

Request for Assistance Application

Date: _____

I. AGENCY INFORMATION

Name of Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: () _____ Fax: () _____

Website: _____ Email: _____

Chief paid executive & title Phone No. (w/ Extension) Email address

Chief lay officer & title Phone No. (w/ Extension) Email address

Preparer of application & title Phone No. (w/ Extension) Email address

If approved, will the agency at some point during the year request funds for a specific build/project? _____ (If you answered yes to this question please go to Section II, otherwise skip to Section III)

II. PROJECT INFORMATION

Name of Project: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Website (if applicable): _____ Email (if applicable): _____

Contact person & title Phone No. (w/ Extension) Email address

Is this proposed project housing related? _____ If you answered yes, please circle all that apply.

- Emergency (< 1 month) Short-Term Transitional (1 to 6 months) Long-Term Transitional (7 to 24 months) Permanent (> 25 months) Low-Income Affordable

Estimate of total volunteer hours your agency received during the past fiscal year: _____

Is the community involved or has the community been encouraged to become involved with any of your shelter programs? Please explain:

Has your agency collaborated with other agencies to provide services or complete projects? Explain:

Does your agency receive community support from elected officials and/or other community leaders? (If so, please list):

Program Evaluation:

Approximately how many clients are served each year through your agency? _____

Please answer the following questions based upon the best data available at the time of filling this form out. Should a question not apply to your agency, please input **N/A as your answer**

Approximate cost for the agency to provide food to one individual each year: _____

Approximate cost for the agency to provide clothing for one individual each year: _____

Approximate cost for the agency to provide one bed each year: _____

Approximate cost for the agency to provide shelter for one individual each year: _____

Approximate cost for the agency to provide counseling for one individual each year: _____

Approximate cost for the agency to provide health care for one individual each year: _____

Approximate cost for the agency to provide food, clothing, shelter, and support services for one individual each year: _____

Describe the demographic make up of the clientele served by your agency during the last year:

What percentage of the Agency's clients gain long-term independent housing? _____

How does your agency measure the success of your programs?



How does that measurement reflect a solid track record of graduates attaining and sustaining self-sufficiency? _____

V. AGENCY'S FINANCIAL INFORMATION

Use most recent audited financial statements. Round off all figures
 Reporting on fiscal year ending: _____ In Dollars/Thousands (circle one)

Financial Position (from audit)

Fund	<u>Audited</u> Unrestricted	<u>Audited</u> Temporarily Restricted	<u>Audited</u> Permanently Restricted	Total	Current <u>Year</u> Total
<i>Assets:</i>	\$	\$	\$	\$	\$
Total Current Assets					
Property, Plan & Equipment (net)	\$	\$	\$	\$	\$
Endowment	\$	\$	\$	\$	\$
Other Non-Current Assets	\$	\$	\$	\$	\$
(1) Total Assets	\$	\$	\$	\$	\$
<i>Liabilities:</i>	\$	\$	\$	\$	\$
Total Current Liabilities					
Property, Plant & Equip, Long Term Debt	\$	\$	\$	\$	\$
Other Liabilities	\$	\$	\$	\$	\$
(2) Total Liabilities	\$	\$	\$	\$	\$
(3) Net Assets: (1) - (2)	\$	\$	\$	\$	\$
Total Liability and Net Assets: (2) + (3)	\$	\$	\$	\$	\$

Income & Expense Statement

<u>Operating and Other Income</u>	<u>Audited</u> Unrestricted	<u>Audited</u> Temp/Perm Restricted	<u>Audited</u> Totals	Current Year Operating Budget/ Forecast
Service fees, tuition & program income	\$	\$	\$	\$
Government sources (contracts, grants etc.)	\$	\$	\$	\$
Endowment and interest	\$	\$	\$	\$
Misc., specify if significant	\$	\$	\$	\$
Subtotal, Operating Income	\$	\$	\$	\$
<u>Contributions from:</u>				
Individuals	\$	\$	\$	\$
United Way, other federated sources	\$	\$	\$	\$
Corporations and business entities	\$	\$	\$	\$
Foundations	\$	\$	\$	\$
Net from Special Events	\$	\$	\$	\$
Other, specify if significant	\$	\$	\$	\$
Subtotal, Contributions	\$	\$	\$	\$
Total Income	\$	\$	\$	\$



<u>Expenses</u>				
Direct program services	\$	\$	\$	\$
Total salaries, benefits & related costs	\$	\$	\$	\$
Total building and equipment maintenance	\$	\$	\$	\$
Taxes, insurance, interest	\$	\$	\$	\$
Fund raising & financial development costs	\$	\$	\$	\$
Administrative and general costs	\$	\$	\$	\$
Other, specify if significant	\$	\$	\$	\$
Total Expenses	\$	\$	\$	\$

If expenses exceeded income for the audited year, how was the deficit financed? _____

General Fiduciary Questions

How much did the agency owe to lending institutions or individuals at year- end? \$ _____

- Of this sum, \$ _____ was secured; \$ _____ was unsecured.
- Of this sum, how much was due to:
- Operating debt? \$ _____ Capital debt? \$ _____ Other? \$ _____

What was the total outlay for interest expense the past fiscal year? \$ _____

What were or are the plans for handling this debt?

VI. INSURANCE INFORMATION

Who is your insurance carrier? _____

What is your insurance policy number? _____

VII. ADDITIONAL INFORMATION

Additional comments: _____

VIII. AGENCY RECIPIENT COVENANTS

Should the Agency receive funding from LCHF for a proposed project, covenants A through D apply; otherwise, should the Agency receive funding for any expenses unrelated to a proposed project only covenant D applies:

- A. Agency acknowledges its obligation to give due credit to LCHF and those whom give money to LCHF (“Participating Homeowners and other Sources”) in any and all press releases, public announcements, award programs, notifications and/or other publicity about the project. Agency agrees to obtain LCHF’s approval for all press releases, public announcements and/or other publicity about the project. Any such publicity that is not disapproved within seven (7) days of receipt by LCHF shall be considered approved. Agency’s Representative’s Initials: _____



- B. Agency acknowledges its obligation to send notice to its project partners promptly after receiving a notice of intent to fund from LCHF, advising the project partners of the contribution LCHF has agreed to make to the project. Such notice shall be shown to and approved by LCHF's Executive Director prior to such mailing. Agency agrees to complete, execute and submit to LCHF the affidavit of mailing attached hereto as Exhibit A promptly after such mailing.
Agency's Representative's Initials: _____
- C. Agency acknowledges its obligation to install and maintain a plaque or similar marker recognizing the contribution LCHF has made to the project. The plaque or marker shall contain LCHF's logo and, if applicable, language stating that the funding was made possible through funds given to LCHF from Participating Homeowners and other Sources. Said language shall be shown to, and approved by LCHF's Executive Director prior to displaying. Such commemorative marker shall be displayed in a prominent location at the completed project.
Agency's Representative's Initials: _____
- D. Agency acknowledges and agrees to provide, when requested and where reasonable, information to LCHF including but not limited to client success rates, client service numbers, and program evaluation information. Agency's Representative's Initials: _____

IX. CERTIFICATION

- A. Agency certifies that it does not engage in unlawful discrimination of any kind with respect to the persons benefited by Agency's activities. Agency's Representative's Initials: _____
- B. The undersigned hereby certifies that all information given by the Agency in this application is true and correct as of the date hereof. Agency's Representative's Initials: _____
- C. The undersigned hereby certifies that the Agency has read this Request for Assistance Application and the Agency agrees that, should the Agency receive funding as a result of filing said application, the Agency will abide by the covenants contained herein. Agency's Representative's Initials: _____
- D. The undersigned is duly authorized to execute this document on behalf of the Agency as of the date written below. Agency's Representative's Initials: _____

This application must be signed by a board officer (lay person) and the staff officer to whom future questions and correspondence may be addressed. Signatories attest to the accuracy of the information. Any figures that are estimated should be marked (e).

Submitted this _____ day of _____, _____.

Lay Officer of Agency

By: _____
 Name: _____
 Title: _____

Staff Officer of Agency

By: _____
 Name: _____
 Title: _____

ATTACHMENTS

Checklist for attachments:

PLEASE NOTE THAT THE FOLLOWING SHALL BE HOLE-PUNCHED AND INSERTED INTO A 1/4" HARD BINDER PRIOR TO SUBMITTAL. ADDITIONALLY, ALL SECTIONS SHALL BE IN THE SAME ORDER AS LISTED BELOW AND SHALL CONTAIN A TABBED DIVIDER BETWEEN EACH OF THE FOLLOWING ATTACHEMENTS. THIS CHECKLIST SHALL BE INSERTED AT THE FRONT OF THE FIRST DIVIDER FOR EASE OF REFERENCE.

- Completed Request for Assistance Application (1 original, 1 copy)
- Copy of IRS Letter of Determination verifying 501(c)(3) status
- Copy of IRS No Change Letter – letter from IRS acknowledging the agency’s exemption status remaining unchanged since the Letter of Determination (most current). **If the agency does not have one, the agency shall request one.**
- Narrative that describes the agency’s mission, goals, objectives, programs, services, and history. Distinguish between those programs and services offered by the agency and those offered by the proposed shelter/project should they differ.
- Board of Directors Roster (most current)
- Strategic Plan and/or Business Plan
- Letters of support from locally elected officials and/or community leaders
- Audited Financial Statements (most current), Yearly Budget (most current), Project Budget (most current), Management Letter from audit (most current)
- Copy of Insurance(s):
 - General Liability
 - Course of Construction (Project specific)
 - Workers’ Compensation (Project specific)

Note: Proof of Owner Controlled Insurance Policy (OCIP), also known as “wrap insurance”, may satisfy the necessity to provide proof of the abovementioned insurances provided that said policy covers said insurances.

