List the approximate percentages for each homeless subpopulation you expect to serve. If you expect to serve subpopulations that fit more than one category (i.e. Severely Mentally Ill Persons with Chronic Substance Abuse), you may place overlapping approximate percentages on the appropriate lines. *If this is a #1 priority project, it must serve 100% chronically homeless persons to receive the Samaritan bonus.*

1. Homeless Subpopulations	2. Approximate Percentages (%)
Chronically Homeless (as defined by HUD)	
Severely Mentally Ill	
Chronic Substance Abusers	10%
Veterans	
Persons with HIV/AIDS	
Victims of Domestic Violence	100%
Unaccompanied Youth (Under 18 years of age)	

Part E: Discharge Policy (Only State & Local Government Applicants)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there policies and protocols developed or implemented for the discharge of persons from publicly funded institutions or systems of care (e.g., health care facilities, foster care or other youth facilities, or corrections programs and institutions) in order to prevent such discharge from immediately resulting in homelessness or requiring HUD McKinney-Vento homeless assistance for such persons in your jurisdiction?
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Part F: Project Leveraging Chart (All Projects)

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including state and local appropriated funds, to address homeless needs. **Please be aware that undocumented leveraging claims may result in a re-scoring of your application and possible withdrawal of your conditional award(s).** For further instructions for filling out this section, see the Instructions section.

Type of Contribution	Source of Contribution	Identify Source as: (G) Government* or (P) Private	Date of Written Commitment	Value of Written Commitment
<i>Example: Child Care</i>	CDBG	G	2/15/06	\$10,000
Operating Grant for Transitional Prog.	Federal Emergency Shelter Grant	G	Date stamped: 10/6/08	2 year grant of \$97,572. Of that, \$12,196.50 available during 7/1/10-9/30/10
Note: Most of the agency's funding sources run from July – June, so we do not have contracts for FY 10-11 until April 2010. We have 25+ year funding histories with state funders not listed here due to not having written proof of funding for FY 10-11.			TOTAL:	\$12,196.50
*Government sources are appropriated dollars.				

Part G: Project Participation and Data Coverage in Homeless Management Information System (HMIS)

(All Projects Except Dedicated HMIS Projects)

1. Is this project providing client level data to the HMIS either through direct data entry or data upload/integration at least annually? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>a. If no, when does the project anticipate providing client level data to the HMIS? If not applicable, briefly explain.</p> <p>No—project is a victim service provider as defined by the Violence Against Women and Department of Justice Reauthorization Act of 2005 and will use a “comparable database” in line with HUD requirements. HMIS is not yet operational in the county.</p>	<p>b. If yes, is the client level data collected on all persons served by the project provided to the HMIS?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No

Section II: Project Budgets

Part I: SHP Project Budgets (All SHP Projects as Applicable)

I1. SHP Leasing Budget (All SHP Projects with Leasing)

Leased Unit(s) for Housing and/or Services				
a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area: El Dorado County				
b. New Projects Only, check the appropriate box that relates your rent to the published FMR. For Renewal Projects, skip to items c-g.				
<input checked="" type="checkbox"/> 1% to 99% of FMR				
<input type="checkbox"/> 100% of FMR				
<input type="checkbox"/> 101% to 110% of FMR (PHA approval letter must be attached).				
<input type="checkbox"/> Greater than 110% (HUD approval letter must be attached).				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
SRO	3 years x 2 units per year	\$600 x	6 =	\$ 21,600
0 Bedroom	3 years x 2 units per year	\$725 x	6 =	\$ 26,100
1 Bedroom	3 years x 2 units per year	\$ 825 x	6 =	\$ 29,700
2 Bedrooms	3 years x 3 units per year	\$1,020 x	6 =	\$ 55,080
3 Bedrooms	3 years x 1 unit per year	\$1,400 x	6 =	\$ 25,200
4 Bedrooms	x	x	=	\$
5 Bedrooms	x	x	=	\$
6 Bedrooms	x	x	=	\$
Other: _____	x	x	=	\$
h. Totals:	x	x	=	\$ 157,680
Leased Structure(s) for Housing and/or Services - No Applicable FMR				
Structure 1		X	=	\$
Address:	Street:		State:	Zip:
	City:			
Structure 2		x	=	\$
Address:	Street:		State:	Zip:
	City:			

12. SHP Supportive Services Budget (All SHP Projects as Applicable)

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Outreach Quantity:				
2. Case Management Quantity: 260 units (weekly one-hour meetings with 10 adult clients to address immediate needs, create action plans, assess progress toward goals, provide advocacy and accompaniment to facilitate goal completion, etc. for 26 weeks each)	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0
3. Life Skills (outside of case management) Quantity: 260 units (weekly one hour meetings with 10 adult clients to provide education and assistance regarding self-transport, budgeting, cost-effective meal planning/grocery shopping, cooking skills, resume development, employment searches, securing child care, referrals to other service providers, etc. for 26 weeks each)—this service to be provided by the Transitional Advocate and is included in the salary for that position.	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0
4. Alcohol and Drug Abuse Services Quantity:				
5. Mental Health and Counseling Services Quantity: 1 hour bimonthly counseling sessions with MA level therapist x 12 sessions x 10 clients MA level therapist x 12 sessions x 12 children	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0 (paid through staff salaries included in operating costs)	\$0
6. HIV/AIDS Services Quantity:				
7. Health Related & Home Health Services Quantity:				
8. Education and Instruction Quantity:				
9. Employment Services Quantity:				
10. Child Care Quantity: \$200 x 8 parents x 2 months = \$3,200 (to pay for child care expenses for first 2 months of adult client participation in program to allow for time to establish and prioritize goals, seek employment / income)	\$3,200	\$3,200	\$3,200	\$9,600
11. Transportation Quantity: 6 clients x \$70 gas vouchers x 6 months = \$2,520 4 clients x 6 monthly bus passes x \$70 each = \$1,680 6 children x 6 monthly bus passes x \$60 each = \$2,160 \$2,520+\$1,680+\$2,160	\$6,360	\$6,360	\$6,360	\$19,080
12. Transitional Living Services Quantity:				
13. Other (must specify *) Quantity:				
14. Total SHP dollars requested:** (lines 1 to 13)	\$9,560	\$9,560	\$9,560	\$28,680
<i>*If not specified, the costs will be removed from the budget. **Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i>				
15. Total cash match to be spent on SHP eligible supportive service activities:	\$1,912	\$1,912	\$1,912	\$5,736
16. Total supportive services costs: ***	\$11,472	\$11,472	\$11,472	\$34,416
<i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i>				

13. SHP Operating Budget (All SHP Projects with Operating Costs)

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
1. Maintenance/Repair Quantity: \$25 per hour x 1 hour per unit x 10 units x 6 months	\$1,500	\$1,500	\$1,500	\$4,500
2. Staff (position, salary, % time, fringe benefits) Yr 1: Housing Coord., \$34,309 x 5% x 1.30 Transitional Advocate, \$29,120 x 100% x 1.30 MA-level Counselor, \$40,203 x 15% x 1.30 =\$2,230+\$37,856+\$7,840 Yr 2: Housing Coord., \$35,370 x 5% x 1.30 Transitional Advocate, \$30,021 x 100% x 1.30 MA-level Counselor, \$41,261 x 15% x 1.30 =\$2,299 + \$39,027 + \$8,046 Yr. 3 Housing Coord., \$36,464 x 5% x 1.30 Transitional Advocate, \$30,950 x 100% x 1.30 MA-level Counselor, \$42,537 x 15% x 1.30 =\$2,370+\$40,235+\$8,295	\$47,926	\$49,372	\$50,900	\$148,198
3. Utilities Quantity: \$100 per month (toward elec., gas, water, sewage, garbage, winter heat) x 10 units x 6 months	\$6,000	\$6,000	\$6,000	\$18,000
4. Equipment (lease/buy) Quantity:				
5. Supplies Quantity: \$200 per unit x 10 units per year	\$2,000	\$2,000	\$2,000	\$6,000
6. Insurance Quantity:				
7. Furnishings Quantity:				
8. Relocation Quantity: (number of persons)				
9. Food Quantity: \$100 per month per unit x 10 units	\$1,000	\$1,000	\$1,000	\$3,000
10. Other Operating Activity: * Quantity:				
11. Total SHP Operating Dollars Requested (lines 1 to 10): **	\$58,426	\$59,872	\$61,400	\$179,698
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
12. Total cash match to be spent on SHP eligible operations activities:	\$14,607	\$14,968	\$15,350	\$44,925
13. Total Operating Costs: ***	\$73,033	\$74,840	\$76,750	\$224,623
*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.				

Section III: New Project Narratives

Part K: General Project Narrative Information

(All New Projects Except Dedicated HMIS Projects)

1. Provide a general description of the new project. (use less than one-half page).

Funds requested will be used to expand South Lake Tahoe Women's Center's existing Transitional Housing Program, which currently consists of a duplex providing shelter for two families for up to 1 ½ years per family. While units are in use, other victims leaving our 90-day Emergency Shelter Program need transitional housing. We plan to return to the system we began using prior to purchasing the duplex we now use to house Transitional clients, and will lease appropriately-sized apartments or homes for victims of domestic violence and their children for six months. These leases will eventually provide permanent housing to clients, who will take over the leases at the end of the 6 month program. They will reach self-sufficiency by working intensively on a one-on-one basis with the Transitional Advocate, who is supervised by the Housing Coordinator. The Transitional Advocate will provide close case management, and coordinate supportive services for all clients living in Transitional Housing (including goal-setting, life skills, mental health counseling, transportation, child care, employment searches, etc.). Transitional Shelter clients *and their children* will have priority access to weekly individual and group therapy with MA-level counselors.

2. Enter the percentage of homeless participants(s) that will be served (N/A for dedicated HMIS projects):

___% Persons who came from the street or other locations not meant for human habitation.*

100% Persons who came from Emergency Shelters.*

___% Persons in TH who came directly from the street or Emergency Shelters.*

___% Total of above percentages. If the total is less than 100%, describe very specifically where the other persons you propose to serve would be coming from, and how these persons would meet the HUD homeless definition (use less than one-quarter page).

*This includes persons who ordinarily sleep in one of the above places but are spending a short time (30 consecutive days or less) in a jail, hospital, or other institution.

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

Staff and volunteers: distribute flyers and brochures detailing services available in English, Spanish and Tagalog throughout the community; appear on local TV stations; record public service announcements on local radio stations; and write articles in local papers. Flyers and brochures are widely distributed through doctors' offices, the hospital, laundromats, beauty salons, restaurants, schools, grocery stores, post offices, senior centers, Chambers of Commerce, places of worship, and other public places, courts, hospitals, law enforcement agencies, other social service agencies, and service clubs. In addition, the agency's website details all programs and services and announces community events open to the public.

In-person contacts are made regularly with community members as well. During fiscal year 2008-2009, the agency provided direct services to 2,303 clients and provided violence prevention education to 9,033 community members. Additionally, in 2008-2009, the Outreach Coordinator provided violence prevention presentations to 3,133 local school children. During these presentations, children receive safety whistles, pens, pencils, erasers and other items with the crisis hotline number printed on them. Word-of-mouth referrals from friends, family members, or the victims themselves account for 56% of new clients, and another 6% of clients state that they came in directly due to a community education presentation they attended. These statistics, and the 21% of referrals coming from law enforcement and medical personnel, indicate the effectiveness of the agency's outreach and collaborative efforts.

4. Will basic **community amenities** (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) be readily accessible (e.g., walking distance, near bus line, etc.) to your clients?
 Yes, very accessible Somewhat accessible Not accessible

5. **For transitional housing component only:**

List the program's maximum allowable length of stay: 6 months for this component--still up to 8 months for the two units in our duplex

6. **For permanent housing for persons with disabilities component** where more than 16 persons will reside in a structure: Describe what local market conditions necessitate the development of a project of this size and how the housing will be integrated into the neighborhood.

7. **For Shelter Plus Care TRA projects only:** Will participants be required to live in particular structures or units during the first year and in a particular area within the locality in subsequent years, or to live in a particular area for the entire period of participation? Yes No

Explain how and why the project will implement this requirement (use less than one-half page).

8. **For Section 8 SRO projects only:**

- Describe the rehabilitation proposed for the property and the responsibility you and any other organizations will have in operating and maintaining the property.
- Include a photograph of the building to be assisted with the address (street, city, zip) on the photograph.
- For Non-PHA applicants you must submit a certification letter from the PHA that will administer the rental assistance. Please refer to the instructions for letter content.

9. **(SHP ONLY)** Will your proposed project use an existing homeless facility or incorporate activities that you are currently providing? Yes No

If Yes, check one or more of the activities below that describe your proposed project.

Facilities that you are currently operating and activities you are currently undertaking to serve homeless persons may only receive SHP funding for the four purposes listed below.

My project will:

- Increase the number of homeless persons served.
- Provide additional supportive services for residents of supportive housing and/or homeless persons not residing in supportive housing.
- Bring existing facilities up to a level that meets state and local government health and safety standards. Please explain.
- Replace the loss of nonrenewable funding from private, Federal, or other sources (except from the state or local government), which will cease on or before the end of **2009**.

By law, no SHP funds may be used to replace state or local government funds previously used, or designated for use, to assist homeless persons [see 24 CFR 583.150(a)].

If this (fourth) box is checked, you must fully describe the following in order to be eligible for funding:

- The source of the nonrenewable funding, indicating that it is not under the control of the State or local government.
- Why it is nonrenewable.
- When it will cease.
- Document the specific steps you took to obtain other funding, why there are no other sources of funding and why, without the SHP assistance, the activity will cease.

**Part L: Supportive Services the Participants Will Receive
(All New Projects Except Dedicated HMIS Projects)**

1. Indicate the type and frequency of the proposed supportive services that would fit the needs of the participants (regardless of the resources that will be used to pay for the services):

Supportive Service	Daily	Weekly	Bi-monthly	Monthly	Other
<input checked="" type="checkbox"/> Outreach		x			
<input checked="" type="checkbox"/> Case management	x				
<input checked="" type="checkbox"/> Life skills (outside of case management)		x			
<input checked="" type="checkbox"/> Job training		x			
<input checked="" type="checkbox"/> Alcohol and Drug Abuse Services					As needed
<input checked="" type="checkbox"/> Mental Health and Counseling Services			x		
<input checked="" type="checkbox"/> HIV/AIDS Services					As needed
<input checked="" type="checkbox"/> Health Related & Home Health Services					As needed
<input checked="" type="checkbox"/> Education and Instruction	x				
<input checked="" type="checkbox"/> Employment Services		x			
<input checked="" type="checkbox"/> Child Care	x				
<input checked="" type="checkbox"/> Transportation	x				
<input type="checkbox"/> Transitional Living Services					
<input type="checkbox"/> Other – specify: _____					

**Part M: Accessing Permanent Housing
(All New Projects Except Dedicated HMIS Projects)**

1. Describe specifically how participants will be assisted both to **obtain and also remain in permanent housing.**

Since clients will take over the leases on the units we originally leased for them, they will automatically transition from transitional housing to permanent housing without having to move. With their housing secure for 6 months, they will have the time they need to build self-sufficiency skills, learn life skills to learn to meet needs on limited incomes, build job skills, gain employment or secure another source of income through public benefits, heal from the abuse they have suffered, receive education to learn how to identify the red flags of potentially abusive partners in the future, secure child care, and save funds. The Transitional Housing Advocate will coordinate all services and work with clients one-on-one to ensure continuous case management and support for clients so they can be successful in reaching self-identified goals and begin to experience success and the feeling that they can support themselves and their children independent of abusers. Transitional clients will be placed in housing units that are appropriately sized for their needs and at a price that they will be able to afford on their own after securing a source of income.

After the six month period, all clients are encouraged to continue attending counseling to maintain ties with the agency so that staff can be aware of client needs, and help them address their needs effectively so that smaller needs do not turn into larger challenges that threaten the clients' permanent housing. Those clients who do not continue to come to the agency for services will receive at least three follow up phone calls or drop-ins to find out about needs, help clients meet those needs, and support the clients' ability to remain in the permanent housing.

Part N: Participant Self-Sufficiency

(All New Projects Except Dedicated HMIS Projects)

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

The Transitional Housing Advocate will meet weekly with clients to address needs related to establishing or increasing their incomes. This advocate will provide information, assistance, referrals and hands-on support related to job applications and public benefits applications. This will include providing transportation or working on transportation plans, working in tandem with local job training programs, providing advocacy and accompaniment in meetings with potential employers, assisting clients in meeting pre-employment conditions or needs (getting Sheriff's card to work in casinos, drug testing appointments, paying for uniforms), and support clients through the process of securing child care during working hours.

Clients receive weekly hands-on training related to parenting, financial literacy education and budgeting training, goal-setting, self-advocacy, housekeeping, time management, self care, safe food handling practices, cost effective meal planning and grocery shopping, basic cooking skills, debt repayment, establishing savings, and more. The one-on-one assistance and support provided helps clients develop essential life skills and the tools they will need to successfully and independently support themselves and their children on limited budgets when they exit the program (and take over the lease).

2. If you are proposing to serve persons with disabling conditions, please describe how this project will assist these persons to address their needs.

All staff receive education about how to most effectively work with clients with various disabilities on an annual basis. Clients served have experienced alarming rates of abuse in their lifetimes and often have mental disabilities, which are more common among clients served than physical disabilities. All clients are screened for disabilities when they enter the Emergency Shelter Program and again when they enter the Transitional Housing Program. Clients in need of accommodations receive all reasonable accommodations. For example, some clients retain information much more effectively if they hear it repeatedly, and some need information provided to them in written form. Some clients need daily check-ins on progress toward goals and others will need only weekly check ins.

Part O: Experience Narrative (All New Projects)

1. List the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service providers, and any key subcontractors. Describe experience directly related to their role in the proposed project as well as their overall experience working with homeless people. For projects contracting for and overseeing the construction or rehabilitation of housing or administering rental assistance, describe experience, as applicable. A project sponsor must meet the same eligibility standards as applicants.

In 1980, before state funds were available to domestic violence programs to provide shelter to survivors, the Women's Center recognized the need for emergency shelter in the community and organized a grassroots network of community volunteers who sheltered victims in their own homes.

In 1985, when state shelter funds became available, the Women's Center began providing temporary emergency shelter in local motels and long-term shelter through a rented "safe house." Shortly thereafter, the agency began a grassroots transitional housing program. The Women's Center rented houses on clients' behalves and paid a large portion of the rent. With each month that passed, clients paid larger percentages until they eventually took over the entire rent. At that time, the lease was transferred to the client's name. In 1991, the Women's Center used state and federal funds to purchase an eight-bed emergency shelter whose location has remained confidential ever since. In 2001, the Women's Center purchased a transitional housing duplex to provide subsidized housing for two families. One of these units was made accessible to persons with disabilities through a state capital development grant in 2006.

Current shelter staff include two bilingual Latinas, one with over 10 years management experience and one with a BA in public health. The Housing Coordinator has worked with homeless survivors of domestic violence for 6 years (and was trained by the former Housing Coordinator, who had nearly 11 years experience in the shelter program). The Housing Advocate has two years experience working with homeless survivors of domestic violence. The Counselor has worked with survivors of violence for 6 years. All staff complete 80 hours of state-certified training prior to working with clients.

2. Have you ever received a Federal grant either directly from a Federal Agency or through a state/local agency? Yes No

If Yes,

- a. List **all** HUD McKinney-Vento Act grants, other than ESG, received after 2001, including for each grant: the year awarded, grant number, grant amount, and amounts spent to date. Only list HUD-issued grant numbers. If you are unclear about the HUD grant number assigned to any project, please contact your HUD field office for assistance. Add rows as needed.

Year Awarded	Grant Number	Grant Amount	Amount Spent to Date
Example: 2002	CA16B200062	\$500,000	\$375,412
N/A—no HUD McKinney Vento Act Grants received			

- b. Please explain any delays in implementing any of the grants listed in (2a) above which exceed the applicable timeliness standards described in the Notice of Funding Availability (NOFA).
- c. Identify any unresolved HUD monitoring findings, or outstanding audit findings related to any of the grants listed in (2a).

3. Is the applicant or sponsor a nonprofit organization (rather than a state or unit of local Government)? Yes No

If Yes, one of the following must be attached for each organization:

- a. IRS ruling, providing tax-exempt status under Section 501 C (3) of the IRS Code of 1986, as amended, or documentation of nonprofit status as described in the Glossary in Section I.A.7 of the program section of the NOFA.
- b. Public nonprofit community mental health centers must attach a letter or other document acceptable to HUD from an authorized official stating that the organization is a public nonprofit organization.

Exhibit "G"
Form HUD-40090-4
Applicant Certifications

Applicant Certification

These certified statements are required by law.
Previous versions obsolete

form HUD-40090-4

A. For the Supportive Housing (SHP), Shelter Plus Care (S+C), and Single Room Occupancy (SRO) programs:

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 S+C:

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 SHP 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. For S+C Only. Supportive Services.

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

D. Explanation.

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

Signature of Authorized Certifying Official: 	Date: 9-14-09
Title: Interim Executive Director	
Applicant: Womenspace Unlimited South Lake Tahoe Women's Center	For PHA Applicants Only: (PHA Number)

South Lake Tahoe Women's Center

Womenspace Unlimited

September 14, 2009

El Dorado County Department of Human Service
937 Spring Street
Placerville, CA 95667

To Whom It May Concern:

South Lake Tahoe Women's Center will provide \$16,519 cash match in FY 10-11, \$16,880 in FY 11-12 and \$17,262 in FY 12-13 for a total of \$50,661 in cash match throughout the grant period.

Cash match will be paid through grant funds from the Federal Emergency Shelter Grant (FESG), which were committed in writing on October 6, 2008. These funds are approved to provide supportive services to survivors of domestic violence through the agency's existing Transitional Housing Program. FESG provides most of the funds for the agency's Transitional Housing Program. This grant runs in 2 year cycles, with the most recent cycle (FY 08-10) ends September 30, 2010. Since the agency has received annual funding FESG for more than 15 years, we expect to receive a renewal grant to support this program for FY 2010-2012. Should funding from FESG decrease, South Lake Tahoe Women's Center is committed to making up any loss and will provide cash match through program fees or through unrestricted agency donations, as necessary.

Sincerely,



Mildred Donahue
Executive Director

CONTRACTOR'S COPY

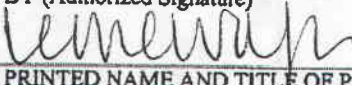

AGREEMENT NUMBER 08-FESG-4422
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 CONTRACTOR'S NAME
Womenspace Unlimited, South Lake Tahoe Women's Center
- The term of this Agreement is: **Upon HCD Approval through 09/30/2010**
- The maximum amount of this Agreement is: **\$97,572.00**
- The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A - Authority, Purpose and Scope of Work	2
Exhibit B - Budget Detail and Payment Provisions	2
Exhibit C - HCD General Terms and Conditions	7
Exhibit D - State of California General Terms and Conditions	5
Exhibit E - Special Terms and Conditions	2
Exhibit F - Additional Provisions	0

TOTAL NUMBER OF PAGES ATTACHED: 18 pages

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Service Use Only OCT 06 2008 SCM 4.04.4 (DGS Memo Dated 6/12/81)
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc) Womenspace Unlimited, South Lake Tahoe Women's Center		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 09-24-08	
PRINTED NAME AND TITLE OF PERSON SIGNING Leanne Wagoner, Executive Director		
ADDRESS 2941 Lake Tahoe Blvd., South Lake Tahoe, CA 96150-7804		
STATE OF CALIFORNIA		<input checked="" type="checkbox"/> Exempt from: Department of General Services Approval
AGENCY NAME Department of Housing and Community Development		
BY (Authorized Signature) 	DATE SIGNED (Do not type) 10/4/08	
PRINTED NAME AND TITLE OF PERSON SIGNING Stacy Q. Hernandez, Contracts Manager, Budget and Contracts Branch		
ADDRESS 1800 Third Street, Room 350, Sacramento, CA 95811		

Internal Revenue Service
District Director

Department of the Treasury

EP/EO:1
SF:EO:80-5196

Date: 27 OCT 1980

Employer Identification Number:
94-2598256
Accounting Period Ending:
June 30
Form 990 Required: Yes No

Womenspace Unlimited South
Lake Tahoe Women's Center
P. O. Box 13111
South Lake Tahoe, CA 95702

Person to Contact:
Desk Officer
Contact Telephone Number:
(415) 556-5353

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 36040, San Francisco, Calif. 94102 (over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

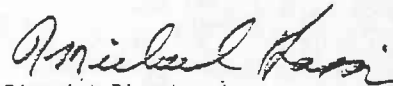
You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


District Director

Your attention is called to the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 under which your exemption will be revoked if any substantial part of your activities consists of carrying on propaganda, or otherwise attempting to influence legislation, (unless you elect to come under the provisions allowing certain lobbying expenditures), or if you participate in, or intervene in (including the publishing or distributing of statements) any political campaign on behalf of any candidate for public office.

Our determination letter of January 31, 1980 is modified to conform to this determination.

Letter 947(DO) (5-77)

Evidence of Code of Conduct, excerpted from Womenspace Unlimited South Lake Tahoe Women's Center's Employee Handbook, June 2006 ed., Chapter 4, p. 15.

Every employee receives a copy of the Employee Handbook upon hire and as updates are made (usually every other year). They also receive a form to sign, acknowledging receipt and understanding of information explained in the Employee Handbook. Signed acknowledgements are maintained in employee personnel files.

The company's mailing address, authorized official name and telephone number are listed in the Employee Handbook and are provided below:

Authorized Official: Leanne Wagoner, Executive Director or Mildred Donahue, Interim Director

Phone: (530) 544-2118

Address: 2941 Lake Tahoe Blvd., South Lake Tahoe, CA 96150

PROHIBITED CONDUCT

1. Altering, falsifying, or making a material omission on any employment records, employment information, or any other Women's Center records.
2. Recording the work time of another employee or allowing any other employee to record your work time; allowing falsification of any time sheet, either your own or another employee's; or removal of any timekeeping record from the designated area without authorization.
3. Theft, deliberate or careless destruction, or damage of any Women's Center property, records, or materials, or the property, records, or materials of any employee, client, customer, visitor, or any other person.
4. Giving away any Women's Center property to clients, customers, visitors, other employees, or any other person without prior authorization.
5. Removing or borrowing Women's Center property or the property of any employee, client, customer, or visitor without prior authorization.
6. Unauthorized use of Women's Center equipment, time, materials, or facilities.
7. Release of confidential information about the Women's Center, its clients, customers, visitors, or employees.
8. Committing a fraudulent act or a breach of trust under any circumstances.
9. Use of position, the Women's Center, or Women's Center assets for personal gain.

10. Any behavior that can be detrimental to the Women's Center's reputation including behaviors that are detrimental financially to the agency, clients or staff.
11. Violation or disregard of any policy, procedure, or regulation required by local, state, or federal law, or by Women's Center policy. Violation or disregard of any policy, procedure, or rule contained in this Handbook or in any other Women's Center policy or procedure manual, including any safety, health, or security policies, rules, or procedures.
12. Wasting time, intentional slowdown of productivity, or intentional disruption of the work place during working hours or on Women's Center property.
13. Sleeping, malingering, carelessness, or negligence on the job.
14. Unacceptable job performance.
15. Insubordination, including but not limited to failure or refusal to obey the orders or instructions of a supervisor or member of management; refusal to perform tasks assigned by a supervisor; or the use of disrespectful, abusive or threatening language toward a supervisor or member of management.
16. Failure to comply with notification procedures for sick days, vacation time, holidays, or leaves of absence.
17. Failure to obtain authorization to leave the workstation, work assignment, or Women's Center premises during work hours.
18. Failure to observe working schedules, including rest and lunch periods.
19. Working overtime without authorization or refusing to work assigned overtime.
20. Failure to provide a physician's certificate when requested or required to do so.
21. Making or accepting personal telephone calls of more than ten minutes in duration or three calls per day during working hours, except in cases of emergency. Abuse of telephone privileges is prohibited.
22. Inappropriate grooming or wearing extreme, unprofessional, or inappropriate styles of dress or hair while working.
23. Excessive use of the Internet. Unless on personal time, breaks or meal periods, employees are not to use the internet for personal reasons unless prior authorization from the Operations Manger is given.

24. Smoking is not permitted inside the Women's Center's buildings at any time or within 20 feet of entrances.
25. Possession or use of alcoholic beverages or illegal drugs on Women's Center property. Employees may not use alcohol or drugs prior to reporting to work or during working hours whether on Women's Center property or not.
26. Any gambling or other activities deemed illegal by the District Attorney's office on Women's Center's time or Women's Center's properties.
27. Provoking a fight, fighting, or physically harming any person during working hours or on Women's Center property.
28. Any conduct endangering the life, safety, health, or well being of any person.
29. Carrying firearms or any other dangerous weapons, explosives, or similar unauthorized items on Women's Center time or Women's Center property at any time.
30. Engaging in any criminal conduct whether or not related to job performance; conviction of a felony.
31. Abusive, vulgar, obscene, or inappropriate language or conduct used at any time on Women's Center premises.
32. Discourtesy, rudeness or unlawful harassment to any employee, client, customer, visitor, or any other person.
33. Posting, distributing or removal of any literature, handbills or petitions on Women's Center property without authorization.
34. Directly or indirectly maintaining an outside business or financial interest or activity that conflicts in any manner with the interest of the Women's Center.
35. Accepting any gifts or gratuities.
36. Women's Center has very strict boundaries with their clients and staff. Employees will not engage in friendships, mentoring, personal relationships, financial relationships or social activities with clients they have met while working with the clients at the Women's Center.
37. Violating other written or verbal policies that may not be contained in this handbook.