

# CITY OF FRESNO

## 2018-2019 Funding Requests

### Book A: Applicants



**Development and Resource Management Department**

2600 Fresno Street, Room 3065

Fresno, CA 93721

(559) 621-8003

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2600 Fresno Street, Third Floor, Room  
3065 Fresno, California 93721-3604  
(559) 621-8003

Jennifer K. Clark, AICP, HDFP  
Director

March 6, 2018

TO: Barbara Fisk, Chair  
Brad Hardie, Vice Chair  
Barry Falke, Commissioner  
Bob Farrar, Commissioner  
Marina Harutyunyan, Commissioner  
Bob Reyes, Commissioner  
Chang Yang, Commissioner

FROM: Tom Morgan, Manager, Housing and Community Development Division  
Development and Resource Management Department

**SUBJECT: FY 2018-2019 HOUSING AND COMMUNITY DEVELOPMENT  
COMMISSION (HCDC) APPLICATION PROCESS**

This letter provides HCDC with the information necessary to carry out the next part of the annual action planning process: a recommendation to the Mayor on the proposed use of CDBG funding.

Enclosed is the FY 2018 – 2019 Community Development (CDBG) Request for Funds. The Request for Funds represents eligible CDBG applications submitted during the Notice of Funding Available (NOFA) period. This book provides Commissioners the opportunity to preview the applications prior to the CDBG Application Hearing on **March 14, 2018**.

The NOFA identifies the categories of CDBG, HOME, ESG and HOPWA funding made available for application for fiscal year 2018 – 2019. It is **essential that the HCDC recommendation for funding does not exceed** the funding made available in the NOFA. Table 1 on the next page provides the categories of funding and their respective caps.

**Table1: Funding Limits by NOFA and Funding Source**

NOFAs	2018 - 2019 Funds Available for Subrecipient Awards			
	CDBG	HOME TBRA	ESG	HOPWA
Home Repairs and Rehabilitation Programs for Owner-Occupants	\$500,000			
<b>Homeless and Homeless Prevention Programs</b>				
– Street outreach and/or emergency shelter			\$ 185,220	\$ 441,305
– Rapid re-housing			\$ 296,920	
– HOME TBRA		\$667,000		
– Homelessness prevention			\$ 25,075	
– Homelessness diversion	\$180,000			
<b>Public and Community Service programs</b>				
<b>Community and Homeless Facility Projects</b>	\$500,000			

**Next Steps** – Reviewing submissions and conducting the Application Hearing is the next step in the NOFA Process. The Applicant and Application documents have been divided this year into two books. This book, **Book A: Applicants**, provides organizational information provided by each Applicant in an application format prescribed by the City. The other book, **Book B: Funding Requests**, is organized by the activity or project proposed for funding, as follows: 1) Home Repairs and Rehabilitation Programs, 2) Homeless and Homelessness Prevention Programs, 3) Public and Community Service Programs, and 4) Community and Homeless Facility Projects. Feel free to mark up the Application Book with questions you may want to ask the applicants. Previewing the applications will expedite the Commissions review, discussion and scoring process. Please bring both Book A and Book B to the Public Hearing.

Scoring sheets are included with Book B.

If you have questions regarding the CDBG Application process, please contact Tom Morgan at (559) 621-8064.

# Boys & Girls Clubs

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

COPY

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Boys & Girls Clubs of Fresno County		n/a
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
038122370		94-1149171
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
1949		1951
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
540 N. Augusta St.; Fresno, CA 93701		www.bgcfresno.org
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Diane Carbray		dcarbray@bgclubfc.org
<i>Name of the Secretary</i>		<i>E-mail address</i>
Joanne Calhoun		joannec@bgclubfc.org
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Barry Maas		bmaas@asibenefits.com
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Diane Carbray	President/CEO	540 N. Augusta, St. Fresno, CA 93701
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
559-266-3117	559-285-1028	dcarbray@bgclubfc.org

**Part A, Section 2: Mission Statement** – Please provide the organization's mission statement within the below space.

The Boys & Girls Clubs of Fresno County are on a mission:

“To inspire and enable all young people, especially those who need us most, to reach their full potential as productive, caring and responsible citizens.”

Our core activities in academic success, citizenship and leadership, and healthy life styles are key to our youth development programs in the City of Fresno and throughout Fresno County. We have 19 Clubs with professional staff that serve over 6,900 youth in our Club facilities. Our Clubs include Youth Developmental services at three (3) City parks run by Fresno Parks and Recreation: Inspiration Park, Fink-White Park, and El Dorado Park.

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Diane Carbray	President/CEO	12
2) Kristin Saldivar	Assistant Executive Director	14
3) Aundree Rodriguez	Unit Director; Inspiration Park	8
4) JaVonna Shelton	Unit Director, Fink-White Park	8
5) Anna Smith	Unit Director; El Dorado Park	5

**Board of Directors**

How often does your Board of Directors meet? Monthly

List current Board of Directors

- |                       |                     |
|-----------------------|---------------------|
| 1) Sue Quigley, Chair | 6) Lee Anne Briscoe |
| 2) Duane Oswald       | 7) Tim Thompson     |
| 3) Will Lyles         | 8) Michael Goldfarb |
| 4) Larry Duncan       | 9) Paul Gibson      |
| 5) William Betts      | 10) Barry Maas      |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

1) Has an audit been performed on the proposing organization’s accounting procedures within the last two years?  
 Yes       No      If yes, name of auditor: Price Paige & Company

2) Is the agency audited every year?       Yes       No

3) Were any management letters issued as a result of the last audit? If yes, explain.

Yes, Internal Control was expanded after our controller of 30 years left causing timing issues for completing the audit; also corrected a credit card and matching receipts process

4) Provide the name of staff responsible for your agency’s accounting system  
 Name: Ishani Ederisinghe  
 Title: Controller  
 Phone/Email: 559-266-3117      IshaniE@bgclubfc.org

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
0	\$ 0

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
0	\$ 0

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 75,000.00

– **Community Facility Improvement Projects, including Homelessness Facilities**

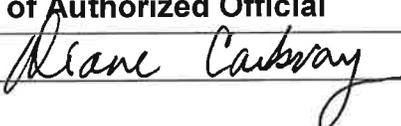
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
0	\$ 0

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**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 75,000.00

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Diane Carbray	President/CEO
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	Feb. 27, 2018

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)

**Part A, Exhibit 2** – Organization’s Articles of Incorporation (Required)

**Part A, Exhibit 3** – Bylaws of the Organization (Required)

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name (Required)

**Part A, Exhibit 6** – Most Recent Audited Financial Statement (an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due it not exceeding California and Federal audit thresholds).

**EOC**

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

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1:10 PM  
Name: TS James

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Fresno Economic Opportunities Commission		Fresno EOC
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
078788023		94-1606519
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
August 31, 1965		October 1965
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
1920 Mariposa Mall, Suite 300 Fresno, CA, 93721-2504, United States		www.fresnoeoc.org/
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Linda Hayes		linda.hayes@va.gov
<i>Name of the Secretary</i>		<i>E-mail address</i>
Brian Angus		brian.angus@fresnoeoc.org
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Salam Nalia		salam.nalia@fresnoeoc.org
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Brian Angus	Chief Executive Officer	1920 Mariposa Mall, Suite 300 Fresno, CA, 93721-2504, United States
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
559-263-1010	559-263-1000	brian.angus@fresnoeoc.org

**Part A, Section 2: Mission Statement** – Please provide the organization's mission statement within the below space.

Fresno EOC's mission is "to humanely focus all available resources to empower low-income families and individuals working toward the skills, knowledge, and motivation for self-sufficiency."

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

<b>Staff Name</b>	<b>Title</b>	<b>Years of Experience</b>
1) Brian Angus	Chief Executive Officer Board Liaison and Community Engagement Director	46
2) Elizabeth Jonasson	Director	2
3) Paul McLain-Lugowski	Chief Innovation Officer	35
4) Salam Nalia	Chief Financial Officer	18
5) Naomi Quiring-Mizumoto	Chief Programs Officer	34
6) Susan Shiomi	Internal Audit Officer	16
7) Bill Simon	Operations Officer	46

**Board of Directors**

How often does your Board of Directors meet? Monthly (with the exception of July and August)

List current Board of Directors

- |                             |                            |
|-----------------------------|----------------------------|
| 1) Nathan Alonzo            | 6) Lee Ann Eager           |
| 2) Celeste Cabrera          | 7) Charles Garabedian, Jr. |
| 3) LeRoy Candler            | 8) Linda Hayes             |
| 4) Jerome Countee           | 9) Angie Isaak             |
| 5) Debbie Darden            | 10) Richard Keyes          |
| 11) Tito A. Lucero          | 16) Lisa Nichols           |
| 12) Daniel Martinez         | 17) Daniel T. Parra        |
| 13) Deanna Mathies          | 18) Michael Reyna          |
| 14) Pastor Bruce McAllister | 19) Catherine Robles       |
| 15) Barigye McCoy           | 20) Elaine Robles-McGraw   |
| 21) Jimi Rodgers            |                            |
| 22) Maiyer Vang             |                            |
| 23) Juanita Veliz           |                            |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

## Financial Management

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes       No      If yes, name of auditor: KAKU & MERSINO, LLP

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

No management letters were issued as a result of the last audit.

- 4) Provide the name of staff responsible for your agency's accounting system

Name: Rebecca L. Heinricy

Title: CPA

Phone/Email: 559-263-1054, rebecca.heinricy@fresnoeoc.org

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 500,000

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 150,867

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 36,215

– **Community Facility Improvement Projects, including Homelessness Facilities**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

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**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$ 687,082

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Brian Angus	Chief Executive Officer
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	2-28-15

**Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter

**Part A, Exhibit 2** – Organization’s Articles of Incorporation

**Part A, Exhibit 3** – Bylaws of the Organization

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) **N/A**

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name

**Part A, Exhibit 6** – Most Recent Audited Financial Statement

**Part A, Exhibit 7** - Section 3 Addendum

**Part A, Exhibit 8** - Resume, Chief Executive Officer, Fresno EOC

# Housing Authority

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

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Name: *[Signature]*

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>	
Housing Authority City of Fresno		Fresno Housing Authority	
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>	
071870877		94-6000749	
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>	
N/A		N/A Public Agency	
<i>Mailing Address of Organization</i>		<i>Organization website address</i>	
1331 Fulton Mall, Fresno, CA 93721		www.fresnohousing.org	
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>	
Preston Prince, CEO/Executive Director		pprince@fresnohousing.org	
<i>Name of the Secretary</i>		<i>E-mail address</i>	
N/A			
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>	
N/A			
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>	
Doreen Eley	Senior Manager	1331 Fulton Mall, Fresno 93721	
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>	
559-443-8431	559-259-8948	deley@fresnohousing.org	

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

Fresno Housing Authority is a public agency that supports families and individuals – to access quality housing, to become engaged in their neighborhoods, and to build vibrant communities – throughout Fresno County.

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Preston Prince	CEO/Executive Director	29
2) Angie Nguyen	Chief of Staff	20
3) Doreen Eley	Senior Manager	15
4) Tiffany Chavarria	Assistant Manager	34
5) Kelly White	Service Coordinator	8

**Board of Directors**

How often does your Board of Directors meet? Monthly

List current Board of Directors – City of Fresno

- |                                  |                       |
|----------------------------------|-----------------------|
| 1) Adrian Jones, Chair           | 6) Stacy Vaillancourt |
| 2) Caine Christensen, Vice Chair | 7) Virna Santos       |
| 3) Reverend Rueben Scott         | 8)                    |
| 4) Steven Bedrosian              | 9)                    |
| 5) Karl Johnson                  | 10)                   |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

1) Has an audit been performed on the proposing organization’s accounting procedures within the last two years?

Yes       No      If yes, name of auditor: Davis Farr

2) Is the agency audited every year?       Yes       No

3) Were any management letters issued as a result of the last audit? If yes, explain.

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4) Provide the name of staff responsible for your agency’s accounting system

Name: Emily De La Guerra  
 Title: Director of Finance & Administration  
 Phone/Email: edelaguerra@fresnohousing.org (559) 457-4266

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 667,000

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Community Facility Improvement Projects, including Homelessness Facilities**

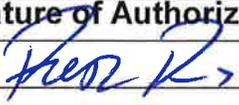
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

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**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 667,000

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Preston Prince	CEO/Executive Director
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	March 1, 2018

# Habitat for Humanity

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>	
Habitat for Humanity Fresno, Inc.		Habitat for Humanity Fresno County	
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>	
602083818		77-0076649	
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>	
July 24, 1985		Original signed July 15, 1985	
<i>Mailing Address of Organization</i>		<i>Organization website address</i>	
4991 E. McKinley, Suite 123		<a href="http://www.habitatfresno.org">www.habitatfresno.org</a>	
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>	
Randy Kammerer		<a href="mailto:Kammerer.randy@gail.com">Kammerer.randy@gail.com</a>	
<i>Name of the Secretary</i>		<i>E-mail address</i>	
David Phillips		<a href="mailto:Dipassociates@me.com">Dipassociates@me.com</a>	
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>	
Jacob Dixon		<a href="mailto:Jacob.R.Dixon@wellsfargo.com">Jacob.R.Dixon@wellsfargo.com</a>	
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>	
Matthew Grundy	CEO	4991 E. McKinley	
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>	
559-237-4102 ext. 100	Same	<a href="mailto:Matthew@HabitatFresno.org">Matthew@HabitatFresno.org</a>	

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

Seeking to put God's love in action, Habitat for Humanity brings people together to build homes communities and hope.

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Matthew Grundy	CEO	15
2) Stacey Simpson	Controller	14
3) Rick O'Daniel	Construction Director	32
4) Cary Catalano	Director of Development	15

**Board of Directors**

How often does your Board of Directors meet? **Monthly**

List current Board of Directors

- |                                    |                           |
|------------------------------------|---------------------------|
| 1) Randy Kammerer, Board President | 6) Alfred Sanchez, Member |
| 2) Robin Stith, Vice President     | 7) Glenda Hill, Member    |
| 3) Jacob Dixon, Treasurer          | 8) Tom Flanigan, Member   |
| 4) David Phillips, Secretary       | 9) David Marler, Member   |
| 5) Charles Fuller, Member          | 10) Rene Moncada, Member  |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes       No      If yes, name of auditor \_\_\_\_\_ Price Page and Company \_\_\_\_\_

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain. **Not Applicable. No issues.**

- 
- 4) Provide the name of staff responsible for your agency's accounting system  
 Name: Stacey Simpson Brown  
 Title: Controller  
 Phone/Email: 559-237-4102, [Stacey@HabitatFresno.Org](mailto:Stacey@HabitatFresno.Org)

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$215,000.00

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$ 0

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$ 0

– **Community Facility Improvement Projects, including Homelessness Facilities**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$ 0

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**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 215,000.00

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>		<b><i>Title of Authorized Official</i></b>
Matthew Grundy		Chief Executive Officer
<b><i>Signature of Authorized Official</i></b>		<b><i>Date of Signature</i></b>
		March 1, 2018

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter **(Required)**

**Part A, Exhibit 2** – Organization’s Articles of Incorporation **(Required)**

**Part A, Exhibit 3** – Bylaws of the Organization **(Required)**

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) **(Required of Out-of-State Corporations only)**

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name **(Required)**

**Part A, Exhibit 6** – Most Recent Audited Financial Statement **(an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due to not exceeding California and Federal audit thresholds).**

**H.O.P.E**

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Helping Others Pursue Excellence (H.O.P.E.)		HOPE Builds
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
0784187000000		45-2378778
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
June 08, 2011		January 07, 2012
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
4974 E Clinton Way, Fresno, CA 93727		Hope-builds.com
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Randall Cooper		hopedailyys@gmail.com
<i>Name of the Secretary</i>		<i>E-mail address</i>
Dara CHuuy		hopedailyys@gmail.com
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Antonio Eley		hopedailyys@gmail.com
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Laneesha Senegal	Executive Director	4974 E Clinton Way, Fresno, CA 93727
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
559-681-7814		hopedailyys@gmail.com

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

Foster the innate gifts and abilities of all youth and adults helping them to ignite their dreams and guide them on a path to pursue their destiny.

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Laneesha Senegal	Executive director	22
2) Melissa Riojas	Office Manager	10
3) Gwen Morris	Chief Financial Officer	30
4)		
5)		

**Board of Directors**

How often does your Board of Directors meet?

Quarterly

List current Board of Directors

- |                    |                      |
|--------------------|----------------------|
| 1) Randall Cooper  | 6) Camille Valentine |
| 2) Rosaline Thomas | 7)                   |
| 3) Antonio Eley    | 8)                   |
| 4) Dara chuuy      | 9)                   |
| 5) Regina Williams | 10)                  |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes       No      If yes, name of auditor: \_\_\_\_\_

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

No \_\_\_\_\_

- 4) Provide the name of staff responsible for your agency's accounting system

Name: Gwen Morris  
 Title: CFO  
 Phone/Email: 559-681-7814/hopedaily1s@gmail.com

**Part A, Section 3: Summary of Attached Applications: Provide number and total dollar amount of applications by Application Type**

**– Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

**– Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

**– Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$15,000.00

**– Community Facility Improvement Projects, including Homelessness Facilities**

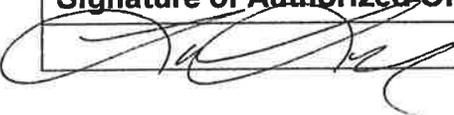
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 40,000.00

=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$55,000.00

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b>Name of Authorized Official</b>	<b>Title of Authorized Official</b>
Laneesha Senegal	Executive Director
<b>Signature of Authorized Official</b>	<b>Date of Signature</b>
	3/1/18

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter

**Part A, Exhibit 2** – Organization’s Articles of Incorporation

**Part A, Exhibit 3** – Bylaws of the Organization

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California)

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name

**Part A, Exhibit 6** – Most Recent Audited Financial Statement

Part B, Exhibit 7 - Map

**Lowell CDC**

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

**RECEIVED**

MAR -1 2018

Name: W. James

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Lowell Community Development Corporation		
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
		45-0961157
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
2011		2014
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
250 N Calaveras Ave, Fresno Ca 93701		www.lowellcdc.org
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Jose Lopez		lopez.jose0825@gmail.com
<i>Name of the Secretary</i>		<i>E-mail address</i>
Gayle Duffy		gayled@cvcsn.org
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Jenna Chillingierian		jenna@downtownfresno.org
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Esther Delahay	Executive Director	250 N. Calaveras Ave Fresno 93701
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
559-916-1247	559-424-3611	esther@lowellcdc.org

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

**Improve the quality of life in the Lowell community through community engagement, equitable housing and historic diversity.**

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

<b>Staff Name</b>	<b>Title</b>	<b>Years of Experience</b>
1) Esther Delahay	Executive Director	4
2) Janet Salcedo	Community Outreach Coordinator	1
3)		
4)		
5)		

**Board of Directors**

How often does your Board of Directors meet? Monthly

List current Board of Directors

- |                        |                     |
|------------------------|---------------------|
| 1) Jose Lopez          | 6) Michael Duarte   |
| 2) Daniella Cain       | 7) Kelsey McVey     |
| 3) Jenna Challengerian | 8) Cassie Sierra    |
| 4) Gayle Duffy         | 9) Bob Hayden       |
| 5) David Mendoza       | 10) Oscar Rodriguez |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes

No

If yes, name of auditor: \_\_\_\_\_

- 2) Is the agency audited every year?  Yes  No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

No

---

- 4) Provide the name of staff responsible for your agency's accounting system

Name: Esther Delahay

Title: Executive Director

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization's U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)

**Part A, Exhibit 2** – Organization's Articles of Incorporation (Required)

**Part A, Exhibit 3** – Bylaws of the Organization (Required)

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name (Required)

**Part A, Exhibit 6** – Most Recent Audited Financial Statement (an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due to not exceeding California and Federal audit thresholds).

**Summary of Attached Applications:** (include number and total dollar amount of applications by Application Type)

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$ 40,000

– **Community Facility Improvement Projects, including Homelessness Facilities**

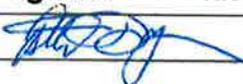
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$ 40,000 <del>45,000.00</del>

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b>Name of Authorized Official</b>	<b>Title of Authorized Official</b>
Esther Delahay	Executive Director
<b>Signature of Authorized Official</b>	<b>Date of Signature</b>
	2/28/18

**Marjaree  
Mason**

ORIGINAL

FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS

RECEIVED

3:00 PM

MAR - 1 2018

Name: 

Part A, Section 1: General Information

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Marjaree Mason Center, Inc.		
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
173284605		94-1156639
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
1998		1999
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
1600 M Street Fresno, CA 93721		<a href="http://www.mmcenter.org">www.mmcenter.org</a>
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Matthew Basgall		<a href="mailto:mattb@ci.clovis.ca.us">mattb@ci.clovis.ca.us</a>
<i>Name of the Secretary</i>		<i>E-mail address</i>
Cheryl Chambers		<a href="mailto:Chambers20@att.net">Chambers20@att.net</a>
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Doug Morgan		<a href="mailto:Dougmorgan@mac.com">Dougmorgan@mac.com</a>
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Nicole Linder	Executive Director	1600 M Street Fresno, CA 93721
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
(559) 487-1319	(559) 978-0587	<a href="mailto:Nicole@mmcenter.org">Nicole@mmcenter.org</a>

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

The Marjaree Mason Center supports and empowers adults and their children affected by domestic violence, while striving to prevent and end the cycle of abuse through education and advocacy.

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Nicole Linder	Executive Director	2
2) Lucianna Ventresca	Associate Director	8
3) Marcus Martin	Finance Director	13
4)		
5)		

**Board of Directors**

How often does your Board of Directors meet?

Once a month

List current Board of Directors

- |                               |                                |
|-------------------------------|--------------------------------|
| 1) Matthew Basgall, President | 11) Bonnie Her                 |
| 2) Dan Adams. Past President  | 12) Kerri Horn                 |
| 3) Hengameh K. Akhtar         | 13) Margaret Mims              |
| 4) Rich Alves                 | 14) Doug Morgan, Treasurer     |
| 5) Cheryl Chambers, Secretary | 15) Rene Ramirez               |
| 6) Todd Cook                  | 16) Mike Rolph, Vice President |
| 7) Richard Cummins            | 17) Lisa Smittcamp             |
| 8) Giatri Dave                | 18) S. Brett Sutton            |
| 9) Jerry Dyer                 | 19) Michele Waldron            |
| 10) D. Casey Gray             | 20) Lynnette Zelezny           |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

Has an audit been performed on the proposing organization's accounting

- 1) procedures within the last two years?

Yes       No      If yes, name of auditor:

Moss Adams LLP

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

- 4) Provide the name of staff responsible for your agency's accounting system

Name:                  Marcus Martin

Title:                    Finance Director

Phone/Email:      (559) 487-1304 / marcus@mmcenter.org

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 361,121

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Community Facility Improvement Projects, including Homelessness Facilities**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 300,000

=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$ 661,121

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Nicole Linder	Executive Director
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
<i>Nicole Linder</i>	<i>2/28/18</i>

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter **(Required)**

**Part A, Exhibit 2** – Organization’s Articles of Incorporation **(Required)**

**Part A, Exhibit 3** – Bylaws of the Organization **(Required)**

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) **(Required of Out-of-State Corporations only)**

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name **(Required)**

**Part A, Exhibit 6** – Most Recent Audited Financial Statement **(an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due it not exceeding California and Federal audit thresholds).**

**Additional Attachments:**

**Part A, Exhibit 8** – Signed Board Authorization Resolutions

**Part A, Exhibit 7** – Executive Director’s Resume

Poverello

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

**RECEIVED**

2:10 MAR - 1 2018

Name: W. Janssen

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Poverello House		
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
127482537		770007985
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
11/25/83		9/30/2017
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
412 F. Street Fresno CA 93726		www.poverellohouse.org
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
A. Thomas Ferdinandi Jr.		<a href="mailto:atf@milano-ri.com">atf@milano-ri.com</a>
<i>Name of the Secretary</i>		<i>E-mail address</i>
Paula Capozzi		capozzipr@comcast.net
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Krista Beavers		beavers@poverellohouse.org
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Sara Mirhadi	Chief Programs Officer	5568 W. Ellery, Fresno CA 93726
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
559 498-6988	559 960-4429	mirhadi@poverellohouse.org

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

“Believing in the dignity of every person, at Poverello House we work to enrich the lives and spirits of all who pass our way by stewarding the resources made available to us through Providential and community support.”

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Cruz Avila	Chief Executive Officer	18 years
2) Paul Stack	Chief Operations Officer	16 years
3) Sara Mirhadi	Chief Programs Officer	7 years
4) Krista Beavers	Chief Administrative Officer	4 years
5)		

**Board of Directors**

How often does your Board of Directors meet? Once a month

List current Board of Directors

- |                            |   |
|----------------------------|---|
| 1) A. Thomas Ferdinandi Jr | 6) Nick Amendola  |
| 2) Hank Bennet             | 7) Sister Mary Clennon  |
| 3) Paula Capozzi           | 8) John Frye Jr   |
| 4) Robert S. Veneski       | 9) Christopher Hansen<br>Constance Jones, Tim O'Neil<br>John Pardini, Kristi Reinke, Victor |
| 5) Stephanie Negin         | 10) Salaza  |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes                      X No                      If yes, name of auditor:                      Horg & Gary LLP Certified Public Accountants

- 2) Is the agency audited every year?                      X Yes                       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

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- 4) Provide the name of staff responsible for your agency's accounting system  
Name: Krista Beavers  
Title: Chief Administrative Officer  
Phone/Email: 559 498-6988 beavers@poverellohouse.org

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 20,000

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Community Facility Improvement Projects, including Homelessness Facilities**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 44,492

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**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$ 64,492

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Cruz Avila	CEO
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	2.28.18

# Self-Help

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**

**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
Self-Help Enterprises		
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
056179906		94-1592676
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
January 14, 1965		April 1965
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
P.O. Box 6520, Visalia, CA 93291		www.selfhelpenterprises.org
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Thomas J. Collishaw, President/CEO		Tomc@selfhelpenterprises.org
<i>Name of the Secretary</i>		<i>E-mail address</i>
Kathryn L. Long-Pence, Secretary		Kathylp@selfhelpenterprises.org
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Kathryn L. Long-Pence, CFO		Kathylp@selfhelpenterprises.org
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Susan Long	Program Director	8445 W. Elowin Ct., Visalia, CA 93290
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
(559) 802-1630	(559) 651-1000	susanl@selfhelpenterprises.org

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

“Working together with low income families to build and sustain healthy homes and communities.”

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Susan Long	Program Director	22 years
2) Melissa Valdez	Manager/Loan Processor	
3) Sam Palmer	Rehab Specialist	
4) Karen Saucedo	Housing Specialist	
5) James Clark	Rehab Specialist	

**Board of Directors**

How often does your Board of Directors meet? Once a month (fourth Tuesday of each month)

List current Board of Directors

- |                        |                         |                       |
|------------------------|-------------------------|-----------------------|
| 1) Susan Zachary-Kreps | 6) Yolanda Gonzales     | 11) Lupe Martinez     |
| 2) Richard Barron      | 7) Marv Hansen          | 12) Graciela Martinez |
| 3) Ray Chavez          | 8) Dave Herb            | 13) Isabel Olmos      |
| 4) Mike Chrisman       | 9) Laura Higareda-Chapa | 14) Gary Rodriguez    |
| 5) Bob Friesen         | 10) Kayode Kadara       | 15) Ralph Rosedale    |
|                        |                         | 16) Duane Scott       |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes       No      If yes, name of auditor: Moss Adam LLP

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.

No

- 4) Provide the name of staff responsible for your agency's accounting system

Name: Kathryn L. Long-Pence

Title: CFO

Phone/Email: (559) 802-1602 or kathylp@selfhelpenterprises.org

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 500,000

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$0

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$0

– **Community Facility Improvement Projects, including Homelessness Facilities**

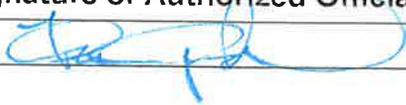
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$0

=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 500,000

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Thomas J. Collishaw	President/CEO
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	2/28/18

Required Attachments to Part A:

Part A, Exhibit 1 – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter **(Required)**

Part A, Exhibit 2 – Organization’s Articles of Incorporation **(Required)**

Part A, Exhibit 3 – Bylaws of the Organization **(Required)**

Part A, Exhibit 4 – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) **(Required of Out-of-State Corporations only)**

Part A, Exhibit 5 – List of Directors and Officers by Corporate Title and Name **(Required)**

Part A, Exhibit 6 – Most Recent Audited Financial Statement **(an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due to not exceeding California and Federal audit thresholds).**

# Warnors

3:25 pm  
**RECEIVED**

**FY 2018 – 2019 CONSOLIDATED NOFA  
 APPLICATION - PART A  
 COVER SHEET – ALL SUBRECIPIENTS**

**FEB 28 2018**

**Name:** M. Jansen

**Part A, Section 1: General Information**

Legal Name of the Organization		Fictitious Name (if applicable)
Warnors Center for Performing Arts		
DUNS Number of Organization		Federal Tax ID Number
		20-8031412
Date of Incorporation		Date of 501(c)(3) Determination
October 2006		March 21, 2007
Mailing Address of Organization		Organization website address
1430 Fulton St Fresno		Warnors@Warnors.org
Name of President (or Chair of the Board)		E-mail address
Sally Caglia		Sally.Caglia@ElectricMotorShop.com
Name of the Secretary		E-mail address
Alice Gallegos		alice1132@att.net
Name of Treasurer (or Chief Financial Officer)		E-mail address
Berta Diebert CPA		berta@diebertcpas.com
Contact Person	Contact's Title	Contact's Physical Address
Sally Caglia	Director	5479 E. McKenzie Fresno Ca 93727
Primary Phone #	Alternative Phone #	E-mail address
455-8501	252-1437	ensigncaglia@aol.com

**Part A, Section 2: Mission Statement – Please provide the organization's mission statement within the below space.**

**EXHIBIT 6**  
 In order to achieve our vision, The Board of Directors commits to the following: To ensure Warnors Center for Performing Arts is authentically restored and maintained through general community support and private funding, to provide a performing arts center that will offer quality entertainment, enhance educational and cultural opportunities, and provide an additional venue for tourism and economic growth for the region.

\* Nick Youino Alternate (559) 269 0115

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Victor Felan	Executive Director	10
2) Stacey Chan	Office Mgr	4
3) Juan Hernandez	Maintenance	3
4) Shawn Patterson	Concessions	3
5) Maddy	Case IFO	1
6) Alice Gallegos	Assistant Manager	15

**Board of Directors**

How often does your Board of Directors meet? Once or twice a month  
 List current Board of Directors

- |                   |                       |
|-------------------|-----------------------|
| 1) Sally Caglia   | 6) Michael Caglia     |
| 2) Alice Gallegos | 7) Rose Caglia        |
| 3) Victor Felan   | 8) Larry Bauermeister |
| 4) Nick Youino    | 9)                    |
| 5) Peter Jones    | 10)                   |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- Has an audit been performed on the proposing organization's accounting procedures within the last two years?
  - Yes       No
  - If yes, name of auditor: Berta Diebert and Assoc
- Is the agency audited every year?       Yes       No
- Were any management letters issued as a result of the last audit? If yes, explain.
 

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- Provide the name of staff responsible for your agency's accounting system
  - Name: Berta Diebert
  - Title: CPA
  - Phone/Email: 447-4520      berta@diebertcpas.com

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Community Facility Improvement Projects, including Homelessness Facilities**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 100,000.00
	=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 100,000.00

The below signature must be that of an official authorized to legally bind the organization to agreements.

<i>Name of Authorized Official</i>	<i>Title of Authorized Official</i>
Rose M. Capria	Director of Board
<i>Signature of Authorized Official</i>	<i>Date of Signature</i>
Rose M. Capria	2/27/18

WestCare

**FY 2018 – 2019 CONSOLIDATED NOFA  
APPLICATION - PART A  
COVER SHEET – ALL SUBRECIPIENTS**



**Part A, Section 1: General Information**

<i>Legal Name of the Organization</i>		<i>Fictitious Name (if applicable)</i>
WestCare California, Inc.		
<i>DUNS Number of Organization</i>		<i>Federal Tax ID Number</i>
054612767		23-7368450
<i>Date of Incorporation</i>		<i>Date of 501(c)(3) Determination</i>
October 15, 1973		November 1974
<i>Mailing Address of Organization</i>		<i>Organization website address</i>
1505 N. Chestnut Ave., Fresno, CA 93703		www.westcare.com/california
<i>Name of President (or Chair of the Board)</i>		<i>E-mail address</i>
Richard Steinberg		Richard.steinberg@westcare.com
<i>Name of the Secretary</i>		<i>E-mail address</i>
Jim <i>HANNA</i>		Jim.hanna@westcare.com
<i>Name of Treasurer (or Chief Financial Officer)</i>		<i>E-mail address</i>
Ken Orbals		<a href="mailto:Ken.orbals@westcare.com">Ken.orbals@westcare.com</a>
<i>Contact Person</i>	<i>Contact's Title</i>	<i>Contact's Physical Address</i>
Shawn Jenkins	Senior Vice President	1505 N. Chestnut Ave., Fresno, CA 93703
<i>Primary Phone #</i>	<i>Alternative Phone #</i>	<i>E-mail address</i>
(559) 251-4800 x20902		Shawn.jenkins@westcare.com

**Part A, Section 2: Mission Statement** – Please provide the organization’s mission statement within the below space.

**MISSION:** WestCare empowers everyone with whom we come into contact to engage in a process of healing, growth and change benefiting themselves, their families, coworkers and communities.

**VISION:** WestCare devotes our best collective and individual efforts to “uplift the human spirit” by consistently improving, expanding and strengthening the quality, efficacy and cost-effectiveness of everything we do in building for the future.

**MOTTO:** *Uplifting the Human Spirit*

**Part A, Section 3: Organizational Capacity and Management.** Please provide the information requested below.

Staff Name	Title	Years of Experience
1) Richard Steinberg	President	40
2) Beverly Watts-Davis	Chief Operating Officer	30
3) Shawn Jenkins	Senior Vice President	25
4) Ken Ortvals	Chief Financial Officer	20
5)		

**Board of Directors**

How often does your Board of Directors meet? Quarterly

List current Board of Directors

- |                                   |                           |
|-----------------------------------|---------------------------|
| 1) Dr. Toussaint M. Streat, Chair | 6) Richard E. Steinberg   |
| 2) William J. Ekstrom             | 7) Jim Hanna, Secretary   |
| 3) John C. Jeppsen                | 8) Ken Ortvals, Treasurer |
| 4) Mary A. Y. Okada               | 9)                        |
| 5) William C. Porter              | 10)                       |

**Note:** Successful applicants will be required to provide a Board Resolution providing for the signature authority of person to sign on behalf of the entity before a subrecipient agreement will be executed.

**Financial Management**

- 1) Has an audit been performed on the proposing organization's accounting procedures within the last two years?

Yes       No      If yes, name of auditor: Roland Roos, CPA

- 2) Is the agency audited every year?       Yes       No

- 3) Were any management letters issued as a result of the last audit? If yes, explain.  
No.
- 

- 4) Provide the name of staff responsible for your agency's accounting system  
Name: Ken Ortvals  
Title: Chief Financial Officer  
Phone/Email: 702-385-2090 x10202/ken.ortvals@westcare.com

**Part A, Section 3: Summary of Attached Applications:** Provide number and total dollar amount of applications by Application Type

– **Owner-occupied Home Repair and Housing Rehabilitation Programs**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Homelessness and Homelessness Prevention Programs and Services, and Tenant-Based Rental Assistance (TBRA homeless prevention)**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
2	\$ 863,260

– **Child and Youth Services, Economic Development, and Nonprofit Capacity Building**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
	\$

– **Community Facility Improvement Projects, including Homelessness Facilities**

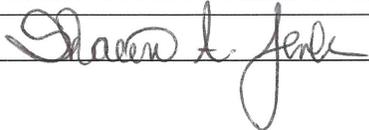
<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
1	\$ 436,700.00

=

**GRAND TOTAL**

<i>Number of Applications</i>	<i>Total Dollar Amount Requested</i>
<del>2</del> 3	<del>\$ 863,260</del> 1,299,960.00

The below signature must be that of an official authorized to legally bind the organization to agreements.

<b><i>Name of Authorized Official</i></b>	<b><i>Title of Authorized Official</i></b>
Shawn Jenkins	Senior Vice President
<b><i>Signature of Authorized Official</i></b>	<b><i>Date of Signature</i></b>
	3-1-18

**Required Attachments to Part A:**

**Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter **(Required)**

**Part A, Exhibit 2** – Organization’s Articles of Incorporation **(Required)**

**Part A, Exhibit 3** – Bylaws of the Organization **(Required)**

**Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) **(Required of Out-of-State Corporations only)**

**Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name **(Required)**

**Part A, Exhibit 6** – Most Recent Audited Financial Statement **(an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due it not exceeding California and Federal audit thresholds).**