

# TRANSITION HOUSE

STEPS FROM PRISON TO TRANSITION HOUSE TO COMMUNITY



## A HANDBOOK

ADULT MINISTRIES DEPARTMENT  
North American Division of Seventh-day Adventists

***STEPS FROM  
PRISON  
To  
TRANSITION HOUSE  
To  
COMMUNITY***

**A TRANSITION HOUSE  
HANDBOOK**

**NORTH AMERICAN DIVISION  
ADULT MINISTRIES DEPARTMENT  
OF SEVENTH-DAY ADVENTISTS**

**April 2018**



# **Acknowledgements**

**North American Division  
Adult Ministries Committee**

**North American Division  
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## HOW TO USE THIS HANDBOOK

We are grateful for your interest in maximizing the potential for beneficial outcomes for “Returning Citizens” through effective Transition House Ministry.

It is our hope that this Handbook will create the framework and the necessary tools for creating stability and longevity for your Transition House. In organizing a Transition House, the first question that should be asked is, “What is my raison d’être, or my mission for being? The initial outlay of the Handbook will suggest the reasons, demographics, and dualism relative to the need of transitional housing. The section on the Feasibility Study, and How to Start a Transitional House, will provide the justification for starting a Transition House, as well as the guidelines for starting your facility. The guidelines will give instructions that are essential from the Organizational Phase through the Operational Phase. Following these instructions will help to solidify essential components needed for a successful operation of your facility.

Listed are a series of Applications beginning with the 501© 3 Streamline Application through the Sample Zoning Permit Applications, which will indicate samples of essential or possible requirements for operations, depending upon your locale. The 900 – EZ form and the sample Annual Report Filing Instructions are required in order to maintain operational status.

Instructions for designing brochures and other marketing materials through the Restoration Hope House Application for prison interviews are tools for administrative use that will assist with operational procedures. It includes rules and regulations that will assist with operational management.

How to this Handbook will assist in knowing how to fund your Transitional House through suggested salaries for Executive Directors, and suggest guidelines that are essential to financial operation. Information is included that will assist with funding, grant preparation, application, and valuable information regarding your Executive Director.



The last section of the Handbook will be the Appendix which will provide additional information regarding the operation of transitional housing. It will also include a list of the currently known Seventh-day Adventist operated transitional facilities.

May Our Lord anoint His Ministry through and in a “Most Powerful” way!

The North American Division Adult Ministries Department  
J. Alfred Johnson II, Director

**THEO-PHILOSOPHICAL REASONS  
FOR  
TRANSITIONAL HOUSING**



## THE THEO-PHILOSOPHICAL REASONS FOR TRANSITIONAL HOUSING

Theo-Philosophical reasons for transitional housing may be defined as the biblical fundamental nature for the reality and existence of shelter for homeless individuals, which includes not only non-offenders, but ex-offenders.

The Theo-Philosophical apriority for the existence of transitional houses in its current sense finds its emergence in the Theistic imperative that is mandated in the Bondage Phenomenon in Matthew 25. However, we should not allow our social and theological blinders short circuit our vision to the fact that transitional housing is not only substantiated in the New Testament, but it is also embodied in the Old Testament, as well. One prime example would be the Cities of Refugee as denoted by Joshua 20:7-8. These Cities of Refugee offer the offender an opportunity to study and communicate with the Levites who were trained in the things of God. These cities provided a place of refuge and transition for the offender which allowed him to be taught the ways of Jehovah. It is during encounters like this that we see the synchronicity of God intersecting with the destiny of humanity.

The Bondage Phenomenon in Matthew 25 may be described as the social, physical, and spiritual depravity that depicts the plight of the homeless, hungry, naked, thirsty, sick, and the prisoner. Our primary focus of concern from the bondage phenomenon itinerary is transitional in nature – namely, prisoners who are the homeless. The fallout from this phenomenon results in the paralysis of the cobweb stigma where in those that are in bondage are caught in the seemingly inescapable webs of dismay, hopelessness, frustration, oppression, and depression. They feel like they are imprisoned in a long corridor with no exit signs, socially, isolated, spiritually emaciated, theologically castigated, and physically asphyxiated

In Matthew 8:20, didn't Jesus say that the foxes have holes and the birds of the air have nests, but the Son of Man has nowhere to lay His head? The implications of this suggest not only the social trauma of homelessness, but the physical

necessity of shelter for those who are caught in this transitional conundrum. This text further suggests that we can no longer be social isolates imprisoned in our cells of insensitivity, but we must be proactive and inclusive in our ministry to those who are struggling in the quagmire of homelessness. Pros Michael said, "That we are one pay check away from being homeless." Our own church has for years, as it relates to offenders who fit the classification of homelessness, has had an ostrich complex in our recognition for transitional housing.

Could it be that we too have been caught up in a web of social bureaucracy as it relates to the transitional nature of humanity? William Barrett in his book, *The Irrational Man: A Study of Existential Philosophy*, said, "Man's feeling of homelessness of alienation has been intensified in the midst of a bureaucratic, impersonal mass society . . . usually to be dropped below the surface of consciousness and forgotten."

I guess Cliff Smith was right when he said, "We are never going to end homelessness . . . but we can do a better job than we are doing now." Suffice it to say, we are never going to have enough transitional houses, but we can do better than we are doing now.

Dennis Kucinich, of Ohio, called homelessness a weapon of mass destruction. Former President Georg Bush and Dick Cheney couldn't find any weapons of mass destruction, but we can. They are prisoners coming back into the community with no place to stay, no job, striped of dignity, branded by a number, and a nomenclature called a felony; isolated from opportunity, and returning to a survival mode in criminal behavior destroying not only the community, but themselves.

Transitional Housing will help to eliminate the opportunity of an ex-offender being a weapon of mass destruction. Ralph Waldo Emerson said, "When a man helps others from destroying themselves, he helps himself." George Washington Carver said, "Be tolerant with the homeless, because someday that may be your lot." We are not to look down on a child of God because they are in a precarious

predicament needing a place to lay their head. Jesse Louis Jackson said, "Never look down on anyone unless you are helping them up."

Transitional Housing is a re-integrative tool that is dualistic in nature that seeks to promote societal acclamation by reconciling former offenders to society and society to former prisoners.

Transitional Housing is transitional in nature. It provides a professional support, education, and stability with the idea of helping an ex-offender to become a productive citizen.

After living a life in oppression which has been the offender's thorn in his flesh, in the concrete jungles of correctional facilities, the transitional facility must offer refuge and hope. Every offender needs to know that whatever personal circumstances that he had to endure, he can overcome.

Beethoven's claim to fame came while he was deaf. Jackie Joyner Kersey overcame polio and won a gold medal. A pearl is the result of a diseased oyster. A certain kind of Bermuda grass grows best when you try to kill it. John Milton peeped into Paradise Lost through blinded eyes. This is the kind of hope that can be instilled in transitional housing residents, that in spite of being a victim of the cage syndrome, they can overcome.

The clarion call to the church is to be more proactive in prison ministry and especially in the area of transitional living. This call is predicated upon the premises that every year, 650,000 inmates return to society; 54,166 every month; 12,500 every week; 1,780 every day, bearing in mind that this is the national norm and not the state norm. This august number of inmates severely impacts the homeless dilemma in our communities. Our church is not exempt from the social, spiritual, and economic influence of the homeless quandary in our environment.

Some of our communities have become polarized communities because of the pointed migration of ex-offenders geographically to specific locations. Such a conundrum precipitates the inevitability and urgency of engagement by our church to provide transitional housing. Transition Houses should not only be houses of transition, but houses of hope for those who have been oppressed. James Cone in his book, *Speaking the Truth*, said, "That the eschatological hope of the oppressed is not an opiate or sedative because it is a hope derived from a historical struggle and never separated from it. God is the power that transforms the suffering of the present to the hope of the future."

The North American Division of Adult Ministries has rekindled its initiative to foster the challenge of encouraging our Conferences / Prison Ministries to foster a greater concern for transitional housing facilities, to follow the pathway of communication through NAD, in order that we may promote a more effective agenda to advance the commission of Jesus. We want to be on one accord with you, and to ensure that you are on one accord with us. The pathway that leads to training starts with us. It is our desire to produce training material for all aspects of prison ministry that is generic sensitive to every state in the Division.

Just like the disciples at Pentecost, we want to be on one accord. Like the movie entitled, *Drum Line*, when the band director said, "One band, one sound" – this is our Modus Operandi.

I would like to conclude this discourse with the captives and caged bird scenario. It is in places of duress that scenes of transformative eternal glory take place in life. Life for the captive is like the life of the caged bird. In the life of the captive, he has been accustomed to listening to the music of so many different voices. The lyrics of the voices say, "Kill, steal, rob, sell drugs, extort, etc."

Jesus wanted to teach the captive a separate melody. Notice how each captive was taught individually because the lyrics of salvation is a personal encounter that requires personal endurance.

Samuel Pippin in his book, *Patience in the Midst of Trails and Afflictions*, said, "That the master does not try to teach the birds a number of songs, but he covers the cage, and places it where the bird is to listen to one song that he is to sing. In the ark, he tries, and tries again to learn that song until it is learned, and he breaks forth in perfect melody. Then the bird is brought forth and ever after he can sing that song in the light.

Thus God deals with humankind. God has to teach the captive and when he has learned in the midst of the shadows of affliction, he can sing ever afterward."

One song! One sound! One music sheet!





# **MISSION STATEMENT**



## MISSION STATEMENT

What Is Your Mission?



**DEMOGRAPHICS FOR THE NEED  
OF A  
TRANSITIONAL HOUSE**



## DEMOGRAPHICS FOR THE NEED OF A TRANSITIONAL HOUSE

Demographics that suggest the **need** for a Transition House.

1. More than 650,000 prisoners **will** reenter society every year.
2. The majority of prisoners **cluster** in a few neighborhoods.
3. Fifty percent of all prisoners **released cluster** in five (5) states.
4. Two-thirds (2/3) of all prisoners released cluster in 16 states.
5. Thirty-four percent of prisoners cluster in 6 out of 77 Chicago communities.
6. Eleven percent of prisoners **cluster** in 6 out of 55 Baltimore communities.
7. Forty-one percent of prisoners cluster in 5 of 175 Detroit communities.
8. Fifteen thousand-two **hundred** and twenty seven prisoners cluster in 8 of 159 counties.
9. Chicago, Houston, Cleveland, and Baltimore house the largest concentration of released prisoners.
10. The average age of prisoners released from prison is 30.
11. Two-thirds of prisoners **identified** drugs as the major cause of their problems.
12. Seventy-five percent (75%) **said** that a job would keep them from coming back to prison.
13. Eighteen percent (18%) **of** prisoners had prospects of employment while they were incarcerated.
14. Thirty-one percent (31%) **of** incarcerated were unemployed prior to incarceration.
15. Prisoners who reenter **society** are more likely to experience health and behavioral problems such as: Depression, Asthma, HBP, Hepatitis, and HIV Aids.





**WHERE DO PRISONERS GO  
WHEN RELEASED FROM PRISON?**



## **WHERE DO PRISONERS GO?**

1. Impoverished communities.
2. Disenfranchised communities.
3. Communities that have little social support.
4. Communities that have a high crime rate.

Assistance in the following areas will curtail recidivism:

1. No money.
2. No housing.
3. No job.



**FEASIBILITY STUDY  
FOR  
TRANSITIONAL HOUSING**



## FEASIBILITY STUDY FOR TRANSITIONAL HOUSING

The following questions should be answered during any feasibility study.

1. Will there be community support for a Transitional House? Can an adequate donor list be developed that will provide sufficient secondary revenue for the project? Can you identify persons who are willing and able to raise funds through contacts with other persons of means, through grant writing, and through links to religious groups and ordinary donors?
2. Is there a need for a Transitional House in your area?
  - Are there prisons near the proposed sites? Does the Parole or Probation Officer have any rules that your Transitional House needs to be cognizant of; to be in compliance with state regulations?
  - Are there other places where persons in prisons go for housing? If so, would your Transitional House improve services or respond to a specific demand not being met in your area?
  - Will you be serving former prisoners or persons who have received alternative sentences? Are there rules or policies that would be required by the courts or probation to house alternatively sentenced persons?
3. Will it be easy to identify individuals to volunteer at your facility such as: cooks, healthcare, counselors, substance abuse group leaders, survival skills instructors, etc.?
4. What kind of job placement for former prisoners can we anticipate? Are there jobs that are accessible via public transportation?
5. What are the zoning requirements for a Transitional House in your area?



6. Can you **develop a list** of persons who will be willing to provide in kind, items such as: **kitchen utensils and supplies, bedroom, and living room items, etc.?**
7. Can you **recruit persons** who are able and willing to help with home improvements?
8. What other **services (job placement, AA, NA, etc.)** are offered in the community for the residents of your housing facility?
9. Develop a **timetable** within the study for task completion. Identify persons who are **willing to work** on specific parts of the plan.

**HOW TO START  
A  
TRANSITION HOUSE**



## **HOW TO START A TRANSITION HOUSE**

### **PURPOSE**

The purpose of this Handbook is to give an overview and general guidelines to aid you in starting a Transitional House in your community.

### **MISSION**

The Mission of any Transitional House should be to reconcile former prisoners to society, and society to former prisoners through the development of supportive communities.

### **CHARACTERISTICS OF A SUPPORT COMMUNITY**

1. Former prisoners living together in a family setting.
2. Active involvement of volunteers from a broader community.
3. A spirit of open participation and decision making by all of the members of a Transitional House community.
4. A sharing among Transitional House communities, with emphasis on the common good.

### **ORGANIZATIONAL PHASE**

1. Establish a Board of Directors of 13-21 unrelated persons and elect officers.
2. Establish a Mission Statement, Bylaws, and other Board related policies.
3. Form a Planning Committee of eight (8) unrelated persons.
4. Choose a treasurer who will be trained and will follow your Transitional Housing accounting and bookkeeping procedures.
5. Choose someone who is willing to be trained in and to follow your transitional housing guidelines to handle and report donations (including in-kind) and volunteer hours.
6. Choose a group secretary to take the minutes of each Planning Committee meeting.
7. Organize a feasibility study committee.

## **THE WORK OF THE PLANNING COMMITTEE**

1. Elect and send one **nonvoting** representative to each Transitional Housing Board Meeting.
2. Secure a 501© 3 status, a Federal ID# and an incorporation status to open a bank account.
3. Use the name of your Transitional House, historical data, other data, and materials to assist you in your fundraising endeavors for your Transitional House.
4. Secure a computer and **computer** software for bookkeeping and list maintenance.
5. Complete the state and **local** registration and permit requirements to start a Transitional House.
6. Develop an Operating **Manual**, Donor Receipts and other network wide documents.
7. Request support and **training** in fundraising and board development from a nonprofit management agency.

## **APPLICATION FOR PREPARATION STATUS**

The Planning Committee must be able to show the Project Review Committee that it has done the prerequisite **work** to show that the transitional housing project is ready to move to the **next** stage of development.

The Planning Committee must **demonstrate** the following:

1. Must show that a local **Board** of Directors, composed of 13-21 unrelated persons, reflecting the **diversity** of the community is meeting monthly.
2. Must show that **Bylaws** have been written and approved by the Policy Committee and the full **Board**.
3. Regular financial reports, approved by the Finance Committee, must have been submitted on a **monthly** basis since approval or planning status.
4. Regular progress reports **and** activity summaries must be submitted on a monthly basis to the **Project Committee** for at least six (6) months.

5. A representative of the Planning Committee has participated regularly in Transitional House Board Meetings.
6. Donor/ mailing list information and grant application reports have been submitted on a quarterly basis, since the planning status was approved.
7. Must develop an adequate list of donors whose average gift is \$25.00 which has been reviewed by the Finance Committee.
8. The Planning Committee must have submitted its Board Minutes on a monthly basis.
9. Contacts must have been made with nearby correctional facilities.
10. All local and state registration and reporting requirements have been met (state and corporate annual reports, solicitation permits, sales tax exemption).
11. An Attorney and a Realtor who will provide pro bono services during the property search/purchase have been identified.
12. Has raised or pledged with written verification, at least:
  - a. 20% of the purchase cost
  - b. 50% of one staff person's annual salary
  - c. 50% of the estimated cost of renovation (for capital improvement).

When the Project Committee reviews the requirement listed above and makes a positive recommendation to the Transitional House Board of Directors, and its recommendation is approved, then you will be given preparation status.

### **PREPARATION STATUS TO PRE-OPERATIONAL STATUS**

Your transitional housing project will move from the preparation status to the pre-operational status when it can show, through proper documentation that the following steps listed below have been implemented through a written request to the Project Review Committee; the Committee makes a positive request to the Board and the Board approves the request.

1. At least 13 unrelated committed individuals, board members, or others are in place to implement the functions of the various standing committees.
2. The Personnel Committee has adopted personnel policies and has developed a schedule for staff recruiting and hiring.

3. The Board through its Policy Committee, has adopted residency admission criteria, house rules, house management related policies (guests, overnight passes, special conditions of residency, etc.), and guidelines for medial relations.
4. The transitional housing project volunteers have begun recruiting efforts in correctional facilities and penal institutions.
5. A budget for the first fiscal year of operation has been submitted to and approved by the Finance Committee.
6. Property has been identified that is structurally sound and properly zoned. A comprehensive inspection has been conducted and a renovation budget has been drafted, submitted, and approved by the Project Review Committee.
7. The project has involved the Board and its attorneys in drafting the purchase contract and the terms of the mortgage.
8. The Executive Committee has been provided with all of the documentation related to the purchase contracts and purchase of the loan.
9. The Board has raised, or has committed with written verification, the following:
  - a. 25% to 50% of the cost or 100% of the rental cost.
  - b. 100% of one staff person's annual salary with benefits.
  - c. The cost of all renovations.

## **OPERATIONAL STATUS**

Your transitional housing status moves from pre-operational status to operational status when you submit a request to the Project Review Committee, and you can demonstrate the following:

1. Property has been acquired; renovation plans are being implemented; property tax exemptions have been resolved.
2. The staff has been properly trained and has been offered permanent employment by the Board.
3. Interviews are being conducted at correctional facilities.

When operational status has been obtained, the Project Review Committee and the Board will endorse the transitional housing project as fully operational, and that it is eligible to exercise all of the privileges and responsibilities germane to its supportive communities.

## **FEASIBILITY STUDY**

The following are questions that need to be answered during any Feasibility Study:

1. Will there be community support for a Transitional House? Can an adequate donor list be developed that will provide sufficient secondary revenue for the project? Can you identify persons who are willing and able to raise funds through contacts with other persons of means, through grant writing, and through links to religious groups and ordinary donors?
2. Is there a need for a Transitional House in your area?
  - a. Are there prisons near the proposed sites? Does the parole or the probation office have any rules with which your Transitional House has to comply?
  - b. Are there other places where persons in prisons go for housing? If so, would your Transitional House improve services or respond to a specific demand not being met in your area?
  - c. Will you be serving primarily former prisoners or persons who have received alternative sentences? Are there rules or policies that would be required by the courts or probation to house alternatively sentenced persons?
3. Will it be easy to identify individuals to volunteer at your facility (cooks, health care, counseling, substance abuse groups, survival skills, instructors, etc.)?
4. What kind of job placement for former prisoners can we anticipate? Are there jobs that are accessible via public transportation?
5. What are the zoning requirements for a Transitional House in your area?
6. Can you recruit persons who are able and willing to help with home improvements?



7. Can you develop a list of persons who will be willing to provide in kind items (kitchen utensils and supplies, bedroom items, living room items, etc.)?
8. What other services (job placement, AA, NA, etc.), are offered in the community for the residents of your housing facility?
9. Develop a timetable within the study for task completion. Identify persons who are willing to work on specific parts of the plan.

## **FEASIBILITY STUDY IMPLEMENTATION**

The primary issue that needs to be recognized is your need for funds. Can you implement the fundraising plans? Are there enough persons willing to be involved in fundraising? The only way to measure fundraising is with results. How many contacts have been made with persons of means? How much has been donated by this group? How many religious groups have pledged funds? How many grants have been written? Which grants have been funded? Have you had a fundraising drive with telephone calls to donors? Have you started to plan an annual event?

## **THE IDEAL HOUSE TO PURCHASE**

### **Size:**

1. The maximum housing capacity should be seventeen (17) living in a home with eight (8) or nine (9) bedrooms. The minimum capacity should be ten (10) with five (5) bedrooms. The ideal capacity is fourteen (14) with seven (7) bedrooms. Thirty percent (30%) to 50% of your operational revenue should be generated from rent paid by the residents.
2. The public areas should have:
  - a. A large kitchen with at least one (1) dishwasher, ten (10) cabinets for food, appliances, cups, glasses and dishes, five (5) draws for flatware, serving spoons, hot pads, towels, counters for preparing meals, and to hold toasters, microwave, etc. Room for a kitchen table, four (4) chairs, one (1) large 20 cubic foot freezer.

- b. One (1) large dining room area in which a table can seat sixteen (16) people.
- c. Have at least three (3) full baths.
- d. A living room with space for a TV, two (2) couches, and three (3) other chairs.
- e. An office for one (1) computer, one (1) desk, one (1) file cabinet, telephone and answering machine.
- f. An additional family room with furniture and games (pool table, weights, etc.).

**Location:**

- 1. Zoning is the key issue. It is very difficult to open a Transitional House in an area that is pre-zoned for this type of residence. Check the zoning laws in your municipality to determine what areas are already open to a home in where there would be between (10) to fifteen (15) unrelated persons living together. You will need a pro bono Lawyer and Realtor.
- 2. The ideal house will be on or close to a bus or other public transportation routes.
- 3. The ideal house will be in a neighborhood in which minorities, women, former prisoners, and volunteers feel comfortable.

**Financial Support:**

- 1. 50% of your operational budget will come from fees.
- 2. 50% of your operational revenue must come from other sources.
  - a. 10% should be expected from grants.
  - b. 20% to 50% from individual donors and businesses.
  - c. 10% to 30% from religious groups.

## LIST OF NECESSARY FUNCTIONAL COMMITTEES

The first six (6) committees listed below need to be up and running in order to move from Preparation to Pre-Operational status. Staff members are liaisons to committees and are not counted as committee members.

<u>COMMITTEE</u>	<u>Number on Committee</u>		<u>Comments</u>
	<u>(Minimum)</u>	<u>(Ideal)</u>	
1. Fundraising	3	8	
2. Property Search	2	4	
3. Nominating	3	5	
4. Finance	2	3	includes Treasurer
5. Community Outreach, Education And Public Relations	3	5	
6. Executive	4	5	

The next six (6) committees need to be up and running in order to move from Pre-Operational to Operational status. This does not imply that earlier work cannot be started on these committees.

1. Personnel	2	3	
2. Volunteer	2	4	
3. Policy	2	3	
4. Review	2	4	
5. Furnishing	2	4	
6. Property and Grounds, House, Maintenance	3	6	

# 1023 EZ FORM



You must complete the Form 1023-EZ Eligibility Worksheet in the Instructions for Form 1023-EZ to determine if you are eligible to file this form. Form 1023-EZ is filed electronically only on Pay.gov. Go to [www.irs.gov/form1023ez](http://www.irs.gov/form1023ez) for additional filing information.

Form **1023-EZ**  
(June 2014)

**Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code**

OMB No. 1545-0056

Department of the Treasury  
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Information about Form 1023-EZ and its separate instructions is at [www.irs.gov/form1023](http://www.irs.gov/form1023).**

*Note: If exempt status is approved, this application will be open for public inspection.*

- Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

**Part I Identification of Applicant**

**1a** Full Name of Organization \_\_\_\_\_

**b** Address (number, street, and room/suite). If a P.O. box, see Instructions. **c** City \_\_\_\_\_ **d** State \_\_\_\_\_ **e** Zip Code + 4 \_\_\_\_\_

**2** Employer Identification Number \_\_\_\_\_ **3** Month Tax Year Ends (MM) \_\_\_\_\_ **4** Person to Contact if More Information is Needed \_\_\_\_\_

**5** Contact Telephone Number \_\_\_\_\_ **6** Fax Number (optional) \_\_\_\_\_ **7** User Fee Submitted \_\_\_\_\_

**8** List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)

First Name:	Last Name:	Title:	Street Address:	City:	State:	Zip Code + 4:
First Name:	Last Name:	Title:	Street Address:	City:	State:	Zip Code + 4:
First Name:	Last Name:	Title:	Street Address:	City:	State:	Zip Code + 4:
First Name:	Last Name:	Title:	Street Address:	City:	State:	Zip Code + 4:
First Name:	Last Name:	Title:	Street Address:	City:	State:	Zip Code + 4:

**9 a** Organization's Website (if available): \_\_\_\_\_  
**b** Organization's Email (optional): \_\_\_\_\_

**Part II Organizational Structure**

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. Check the box for the type of organization.  
 Corporation  Unincorporated association  Trust
- 2**  Check this box to attest that you have the organizing document necessary for the organizational structure indicated above. (See the instructions for an explanation of necessary organizing documents.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): \_\_\_\_\_
- 4** State of incorporation or other formation: \_\_\_\_\_
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).  
 Check this box to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.  
 Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.  
 Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

You must complete the Form 1023-EZ Eligibility Worksheet in the Instructions for Form 1023-EZ to determine if you are eligible to file this form. Form 1023-EZ is filed electronically only on Pay.gov. Go to [www.irs.gov/form1023ez](http://www.irs.gov/form1023ez) for additional filing information.

**Part III Your Specific Activities**

- 1 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions): \_\_\_\_\_
- 2 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated. **Check all that apply.**

<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious	<input type="checkbox"/> Educational
<input type="checkbox"/> Scientific	<input type="checkbox"/> Literary	<input type="checkbox"/> Testing for public safety
<input type="checkbox"/> To foster national or international amateur sports competition		<input type="checkbox"/> Prevention of cruelty to children or animals
- 3 To qualify for exemption as a section 501(c)(3) organization, you must:
  - Refrain from supporting or opposing candidates in political campaigns in any way.
  - Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
  - Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
  - Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
  - Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
  - Not provide commercial-type insurance as a substantial part of your activities. Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.
- 4 Do you or will you attempt to influence legislation?  Yes  No  
(If yes, consider filing Form 5768. See the instructions for more details.)
- 5 Do you or will you pay compensation to any of your officers, directors, or trustees?  Yes  No  
(Refer to the instructions for a definition of compensation.)
- 6 Do you or will you donate funds to or pay expenses for individual(s)?  Yes  No
- 7 Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States?  Yes  No
- 8 Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control?  Yes  No
- 9 Do you or will you have unrelated business gross income of \$1,000 or more during a tax year?  Yes  No
- 10 Do you or will you operate bingo or other gaming activities?  Yes  No
- 11 Do you or will you provide disaster relief?  Yes  No

**Part IV Foundation Classification**

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1 If you qualify for public charity status, check the appropriate box (1a - 1c below) and skip to Part V below.
  - a  Check this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
  - b  Check this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. Section 509(a)(2).
  - c  Check this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections 509(a)(1) and 170(b)(1)(A)(iv).
- 2 If you are not described in items 1a - 1c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
  - Check this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Form 1023-EZ is filed electronically only on Pay.gov.

You must complete the Form 1023-EZ Eligibility Worksheet in the Instructions for Form 1023-EZ to determine if you are eligible to file this form. Form 1023-EZ is filed electronically only on Pay.gov. Go to [www.irs.gov/form1023ez](http://www.irs.gov/form1023ez) for additional filing information.

**Part V Reinstatement After Automatic Revocation**

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1  Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the Instructions for requirements.)
- 2  Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

**Part VI Signature**

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

.....  
(Type name of signer)

.....  
(Type title or authority of signer)

PLEASE  
SIGN  
HERE

.....  
(Signature of Officer, Director, Trustee, or other authorized official)

.....  
(Date)

Form 1023-EZ is filed electronically only on Pay.gov





# **FEDERAL TAX ID/EIN APPLICATION**



# Federal Tax ID / EIN Application

IRS Form SS-4 / Online Application Assistant



Apply for an EIN in 3 Steps: 1. Select entity type 2. Fill the form 3. Submit EIN

## Other Non Profit Organization [What is a non profit organization?](#)

### Legal information for the non profit organization

Entity Name:

Trade Name:

Type of Non-Profit:

### Legal information for the Responsible Party

First Name:

Middle Name (optional):

Last Name:

Title:

Social Security Number:

### Organization address (PO boxes are not authorized)

Street:

City:

State:

Zip code:

County:

My mailing address is different from my corporate address:  No  Yes

### Activity

Closest reason for applying:

Primary activity:

Product(s) sold / produced or services provided:

### Common Questions

- Does your business own a highway motor vehicle weighing 55,000 pounds or more?  No  Yes
- Does your business involve gambling?  No  Yes
- Does your business sell or manufacture alcohol, tobacco or firearms?  No  Yes
- Does your business pay federal taxes?  No  Yes
- Has this entity ever received or applied for EIN before?  No  Yes
- Do you currently have, or plan to hire employees within the next year?  No  Yes

### Dates

Date business started or acquired:

Closing month of accounting year:

#### Application Help

City  
Caution! PO Boxes are NOT permitted by the IRS!  
Enter the address or corporate address for your entity

**Agreement and Communication**

Daytime phone number:

E-mail address:

Re-enter e-mail address:

By checking this box, I agree to submit the information provided to this website. I agree that I have provided truthful information and that by checking this box acts as a signature of my agreement to the Terms and Conditions of service. I hereby authorize Govfilings LLC to be my third party designee to submit my completed SS4 form to the IRS, receive my EIN, and if necessary to answer questions to the IRS on my behalf.



**Submit**

© 2014 Govfilings LLC | [Privacy Policy](#) | [Terms of Service](#) | [Pricing & Fees](#) | [Return Policy](#) | [Contact Us](#) | [Check order status](#)

Govfilings LLC acts as a Third Party Designee to help their clients obtain Federal Tax ID Numbers from the IRS in a timely and efficient manner. We only work on behalf of our clients and no government agency including the US Department of the Treasury, Social Security Administration, or the Internal Revenue Service. We offer a paid service in which our agents will prepare and submit your EIN Application to the IRS on your behalf for a small fee depending on your delivery needs. Alternatively, for no charge at all you can visit the official IRS.gov website and complete the EIN Application on your own without our assistance. We review the information submitted on our application form however we do not provide any legal guidance. If you require legal assistance we ask that you seek help from a licensed legal professional. The information found on this website is provided on an as-is basis and is intended to address common questions and answers focused on getting an Employee Identification Number (EIN) or Tax Identification Number (TIN) online.

**CHARTER NON-PROFIT  
CORPORATION**



Page 1 of 2

**CHARTER**  
**NONPROFIT CORPORATION** (ss-4418)



Business Services Division  
Tre Hargett, Secretary of State  
State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102  
(615) 741-2286  
Filing Fee: \$100.00

*For Office Use Only*

The undersigned, acting as incorporator(s) of a nonprofit corporation under the provisions of the Tennessee Nonprofit Corporation Act, adopt the following Articles of Incorporation.

1. The name of the corporation is: \_\_\_\_\_

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: \_\_\_\_\_

4. The name and complete address of the initial registered agent and office located in the state of Tennessee is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: TN Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

5. Fiscal Year Close Month: \_\_\_\_\_ Period of Duration:  Perpetual  Other \_\_\_\_\_  
Month Day Year

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Month Day Year

7. The corporation is not for profit.

8. Please complete all of the following sentences by checking one of the two boxes in each sentence:

This corporation is a  public benefit corporation /  mutual benefit corporation.

This corporation is a  religious corporation /  not a religious corporation.

This corporation will  have members /  not have members.

9. The complete address of its principal executive office is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

**\*Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.**

Submitter Information: Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_



Page 2 of 2

**CHARTER  
NONPROFIT CORPORATION** (SS-4418)



Business Services Division  
**Tre Hargett, Secretary of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th Fl.  
Nashville, TN 37243-1102  
(615) 741-2286  
Filing Fee: \$100.00

*For Office Use Only*

The name of the corporation is: \_\_\_\_\_

10. The complete mailing address of the entity (if different from the principal office) is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

11. List the name and complete address of each incorporator:

Name	Business Address	City, State, Zip

12. **School Organization:** (required if the additional designation of "School Organization - Exempt" is entered in section 3.)

I certify that pursuant to T.C.A. §49-2-611, this nonprofit corporation is exempt from the \$100 filing fee required by §48-51-303(a)(1).

This nonprofit corporation is a "school support organization" as defined in T.C.A §49-2-603(4)(A).

This nonprofit corporation is an educational institution as defined in T.C.A. §48-101-502(b).

13. Insert here the provisions regarding the distribution of assets upon dissolution:

14. Other Provisions:

*\*Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.*

Signature Date

Incorporator's Signature

Incorporator's Name (printed or typed)

**DIVISION OF CHARITABLE  
SOLICITATIONS AND GAMING  
APPLICATION FOR REGISTRATION  
OF A PROFESSIONAL SOLICITOR**





**Division of Charitable Solicitations and Gaming  
Office of Tennessee Secretary of State Tre Hargett**

312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555

**Application for Registration of a Professional Solicitor**

**All registrations expire December 31**

**INSTRUCTIONS:** Type or print your answers. If an answer does not apply, write "N/A." **Attach** additional sheets if you are unable to answer in the space provided. A **nonrefundable** registration fee of \$250.00 and a \$25,000 bond, payable to the State of Tennessee, must accompany this application.

1. Name of organization: \_\_\_\_\_

List other names currently or previously used to conduct business: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

2. Principal Office Address or, if no physical office is maintained, Name and Address of Person Having Custody of Financial Records (P.O. Box not acceptable):

Print Title (Mr., Ms., etc.): \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Has principal address changed since last registration?  Yes  No

3. List address of additional offices/places of operation in Tennessee: \_\_\_\_\_

\_\_\_\_\_

4. Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

5. Applicant is a  Sole Proprietor  Partnership  Corporation  Other

Year organized: \_\_\_\_\_ State: \_\_\_\_\_

6. **Attach** a list of corporate officers and directors of the corporation, or unincorporated association; each partner in the partnership; or owner in sole proprietorship. Provide the following information:

Title (Mr., Ms.): \_\_\_\_\_ Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

7. **Attach** a copy of the contract(s) with charitable organizations for which you will be soliciting contributions in Tennessee, signed by one (1) official of the charitable organization and one (1) officer of the professional solicitor.

8. List the other states where applicant solicits contributions.

\_\_\_\_\_

9. Has the applicant had any license, registration, or permit revoked or denied or been enjoined or prohibited from soliciting contributions?

Yes  No If "yes", describe the action, date, and place of the actions:

\_\_\_\_\_

10. Has anyone recovered from any of the applicant's surety bonds?

Yes  No If "yes", give the name, date, state, and amount recovered:

\_\_\_\_\_

11. Has any individual owners, partners, or corporate officers been convicted of a felony?

Yes  No If "yes", list the name, criminal offense, date, and place of the conviction:

\_\_\_\_\_

**Signature:** This document must be signed by an authorized officer. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_ First: \_\_\_\_\_

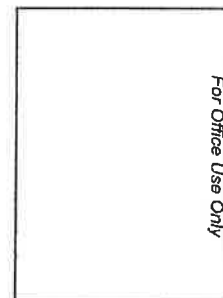
MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Reg. No. \_\_\_\_\_ Date Received \_\_\_\_\_

Exp. Date \_\_\_\_\_ Fee Paid \_\_\_\_\_



**DIVISION OF CHARITABLE  
SOLICITATIONS AND GAMING  
EXEMPTION REQUEST**





**Division of Charitable Solicitations and Gaming  
Office of Tennessee Secretary of State Tre Hargett**

312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555

**Exemption Request**

**Instructions:** Complete this form if your organization claims to be exempt from registration because it receives less than \$30,000 in gross contributions from the public. The principal officer of the organization must sign the form. This form must be submitted annually.

1. Name of Organization: \_\_\_\_\_ FEIN: \_\_\_\_\_

2. Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

3. Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

4. Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

5. Email: \_\_\_\_\_ Website: \_\_\_\_\_

6. If you solicit contributions or operate under any name(s) other than shown above, indicate names(s) below:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

7. Legal entity of organization:

A.  Corporation  Partnership  Association  Other (specify) \_\_\_\_\_

B. When and where was the legal entity organized?

Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

8. If the organization is a corporation, **attach** the charter or similar document. If the organization is not a corporation, **attach** a copy of the bylaws.

9. Is the organization recognized by the Internal Revenue Service as tax exempt?  
 Yes  No (If yes, **attach** a copy of the determination letter)

10. Does the organization intend to solicit and receive more than \$30,000 in gross contributions from the public during any accounting year?  Yes  No

11. Has the organization received more than \$30,000 in gross contributions from the public during any accounting year?  Yes  No





**Division of Charitable Solicitations and Gaming  
Office of Tennessee Secretary of State Tre Hargett**

312 Rosa L. Parks Avenue, 8th Floor  
Nashville, Tennessee 37243  
615-741-2555

12. **Attach** a copy of the IRS Form 990 from the most recently completed accounting year, if required to submit a 990.

13. **Attach** a completed copy of the Summary of Financial Activities form.

**Note:** You must register with the Secretary of State within thirty (30) days if gross contributions from the public exceed thirty thousand dollars \$30,000.

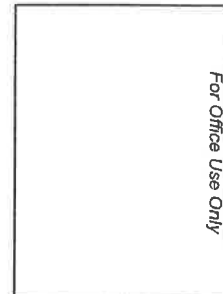
**Signature:** This document must be signed by an authorized officer. I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

Signature of Authorized Officer: \_\_\_\_\_

Print Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_ Last: \_\_\_\_\_

Position Title: \_\_\_\_\_ Date: \_\_\_\_\_



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT  
APPLICATION FOR REGISTRATION  
AND RENEWAL OF  
FUNDRAISING COUNSEL**



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
CHARITABLE TRUSTS UNIT**

**APPLICATION FOR REGISTRATION/RENEWAL OF FUND RAISING COUNSEL**

Type or print in ink. Submit completed application and the filing fee in the amount of **\$150.00** (payable to the State of New Hampshire) to the Department of Justice, Office of the Attorney General, Charitable Trusts Unit, 33 Capitol Street, Concord, NH 03301-6397.

Registration # \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Address of principal office: \_\_\_\_\_

4. **Attach** a list of names, addresses and titles of all officers, directors and key employees.

5. Is your organization registered in other states as a professional fundraiser?

Yes \_\_\_ No \_\_\_

If yes, **attach** a list of all other states.

6. Has the registration of your organization ever been denied, suspended, revoked or enjoined by any state agency or by any court, or are such proceedings pending?

Yes \_\_\_ No \_\_\_ If yes, **attach** a detailed explanation.

7. Do you intend, within the next twelve months, to employ, contract with, arrange for, or otherwise engage any individual or firm (other than a charitable organization) to solicit contributions? Yes \_\_\_ No \_\_\_

If yes, **attach** a detailed explanation including the name and address of each such individual or firm.

**-OVER-**

8. The undersigned acknowledges by execution of this application that this registration

- Does not entitle the registrant to perform any material services for a charitable trust, police, law enforcement, or firefighters' association until the contract pursuant to which services are to be rendered has been received by the Attorney General pursuant to RSA 7:28-b, I and IV.
- Expires one year from the date of issuance.

Date: \_\_\_\_\_

Duly Authorized

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Personally appeared the above named \_\_\_\_\_ and took oath or affirmed that the statements contained in the foregoing application are true to the best of his/her knowledge and belief.

Before me,

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_

**CITY OF PHILADELPHIA  
DEPARTMENT OF LICENSES  
AND INSPECTIONS  
APPLICATION FOR  
ZONING / USE REGISTRATION  
PERMIT**



**APPLICATION FOR  
ZONING / USE REGISTRATION PERMIT**



**CITY OF PHILADELPHIA  
DEPARTMENT OF LICENSES AND INSPECTIONS  
MUNICIPAL SERVICES BUILDING – CONCOURSE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102  
For more information visit us at [www.phila.gov](http://www.phila.gov)**

*(For office use only)*  
APPLICATION # \_\_\_\_\_

ZONING CLASSIFICATION \_\_\_\_\_

PREVIOUS APPLICATION NO. \_\_\_\_\_

*(Applicant completes all information below. Print clearly and provide full details)*  
LOCATION OF PROPERTY (LEGAL ADDRESS) \_\_\_\_\_

PROPERTY OWNER'S NAME \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

PROPERTY OWNER'S ADDRESS: \_\_\_\_\_  
LICENSE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
FIRM/COMPANY: \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
LICENSE # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP TO OWNER:  TENANT/LESSEE  ATTORNEY  DESIGN PROFESSIONAL  CONTRACTOR  EXPEDITOR

**TABULATION OF USES**

FLOOR/SPACE #	CURRENT USE OF BUILDING/SPACE	Last Previous Use	Date Last Used

FLOOR/SPACE #	PROPOSED USE OF BUILDING/SPACE

**STORIES AND HEIGHTS FROM GROUND TO ROOF**

HEIGHT	EXISTING BUILDING			PROPOSED ADDITION / ALTERATION / NEW CONSTRUCTION		
	FRONT	SIDE	REAR	FRONT	SIDE	REAR
IN FEET						
IN STORIES						

BRIEF DESCRIPTION OF WORK/CHANGE  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONTINUED ON ADDITIONAL SHEET (ATTACHED)  ACCELERATED REVIEW CHECK/RECEIPT/M.O. NO. \_\_\_\_\_

IS THIS APPLICATION IN RESPONSE TO A VIOLATION?  NO  YES VIOLATION #: \_\_\_\_\_

All provisions of the Zoning code and other City ordinances will be complied with, whether specified herein or not. Plans approved by the Department form a part of this application. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_





# **990 – EZ SHORT FORM**

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

**Open to Public Inspection**

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning \_\_\_\_\_, 2013, and ending \_\_\_\_\_, 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization \_\_\_\_\_

**D** Employer identification number \_\_\_\_\_

Number and street (or P.O. box, if mail is not delivered to street address) \_\_\_\_\_

Room/suite \_\_\_\_\_

**E** Telephone number \_\_\_\_\_

City or town, state or province, country, and ZIP or foreign postal code \_\_\_\_\_

**F** Group Exemption Number ▶ \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ \_\_\_\_\_

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>		
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	<b>9</b>		
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 ▶	<b>17</b>		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	<b>21</b>	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Telephone no. Located at ZIP + 4
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**

Yes	No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47**

Yes	No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**

Yes	No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**

Yes	No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**

Yes	No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer	Date
Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No



**TENNESSEE ANNUAL REPORT  
FILING INSTRUCTIONS**



## Tennessee Annual Report - Instructions for Simple Filing

Northwest Registered Agent, Inc.  
Agent# 000553933  
Nashville, TN 37212  
Davidson County

### What does it cost for me to file the Tennessee Annual Report?

TN Corporations and PCs-domestic and foreign: \$20 (add \$20 more if changing registered agent on report.)

TN Nonprofits domestic and foreign: \$5 (add \$20 more if changing registered agent on report.)

TN LLCs and PLLCs-domestic and foreign: \$50 per member; \$300 minimum and \$3,000 maximum. (Changing agent? Add \$20.)

TN LLPs-domestic: \$50 per member; \$250 minimum and \$2,500 maximum, plus \$20 if changing agent info on the report.

TN GPs, LPs and foreign LLPs: No report

TN Charities renewal: \$100 to \$300 based on yearly gross revenue.

Online annual report filing requires an additional credit card convenience fee of \$2.25 for corporations and \$8.25 for LLCs and domestic LLPs

### How to file your Tennessee Annual Report.

TN Corporations, PCs, Nonprofits, LLCs, PLLCs and domestic LLPs have to file annual reports with the Tennessee Secretary of State. TN LPs, GPs and foreign LLPs have no reports. Report filers have two options:

1. Filing online is the highly recommended method. You go to the annual report page on the TN Secretary of State website and enter your state control number. You can simply look it up on the site's business search. Then fill out the form and click, 'Submit.' Follow the link below.
2. You can go to the same Annual Report webpage and fill out the online form. Without submitting the form online, print it out and mail it in with a check for the filing fee. You can also request a replacement report by mail, email or by telephone.

#### Tennessee Division of Charitable Solicitations & Gaming:

Charitable organizations that solicit contributions in Tennessee have to register and renew annually with the Division. You can download the forms from the Division webpage or file the Charity Renewal online. The Federal 990 form must be attached. A link is furnished below.

### When are Tennessee Annual Reports Due?

TN Corps, PCs, Nonprofits, LLCs, PLLCs and domestic LLPs must file their annual reports by the first day of the fourth month after the close of your fiscal year. For most companies, the fiscal year ends on December 31 and the annual report is due April 1st.

TN Charities renew by the end of the 6th month after the end of the fiscal year, generally June 31th.

### Does Tennessee have Annual Report requests?

No, just file by the fourth month after the fiscal year end.

### What are the penalties for delinquent Annual Reports?

No late fees from the Division of Business Services. If you don't file the report you get a delinquency notice. If you don't file the report and fee within 60 days of that notice you will be administratively dissolved or revoked.

The Charity Division penalizes a late charity renewal \$25 per month.

### How do I get notified?

Annual report notices are sent to the business address. The notice will include the control number you need to file the report online.

Tennessee Registered Agent

Change TN Agent

Tennessee Incorporation

Tennessee LLC

Tennessee Corporation

Tennessee Foreign LLC

Tennessee Foreign Corp

Tennessee Non-Profit

Tennessee Annual Report

Tennessee Taxes

Tennessee Certificate of Good Standing

Tennessee Certified Copy

Tennessee Apostille

Revive TN Corp

Revive TN LLC

TN LLC Amendment

TN Corp Amendment

TN Agent Resignation

Withdraw Foreign Entity

Terminate TN LLC

Dissolve TN Corp

Do It Yourself Information

Form Tennessee LLC

Starting a Business in Tennessee

9 of 11

**Who can file Annual Reports?**

An authorized officer, member or partner.

**Are original signatures needed?**

No; however, if you mail in your charity renewal you will need two officer signatures.

**Resources**

Division of Business Services  
Attn: Annual Report  
312 Rosa L. Parks Avenue  
Snodgrass Tower, 8th Floor  
Nashville, TN 37243  
Phone: (615) 741-2286  
Email: [business.services@tn.gov](mailto:business.services@tn.gov)

TN Division of Charitable Solicitations  
312 Rosa L. Parks Avenue  
Snodgrass Tower, 8th Floor  
Nashville, TN 37243  
Phone: (615) 741-2555

Annual report online:  
Charities:

Registered Agent



If you need a registered agent in any state, Northwest Registered Agent is your economical choice. Please click on any of the states to find out more:



**DESIGN & PRINT**  
**QUALITY MARKETING MATERIAL**



Helping People Like You

## Design & Print Quality Marketing Material

[\(/business-card-templates.aspx\)](/business-card-templates.aspx)

Business Cards

[\(/flyer-templates.aspx\)](/flyer-templates.aspx)

Flyers

[\(/brochure-templates.aspx\)](/brochure-templates.aspx)

Brochures

[\(/newsletter-templates.aspx\)](/newsletter-templates.aspx)

Newsletters

[\(/postcard-templates.aspx\)](/postcard-templates.aspx)

Postcards

[\(/rack-card-templates.aspx\)](/rack-card-templates.aspx)

Rack Cards

[\(/letterhead-templates.aspx\)](/letterhead-templates.aspx)

Letterhead

[\(/envelope-templates.aspx\)](/envelope-templates.aspx)

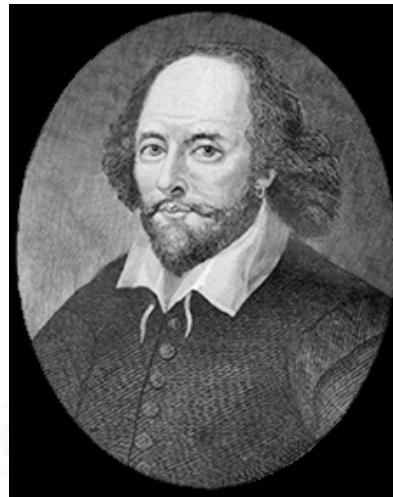
Envelopes

## Bi Fold Brochure

While a simple bi fold brochure is one of the best ways for you to market your company, did you know that pamphlets (essentially, one or more bi fold brochures combined to make a cover-free booklet) have been used effectively for hundreds of years?

Political propaganda was widely distributed in pamphlet form during the American Revolution, with Thomas Paine's *Common Sense* being the most circulated. A number of Shakespeare's early plays were originally published in pamphlet form, and the word "pamphlet" itself was first used in the late 14th century.

Your business is in great hands with the humble pamphlet, and its most basic form - a bi fold brochure - is one of the most common and effective means of reaching your audience. Perhaps it is no coincidence that the word "pamphlet" is ultimately derived from a Greek name that means "friend of everyone." How can you ensure that your bi fold brochure is loved by all and not discretely recycled as soon as possible?



### Simplicity Is the Key

The strongest advantage of a bi fold design is its simplicity. The simple act of folding over gives us not just two, but four canvases to work with. The fold itself adds an element of physical sturdiness. The fact is, this bi fold brochure could last awhile and be referenced by your customer or audience for a long time to come.

A few simple guidelines can help to get you thinking about how to make the most of this superb marketing opportunity.

### Get It Down!

Taking a look at someone else's bi fold brochure template design can be a great way to start. You can see what you like, admire what works, and start to think about what you need, which is exactly where you should begin. The most important question here is: "What's the purpose?" What is your primary goal? Everything in your brochure should support this point; nothing here is along for the ride. Are you here to inform, to entertain, or to create sales prospects?

## Get Organized

Write down everything you can think of about your product or service. Get scrawling or typing. Carve it in hieroglyphics if you must, but write it down. You'll probably have plenty to say, so this next task may come as a bit of a shock: reduce it by 50% - yes, half. Snip! A bi fold brochure is a prelude, an exciting teaser, and the beginning of a trail that will have customers wanting to know more. They don't want your life story! Make this a clear path to your door. There will be images; there will be words. The two together are a heady combination, encouraging your audience to action.

## Get Professional

No one is impressed by subpar work. If you have trouble finding words, get some professional help. A marketing copywriter can do some sleek wordsmithing for you. Understanding and utilizing principles of design and layout will show that you are serious about your business, and that means customers will want to work with you. A professional graphic designer will work wonders with those four sides. They'll get your logo in place and your color scheme sorted. They can help you place and refine your copy for the inside and even source out great high resolution images to support your text.

Remember, this four page wonder is going to sell you. Before anyone reads a word of your text, they will be taking in those visuals and images. Only then will someone move on to read the information inside. If that is up to par, and it should be, your contact info on the back cover will show them exactly where to go and who to talk to.

## Less is More

This valued saying could have been invented for bi fold brochure templates. Vibrant, clear, colorful, and easy to understand, your company's brochure needs to stand out as an integrated professional production, and it should be printed on high-quality paper. You've come a long way from those first scribbles and hopeful dreams, and maybe you can now see something real and tangible starting to appear in front of your eyes.

## MyCreativeShop



At MyCreativeShop, we know that the most important decisions for your business need to come from the very people inspired to create it - you! Look again at our bi fold brochure templates. You can customize everything you see to suit your individual needs. Try it for free! There's not a line, an object, or a color that cannot be moved, adapted, changed, or altered.

This little bit of 'you' will soon be out running around and attracting all sorts of potential customers.



They'll focus as they see your attention-grabbing cover, and then they will flip open the doors to see exactly what you are all about. How come they didn't know all of this before? Where have you been hiding? Who'd have thought that glossy bi fold brochure could be so informative and effective? Take our free trial and verify that we do back up every wonderful thing we offer. Contact us with any questions you may have or assistance you may be looking for. We love to talk, and we love a challenge. Join the hundreds of successful businesses who have used our system to create the best bi fold brochures in town.

### Related Topics:

2 panel brochure (<http://www.mycreativeshop.com/2-panel-brochure-design.html>)

3 panel brochure (<http://www.mycreativeshop.com/3-panel-brochure-templates.html>)

flyer templates (<http://www.mycreativeshop.com/better-flyer-templates.html>)

brochure builder online (<http://www.mycreativeshop.com/brochure-builder-online.html>)

brochure creator builder (<http://www.mycreativeshop.com/brochure-creator-builder.html>)

brochure design software (<http://www.mycreativeshop.com/brochure-design-software.html>)

brochure maker (<http://www.mycreativeshop.com/brochure-maker.html>)

create a brochure (<http://www.mycreativeshop.com/create-brochure.html>)

create a flyer (<http://www.mycreativeshop.com/create-flyer.html>)

## About

(/Home/About)


MyCreativeShop is headquartered in Fargo, ND. We believe there is a better way to design & print and it's our passion to build it.

## Customer Reviews


(/Home/Testimonials)

Hear from customers just like you that have used our creative services to build amazing marketing material!

## Discover The Features

 Unlimited Access (/Pricing)

 +23 Million Stock Images (/Home/StockPhotos)

 Print Anywhere PDF's (/Home/PrintAnywhere)

 Learn How It Works (/Home/HowItWorks)

## Contact

Visit our Customer Support Portal [here](http://support.mycreativeshop.com). (<http://support.mycreativeshop.com>)

We'd love to hear from you or help you with anything you may need.



**IMPROVING THE  
COMPOSITION  
OF YOUR BOARD**

**STEPS TO TAKE**

**KAREN HELLER KEY**



## The Governing Board: 6 Key Roles

*Board members of nonprofit organizations play the following key roles:*

- ✓ **Policy Maker** — establish general governing policies
- ✓ **Long-Range Planner** — ensure that the organization has established a clear mission statement, goals and objectives — regularly monitor progress toward their achievement
- ✓ **Partner** — work with the Executive Director and key staff  
*Usually includes:* selection and performance evaluation of Executive Director; collaboration in areas of shared responsibility
- ✓ **Legal Custodian** over all tangible assets
- ✓ **Financial Manager / Fundraiser** — take full responsibility for the organization's finances. *Includes:*
  - ▲ Monitoring the budget
  - ▲ Managing any endowments
  - ▲ Fund raising
  - ▲ Establishing fee structures for services
- ✓ **Evaluator & Continuous Learner** — ensures board self-evaluation, development, and renewal as well as program evaluation

## Attitudes and Actions of Outstanding Board Leaders

### *Attitudes*

- ❖ **Commitment** – to the mission and goals of the organization
- ❖ **Knowledge** – about the organization – its services, operations, strengths and weaknesses
- ❖ **Respect** – for the board itself – its function and its importance
- ❖ **Objectivity** – in evaluating staff, operations, and fellow board members
- ❖ **Proactivity** – in seeking out opportunities for mission achievement
- ❖ **Resilience** – in resisting pressures (internal or external) which might compromise the organization's essential values, policies or operations

### *Actions*

- ❖ **Participation** – in all board meetings (barring unavoidable obstacles). Active involvement in at least one committee. Willingness to ask questions and to create a climate where all feel comfortable doing so.
- ❖ **Communication** – of the organization's mission and of other appropriate messages on the organization's behalf
- ❖ **Follow-Through** – on specific tasks and action items arising from Board and committee work
- ❖ **Giving** – make a personal contribution commensurate with one's personal situation
- ❖ **Leadership Development** – recommend future board members
- ❖ **Fundraising** – actively assist in raising funds – suggest names of (and approaches to) prospective donors

Elements of a Board Member  
Job Description

**Title:** *Board Member, XYZ Organization*

**Purpose of the Position:**

To work with other board members to: determine organizational policies; develop the annual budget; set goals and then monitor and evaluate their achievement; and take responsibility for raising and managing the organization's financial resources.

**Key Responsibilities:**

*Policy Administration* — Ensure that the organization operates within its by-laws. Act on proposed by-laws revisions. Recommend policies which in turn determine the organization's purpose, principles, functions and activities.

*Evaluation* — Regularly monitor organizational activities, including operations and committee work.

*Public Relations* — Interpret the work of the organization to the public based on thorough knowledge and understanding.

*Personnel* — Participate in annual evaluation of the Executive Director. Approve all personnel policies. Participate in recruitment and ongoing development of Board and committee members.

*Finance* — Approve and monitor the organization's finances. Ensure adequate fundraising activities to fund organization's programs and services. Authorize and approve annual budget. Responsible for recommending and monitoring all organizational expenditures.

*Program* — Participate in program planning, monitoring and evaluation. Ensure own familiarity with organization's programs; participate where appropriate.

**Minimum Requirements**

- ☞ Demonstrated interest in organization's goals and objectives
- ☞ Specific experience, knowledge or interest in at least one area of board operation (that is, administration, finance, personnel, program development, evaluation, or public relations).
- ☞ Willingness to attend all board meetings, to serve on at least one committee, and to attend agency events or activities as appropriate.
- ☞ Willingness to participate in board orientation and training.
- ☞ Willingness to adhere to board duties and responsibilities as outlined in this job description and in the by-laws. *adapted from materials by Scribner & Associates*

Heller Key Management Consulting • 4924 Timberhill Drive • Nashville, Tennessee • 37211 • (615) 832-6198



# Building the Best Board

## A Self-Assessment

Skill or Knowledge	Do We Currently Have?	Who?	Prospects
<b>Strategic Planning</b> • developing mission and vision, milestones, goals & objectives	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Legal</b> • familiarity with law re nonprofit issues & other relevant matters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Financial Management</b> • accounting, finan. planning nonprofit law, budget	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Fundraising</b> • major gifts, special events planned giving, direct mail	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Program Evaluation</b> • methodologies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Training</b> • board, staff and volunteer development	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Human Resource Management</b> • policies, employee relations, comp. & benefits, volunteer management, legal issues	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Policy Making</b> • proper procedure, by-laws	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Risk Management</b> • indemnification & prevention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>P.R. / Marketing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		
<b>Other:</b> • _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		



**DISMAS HOUSE OF NASHVILLE**  
**BYLAWS**

## DISMAS HOUSE OF NASHVILLE

### BYLAWS

(Proposed, discussed and approved, with certain changes still to be made, at Board Meeting on 6 February 1997. These changes were made, along with some further changes, and are now presented for adoption at Board Meeting on 17 April 1997.)

#### ARTICLE I. ORGANIZATION AND MISSION.

**Section 1. Name.** The name of this project shall be Dismas House of Nashville (DHN).

**Section 2. Affiliation.** DHN is a project and a subsidiary of Dismas, Inc.(DI), a Tennessee not-for-profit corporation with projects in Tennessee and elsewhere. They are both organized for charitable and educational purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986.

**Section 3. Subordination.** The bylaws of DHN shall be subordinate to, and in accord with, the bylaws and charter of DI. The policies and proposed activities of DHN shall be reported to and be subject to approval by DI.

**Section 4. Mission.** The mission of DHN shall be the reconciliation of former prisoners to society, and society to former prisoners, through the development of a supportive community that is characterized by:

- (a) students and former prisoners living together in a family setting
- (b) active involvement of volunteers from the broader community
- (c) donors, in cash or in kind, of money materials or services to DHN
- (d) a spirit of open and participatory decision making by all members of the Dismas community
- (e) a sharing among Dismas communities.

**Section 5. Membership.** The membership of DHN shall be the supportive community described above.

**Section 6. Nondiscrimination.** No person shall be denied admission to or membership in DHN, its governing board or its committees, solely because of race, religion, national origin, sex, or sexual orientation.

**Section 7. Organization.** DHN shall be organized and governed as stated in these bylaws. Its organizational year shall run from one annual meeting to the next, which shall take place in the second (spring) quarter of the calendar year. Its fiscal year shall be July 1 through June 30.

**Section 8. Governance.** Governance of DHN shall be vested in a Board of Directors.

## **ARTICLE II. BOARD OF DIRECTORS**

### **Section 8. Quorum.**

A quorum for the transaction of binding or formal business at any properly called meeting shall be one-half plus one of the voting members.

### **Section 9. Committees of the Board.**

These shall be Executive, Standing and Special, as described herein, and they shall act for and in behalf of the Board.

### **Section 10. Limitation of Authority and Power.**

No officer or Board member shall incur any liability for DHN, nor sell, transfer, or pledge assets of the project, without prior approval of the DHN Board and DI.

## **ARTICLE III. EXECUTIVE COMMITTEE.**

### **Section 1. Composition.**

Officers of the Board shall be President, President-Elect, Secretary, Treasurer, Representative to DI, and Alternate Representative to DI, who shall be drawn from and elected by the Board. The last two officers shall be allowed to hold other office on the Executive Committee. The DHN Director shall serve ex officio and without a vote.

### **Section 2. Terms of Office.**

These shall be as under and are renewable, except that a two-year break shall be required after two consecutive terms:

- (a) **President-elect.** One year, followed by one year as President.
- (b) **President.** One year, upon completion of the term as President-Elect and followed by one year as Immediate Past-President.
- (d) **Secretary.** Two years
- (e) **Treasurer.** Two years

(The secretary and treasurer shall serve staggered terms with one-year terms, if necessary, to achieve this.)

- (f) **Representative to DI.** One year, upon completion of the one-year term as Alternate Representative.

- (g) **Alternate Representative to DL.** One year, followed by the one year term as Representative.

#### **ARTICLE IV . STANDING COMMITTEES**

##### **Section 3. Duties and Responsibilities of Committees**

(d) **Personnel.** Review and update job descriptions, to screen and interview applicants and candidates for all salaried positions, to appoint successful candidates, to review staff performance; to meet with the DI staff supervisor.

(e) **Review.** To review all prisoner applications with staff; to assist staff in holding residents accountable for program fees; to conduct regular meetings and exit interviews with former prisoner residents.

(f) **Student Recruitment.** To establish a recruitment calendar; to assist staff with speaking engagements and advertisements on local campuses; to assist staff in interviewing potential student residents; to conduct regular meetings and exit interviews with all student residents.

##### **Section 4. Meetings.**

These shall be held at least quarterly or as necessary. Minutes shall be kept and forwarded to the secretary of the Board. The chair shall report to the Board at its next meeting.

#### **ARTICLE V. SPECIAL COMMITTEES.**

Special committees shall be established as necessary and function in the same way as standing committees, except that chairs may be from within or outside the Board. They shall be charged upon establishment and be discharged upon the completion of their task.

#### **ARTICLE VI. DUTIES OF OFFICERS.**

##### **Section 1. The President shall:**

- (a) preside over all meetings of the Board and of the Executive Committee
- (b) appoint the chair and members of all committees with the advice and consent of the Board
- (c) be responsible for the preparation and submission of all reports
- (d) shall sign or co-sign all contracts and agreements approved by the Board or DI.

##### **Section 2. The President-Elect shall:**

- (a) assist the president and act or preside in his or her absence
- (b) succeed to the presidency at the end of the term of office

##### **Section 3. The Immediate Past-President shall:**

- (a) serve as adviser and counselor to the Executive Committee and the Board
- (b) assist the president and act or preside in his or her absence if the president-elect is not immediately available.

##### **Section 4. The Secretary shall:**

- (a) record and maintain minutes of meetings of the Board and the Executive Committee
- (b) conduct all correspondence of the Board and notify members of meetings
- (c) distribute copies of minutes to each member of the Board and to DI in advance of each meeting.

**ARTICLE VIII. STAFF.**

**Section 1. Administration.** The House Director shall be the administrator and manager of DHN. He or she shall have charge of daily operations and functions of the House and its residential community and shall supervise and train other staff employed by the Board.

**Section 2. Board Relationship.** The House Director shall serve at the pleasure of the Board and shall work closely with the Board and its several committees in the preparation and presentation of reports, interview of candidates and similar activities.

**ARTICLE IX. AMENDMENTS TO THESE BYLAWS**

**Section 1. Review and Revision**

The Bylaws shall be under constant review by the Nominating Committee, which shall formulate revisions and propose them for adoption. Suggestions or proposals for change shall be made to that Committee.

**Section 2. Procedure.** These bylaws shall be amended by a two-third vote of the Board at any regular or special meeting of the Board at which there is a quorum, provided that the proposed amendments were presented at the previous meeting, that there was adequate time for consideration and discussion, and that they were presented in writing to absent board members at least ten days prior to the meeting when the vote shall be taken.

**Section 3. Approval and Ratification.** Proposed amendments shall be presented to DI for approval before adoption and for ratification afterwards.





# **TRANSITIONAL HOUSE CHECKLIST**



## **TRANSITIONAL HOUSE CHECKLIST**

1. Board of Directors
2. Mission Statement
3. Project Review Committee
4. Planning Committee
5. Feasibility Study Committee
6. Treasurer
7. Secretary
8. Donations Secretary
9. Policy Committee
10. Personnel Committee
11. Liaison between the Transitional House and the Department of Corrections
12. Pro Bono Attorney
13. Pro Bono Realtor
14. Permits, Registrations, Sales Tax Exempt and Annual Reports Designee
15. Finance Committee
16. Executive Committee
17. Fundraising Committee
18. Property Search Committee
19. Nominating Committee
20. Community Outreach, Education and Public Relations Committee
21. Volunteer Committee
22. Furnishing Committee
23. Property and Grounds, House, Maintenance Committee

## MISSION STATEMENT

What is your Mission?

## **PROJECT REVIEW COMMITTEE**

### **Purpose:**

The Project Review Committee shall be chosen by the Board of Directors to oversee the development of the Transitional House project from the organizational phase to the operational phase.

**Major Offices:** The Project Review Committee shall not exceed five (5) members. It shall not be composed of less than three (3) members.

### **Chairperson:**

### **Secretary:**

### **Members at Large:**

- 1.
- 2.
- 3.

**Term of Office:** The Term of Office shall not exceed the implementation of the operational phase.

### **Duties:**

1. The Project Review Committee shall make monthly reports to the Board of Directors regarding the progress of each appointed committee.
2. The Project Committee shall make sure that each appointed committee adheres to the stipulated target date.
3. To monitor the development of the Transitional House project, and make a final recommendation regarding the completion of the project.

## **PLANNING COMMITTEE**

### **Purpose:**

The Planning Committee shall be able to demonstrate concretely that it has completed the prerequisite work necessary to move the Transitional House project to its next level of development. This work must be documented and presented to the Project Review Committee in a timely manner.

**Major Offices:** The Planning Committee shall be composed of eight (8) unrelated persons.

**Chairperson**

**Secretary**

**Treasurer**

**Pro Bono Attorney**

**Pro Bono Realtor**

**Developer/Fundraiser**

**Other Board Appointees**

1.

2.

**Major Responsibilities**

## **FEASIBILITY STUDY COMMITTEE**

**Purpose:** To determine the feasibility of a Transitional Housing facility.

**Major Offices:** The Feasibility Study Committee shall be appointed by the Board of Directors and its length of services shall end at the discretion of the Board. The Committee shall be composed of three (3) to five (5) members.

**Chairperson**

**Secretary**

**Board Appointees**

- 1.
- 2.
- 3.

**Duties:** (See Attachment)

## **POLICY COMMITTEE**

**Purpose:** To develop the Operating Policy Manual for the Transitional House.

**Major Offices:** The Policy Committee shall be composed of two (2) to three (3) members. The term of office shall be determined by the Board of Directors

**Chairperson**

**Board of Appointees**

- 1.
- 2.
- 3.

**Duties:** Develop Residence and Admission criteria, House Rules, House Management, related policies and guidelines for media relations.



## **PERSONNEL COMMITTEE**

**Purpose:** To develop a **working** Personnel Policy, and to provide salaries and a benefit package for the **employees** of the Transitional House facilities; also, to provide guidelines and **governing** policies for personnel and the establishment.

**Major Offices:** The Personnel Committee shall be appointed by the Board of Directors. The Personnel Committee shall be composed of three (3) members. The term of office will be **determined** by the Board of Directors.

**Chairperson:** (To be chosen by the Personnel committee.)

### **Board Appointees**

**Duty:** To develop the Personnel Policy for the Transitional House personnel.

## **FINANCE COMMITTEE**

**Purpose:** To develop a concrete operational budget that will promote financial stabilization for the Transitional House facility.

**Major Offices:** The term of office shall be determined by the Board of Directors.

**DIRECTOR**

**TREASURER**

**FUNDRAISER / DEVELOPMENT OFFICER**

**Duties:** To develop the budget and to provide financial directions to the Board relative to the financial solvency of the facility.

## EXECUTIVE COMMITTEE

**Purpose:** To carry out the executive will and transact the business of the full Board between Board Meetings.

**Major Offices:** The Executive Committee shall be appointed by the Board of Directors. The term of office is a Board stipulated action. The Executive Committee shall be composed of five (5) members.

**Chairperson**

**Treasurer**

**Vice Chair**

**Development Officer**

**Secretary**

**Duties:** To transact business for the Board.

## **FUNDRAISING COMMITTEE**

**Purpose:** To develop revenue sources to insure financial solvency for the Transitional House facility.

**Major Offices:** The Fundraising Committee shall be composed of at least three (3) members, but not more than eight (8) members.

**Developer / Fundraiser: Chairperson**

**Secretary**

**Treasurer**

**Board Appointees:**

- 1.
- 2.
- 3.
- 4.
- 5.

**Duties:**

1. Develop a donor list.
2. Develop fundraising initiatives.
3. Grant writing.
4. Identify persons who can raise funds for the project.
5. Identify in-kind donations.

## **NOMINATING COMMITTEE**

**Purpose:** To present to the board the names of individuals who will serve on the various transitional housing committees.

**Appointment:** The Nominating Committee shall be appointed by the Board of Directors.

**Major Offices:** The Nominating Committee shall be composed of three (3) to five (5) members. The terms of office will be predicated upon the completion of nominations for the stipulated committees.

**Chairperson**

**Secretary**

**Board Appointed Members:**

- 1.
- 2.
- 3.

**Duties:** To select individuals to serve on the various transitional housing committees.

## **COMMUNITY OUTREACH, EDUCATION, AND PUBLIC RELATIONS**

**Purpose:** To serve as a liaison between the Transitional House and the community through outreach, public relations, and education. Also, to provide in-reach services for the Transitional House residents through programs and warp around services.

**Major Offices:** The Director of the Transitional House shall appoint all program coordinators for both outreach and in-reach services.

### **Project Director**

### **Assistant to the Director**

**Suggested Programs:** Includes, but not limited to the following:

**AA**

**NA**

**Survival Skills**

**Anger Management**

**Conflict Resolution**

**Job Readiness**

**Educational Training**

**Warp Around Services**

## **VOLUNTEER COMMITTEE**

**Purpose:** To coordinate volunteer programs and activities for the Transitional House in conjunction with the Director of the facility.

**Major Offices:** The Volunteer Committee is composed of two (2) to four (4) members. The term of office shall be determined by the Board of Directors

### **Chairperson**

### **Board Appointees**

- 1.
- 2.
- 3.

**Duties:** To solicit volunteers for in-house programs, coordinate time schedules for volunteer services, and orientate volunteers for in-house programs.

## **FURNISHING COMMITTEE**

**Purpose:** To secure furnishings and equipment for the Transitional House facility.

**Major Offices:** The Furnishing Committee shall be composed of two (2) to four (4) members. The term of office shall be determined by the Board of Directors.

**Chairperson**

**Board Appointees**

- 1.
- 2.
- 3.

**Duties:** To locate and secure furnishings for the transitional housing facility, mainly through in-kind donations.



## **PROPERTY SEARCH COMMITTEE**

**Purpose:** To secure property that is conducive for a transitional housing facility that meets all of the state and city zoning and property registration requirements.

**Major Offices:** The Property Search Committee shall be composed of four (4) members.

**Chairperson**

**Pro Bono Realtor**

**Pro Bono Attorney**

**Contractor**

### **Duties:**

1. To obtain property zoned and suitable property.
2. To do title searches.
3. To secure proper registration and permits.
4. To read the fine print and to make sure that everything is in financial and legal order.
5. To assist with the closing at the time of purchase.

**DONOR LIST**

<b>Name</b>	<b>Address</b>	<b>City/State/Zip</b>	<b>Donation</b>
-----	-----	-----	-----

**\*Make sure that you send a receipt and a thank you letter to each donor.**



# **HOUSEHOLD MAINTENANCE STAFF**



## HOUSEHOLD MAINTENANCE STAFF

1. **RESIDENT MANAGER.** Hire two (2) non-salaried, live-in resident managers who will be exempt from paying rent. Their job will be to manage the facility at night, and on the weekend.
2. **COOK.** The cooking should be done by volunteers. Solicit volunteer cooks and devise a monthly schedule for your cooks, so that meals will be covered monthly.
3. **JANITORIAL SERVICES.** A schedule should be developed and assignments should be made for all residents of the facility. Mandatory participation is required.
4. **HOUSEKEEPERS.** Every resident is required to keep their living area clean. Assignments should be made for each resident to clean certain sections of the facility, both inside and outside the facility on a daily basis.
5. **KITCHEN HELPERS.** Assignments should be made to designated residents on a rotating basis to wash dishes, mop the kitchen floor, keep the kitchen and dining area clean.
6. **VOLUNTEER SERVICES STAFF.** The director should develop program services to be offered to the residents of the facility. The following is a suggestion of program services to be offered to your residents:
  - AA**
  - NA**
  - Survival Skills**
  - Anger Management**
  - Conflict Management**
  - Job Readiness**



**TRANSITIONAL HOUSE PROGRAM  
DEVELOPMENT SUGGESTIONS**





## **TRANSITIONAL HOUSE PROGRAM DEVELOPMENT SUGGESTIONS**

### **Counseling Programs:**

1. Therapeutic Counseling
2. Crisis Intervention
3. Conflict Resolution
4. Anger Management
5. Family Relationship Counseling
6. Christian Counseling
7. NA & AA Classes

### **Educational Programs:**

1. GED
2. ABE (Adult Basic Education)
3. Computer Literacy
4. Heating and Air Conditioning Classes
5. Vocational Training and Certificate Programs

### **Social Service Helps:**

1. Veteran Affairs Assistance
2. Healthcare Assistance
3. Support Groups
4. Survival Skills
5. Social Service Helps (EBT SS Cards, etc.)
6. Mentoring
7. Transportation
8. Job Readiness Training

### **Industries:**

1. Lawn Care
2. Janitorial Service
3. Painting
4. Carpentry
5. Carwash and Detailing

## **POSSIBLE IN-KIND DONATION ASSISTANCE**

1. Bed Bath and Beyond (furniture, utensils, linen, coffee)
2. Banks and Corporations (computers, office furniture, phones, etc.)
3. My Wish List – [www.amazon.com](http://www.amazon.com)
4. Food Banks
5. Community Food Banks
6. Bread Stores
7. Food Stores

**RESTORATION HOPE HOUSE  
APPLICATION**



# Restoration Hope House

Dr. Cleveland Houser, Director

## APPLICATION FOR PROGRAM PLACEMENT

NAME:

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Name at Birth: (If applicable)

\_\_\_\_\_

Last	First	Middle
------	-------	--------

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthplace: \_\_\_\_\_

City	County	State
------	--------	-------

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Daytime ( \_\_\_\_\_ ) Evening ( \_\_\_\_\_ )

### ALTERNATIVE EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Daytime ( \_\_\_\_\_ ) Evening ( \_\_\_\_\_ )

Number of children: \_\_\_\_\_

Sex: \_\_\_\_\_

Ages: \_\_\_\_\_

Who is the children's guardian? : \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you have children outside of marriage? : \_\_\_\_\_

If yes, how many: \_\_\_\_\_

List ages and sex:

\_\_\_\_\_

Sex: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

\_\_\_\_\_

Sex: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FATHER'S NAME:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Age: \_\_\_\_\_

Address if different from father's: \_\_\_\_\_

Mother's full name, if remarried: \_\_\_\_\_

**HEALTH:**

Have you been diagnosed for any current health problems? : \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any treatment and/or medication prescribed: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical problems that will interfere with your working? : \_\_\_\_\_

Are you currently taking any prescription medication? : \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have you ever been prescribed medication for mental health treatment? : \_\_\_\_\_

If yes, please list the medication(s): \_\_\_\_\_

Have you ever been recommended for mental health treatment? : \_\_\_\_\_

If yes, please explain why: \_\_\_\_\_

Were you placed in a facility for treatment? : \_\_\_\_\_

Name the facility and dates confined: \_\_\_\_\_

Did you complete the treatment programs listed above? : \_\_\_\_\_

If not, please give reasons: \_\_\_\_\_

**ALCOHOL AND DRUG HISTORY:**

Do you now or have you ever abused alcohol or drugs? : \_\_\_\_\_

List your "drug(s) of choice," including alcohol, if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

List any treatment/counseling received: \_\_\_\_\_

Did you complete program? : \_\_\_\_\_

If not, state reason(s): \_\_\_\_\_

Who or what organization administered treatment/counseling? : \_\_\_\_\_



\_\_\_\_\_

How do you plan to stay "Drug-Free and Sober?": \_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Last Grade \_\_\_\_\_ G.E.D. (if applicable) \_\_\_\_\_

Where Attended:

City: \_\_\_\_\_ Date: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you have a trade? : \_\_\_\_\_

What is it? : \_\_\_\_\_

Do you have a certificate in your trade? : \_\_\_\_\_

Do you have a college degree? : \_\_\_\_\_

Name of degree: \_\_\_\_\_

**MILITARY:**

Military Service? : \_\_\_\_\_ Combat Experience? : \_\_\_\_\_

Where? : \_\_\_\_\_

Year(s) of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYMENT:**

Were you employed the time of your arrest? :  Yes  No

Where? : \_\_\_\_\_

Were you self-employed? : \_\_\_\_\_

What type of work? : \_\_\_\_\_

Do you have a disability of any kind? :  Yes  No

If yes, please explain? : \_\_\_\_\_

\_\_\_\_\_

**CRIMINAL RECORD:**

Current Charge: \_\_\_\_\_

Current conviction, if different: \_\_\_\_\_

Current Sentence: \_\_\_\_\_ Plea Bargain? : \_\_\_\_\_

Were you using alcohol or drugs prior to or during your offense? :  Yes  No

If yes, what were you using? : \_\_\_\_\_

Did you know the victims? : \_\_\_\_\_

If yes, how? : \_\_\_\_\_

When were you incarcerated on these charges? :

Date Incarcerated: \_\_\_\_\_

Parole Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Was this a Parole/Probation violation? :  Yes

No

If yes, what was the circumstances of the violation? : \_\_\_\_\_

Who was your supervision officer? : \_\_\_\_\_

How long were you in the community before being violated? : \_\_\_\_\_

Inmate Identification Number: \_\_\_\_\_

Will you be under supervision in the community? :  Yes

No

Type of supervision? : \_\_\_\_\_

Expiration: \_\_\_\_\_

Any type of conditions? :  Yes  No

If yes, specify: \_\_\_\_\_

Supervision Officer: \_\_\_\_\_

**PAST RECORD:**

Number of Adult Felony Convictions: \_\_\_\_\_

Number of times incarcerated: \_\_\_\_\_

**Restoration Hope House Program Placement (Application)**

List your last five- (5) felony convictions:

DATE	CONVICTION	CITY/STATE	SENTENCE	PRISON TIME	INSTITUTION
1.					
2.					
3.					
4.					
5.					

How much of your adult life has been spent in prison? \_\_\_\_\_

Age of your first arrest: \_\_\_\_\_ Number of juvenile convictions: \_\_\_\_\_

Have you spent time in juvenile facilities?  Yes  No

If yes, what were the juvenile charges? \_\_\_\_\_

**PLEASE NOTE:** The Restoration Hope House Program is a program based on the principles and practices pertaining to the religion of Seventh-day Adventist Church.  
Please use the following space to explain your interest in the Restoration Hope House (The Help) Program, and your intentions concerning it.

---



---

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

By signing this application, I verify that the information I have provided is true and complete, as I know it. I furthermore, authorize Restoration Hope House or any of its representatives to make any necessary third party verification of anything I have written on this application or anything said in my screening interview.

**DISMAS, INC.**





## Dismas, Inc.

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Dismas, Inc. – Nashville House: Application Packet Cover Letter

Enclosed is an Application Packet for "Dismas House of Nashville" – a transitional housing program that serves men recently released from incarceration. Please consider the following before completing and submitting an application . . .

### Eligibility Requirements:

- ✓ Male, 18 years of age or older
- ✓ Currently incarcerated in a Tennessee State prison or County jail – OR –
- ✓ TN resident who has been released from incarceration within six months of beginning admissions process  
*\*\*\* All other scenarios will require approval of Review Committee for consideration \*\*\**
- ✓ No arrests, charges, or convictions of sexual, arson, or child maltreatment related offenses
- ✓ Consideration is given to disciplinary infractions received on a case-by-case basis
- ✓ Consideration is given to those with a history of violent acts and other behaviors on a case-by-case basis

### Admissions Process:

Your admissions process will begin when we receive a complete application. The application will be reviewed and a decision made to deny acceptance or schedule a phone interview. After the phone interview, information collected will again be reviewed. Afterward, a decision will be made to deny acceptance or schedule a second phone interview. After the second phone interview, a final decision will be made regarding acceptance. All decisions are made by the Review Committee.

Our admissions process is lengthy and we encourage all applicants, especially those with nearing deadlines, to pursue multiple housing options. You should not depend solely upon acceptance into the Dismas program as your "home plan".

*\*\*\* Applicants who provide false or misleading information, or those who withhold pertinent information, will immediately be denied upon discovery of such information \*\*\**

### Submitting an Application:

1. Detach the *Cover Letter, Fact Sheet, and Program Agreement* and keep these documents for your reference
2. Provide ALL information requested, failure to do so will delay your admissions process
3. Along with the completed application, please submit . . .
  - a. An official report of ALL convictions (you may provide a hand written list for convictions outside of TN)
  - b. An official report of ALL disciplinary infractions or citations while incarcerated
  - c. An official report that documents gang affiliation
  - d. Any letters of recommendation or referrals you may have
4. If you have ever lived in Davidson County (TN), please also submit a letter explaining . . .
  - a. Why it is important for you to return to Davidson County (TN)
  - b. What, if any, is your entire criminal history in Davidson County (TN)
  - c. Why, if applicable, it is not a concern that residing in Davidson County (TN) will increase your likelihood of returning to a negative or unhealthy lifestyle
5. Submit ALL requested information to . . .

Dismas House of Nashville  
Attn: Admissions  
1513 16<sup>th</sup> Avenue South  
Nashville, TN 37212  
-or- Fax: (615) 297-6326

Thank you for your interest in our program!

---

1513 16TH AVE. SOUTH NASHVILLE, TN 37212 WWW.DISMAS.ORG (615)-297-9287



Dismas House of Nashville  
615-297-9287

1513 16<sup>th</sup> Ave. S  
Nashville, TN 37212

## DISMAS HOUSE OF NASHVILLE FACT SHEET & PROGRAM AGREEMENT

**MISSION:** The mission of Dismas House is to facilitate the reconciliation of former prisoners to society and society to former prisoners through the development of a supportive community. A supportive community is characterized by students and former prisoners living together in a family setting, active involvement of volunteers from the broader community, and a spirit of open and participative decision making and sharing across the Dismas, Inc. network, with emphasis on the common good.

Dismas House is a unique home where students, former prisoners, staff, and volunteers come together to create a community. All of these groups put in time and effort for the community to work. In order to achieve this, it is necessary for each resident to make an agreement to live at the House for at least 90 days or an academic semester. A resident may live in the Dismas community for a maximum of six months and an extension of up to thirty (30) days will be considered under special circumstances, with a written request. Residents agree to pay program fees, attend evening meals and house meetings, perform assigned household responsibilities, and participate in community events.

Dismas House is not affiliated with any particular religion. Dismas House is not a bureaucratic organization or a counseling agency. Rather, it is a group of people whose aim is to help each other. As such, it is part of a resident's commitment to be responsible not only for himself, but also for the betterment of the Dismas community. Because Dismas is a community, it is essential that residents observe common courtesy at all times and treat everyone with dignity and respect. Remember that each resident's actions affect each person he lives and interacts with.

Dismas House of Nashville does not accept anyone with past sexual, arson, or child abuse offenses, or those with patterns of repeated violence.

**UPON ARRIVAL:** Residents are expected to pay a \$150 refundable deposit for entry into the Dismas House program. At this time, a new resident will meet with staff to formalize his program agreement and be given a general orientation that includes a house tour by a fellow resident, if possible. Parolees are personally responsible for registering with the local Police Department and contacting their Parole Officer within three days of having been released from incarceration.

**EVALUATION PERIOD:** Each new resident undergoes an evaluation period of thirty (30) days. At the end of this period, if it is obvious to Dismas staff that the new resident is not making an effort to participate in community life, he may be asked to leave. This period is considered part of the admissions process; it is a practical assessment to ensure that programming is taken seriously. Applicants must inform Dismas House staff as soon as they know when they will arrive so preparations can be made to accommodate the incoming resident.

**BEDROOMS:** Bedrooms are typically occupied by more than one house resident and roommates are expected to work together to create a climate of mutual respect and harmony. For security reasons, residents are discouraged from allowing anyone other than their roommate(s) or staff into their bedroom. Bedrooms should be locked when residents are not in their rooms. Once a resident has moved into a room, he is responsible for cleanliness and minor maintenance. Residents do not have permission to take furnishings from common areas, bang anything on walls or make alterations to rooms without prior staff approval. In addition, no candles, incense, coffee pots, or hot plates may be used in bedrooms. Dismas House staff has the right to conduct unannounced bedroom inspections.

**EMPLOYMENT/SCHOOL:** Everyone at Dismas House is expected to be employed or going to school, unless otherwise approved by staff. Dismas House staff will assist residents with job searching, but residents are ultimately responsible for their own ability to locate, secure, and maintain employment. Residents are NOT allowed to have second-shift employment, as this would interfere with Dismas House responsibilities. If attending school, residents are still expected to work at least twenty (20) hours each week. All work and school schedules must comply with the Dismas program schedule. If there is a loss of employment or change of schedule, the resident must notify Dismas staff immediately. Residents are also expected to provide staff with employer name, address, and contact information, as well as pay rate and hours worked. Inability to work does not exempt a resident from paying Dismas program fees. If a resident is deemed medically unable to work, he must provide a letter from his doctor that explains such and apply for disability benefits.

**PROGRAM FEES:** The first seven days of a new resident's stay are free, after then Program Fees are \$18 per day or \$126 each week. Non-payment of fees is grounds for dismissal from the program and potential collections and/or legal action. An overnight pass or curfew extension will not be approved if a resident owes more than \$126 in program fees. If program fees are current, Dismas House residents are encouraged to deposit at least \$25 into a program savings account each week. Dismas House will match a resident's savings up to \$200 at the time of his departure from the program, so long as program fees are current.

Continued.

## DISMAS HOUSE OF NASHVILLE PROGRAM RULES AND TRADITIONS

**PROGRAM RULES:** Rules are intended to establish boundaries that help create a balanced community. Dismas House operates under the belief that the following rules are essential to a healthy community and have been designed to help everyone involved coexist peacefully. Dismas staff members reserve the right to discharge a resident from the program at any time due to improper behavior.

**ZERO TOLERANCE:** Violating any of the "Zero Tolerance" House Rules will result in a resident being asked to leave.

1. **No Violence.** This includes the use or threats of violence (verbal, mental, physical, etc.), intimidation, or harassment of any kind. Violators will be asked to leave the house and program immediately and there is no appeal process for violating this rule.
2. **No Drugs or Alcohol.** This includes possession, ingestion or other use of non-prescribed regulated drugs, alcohol, or paraphernalia as a former prisoner resident of the program, on or off the premises. No illegal drugs or alcohol may be brought onto the premises. Violators will be asked to leave the house and program immediately. Dismas House staff reserves the right to conduct random and unannounced drug or alcohol screening.
3. **No Sexual Relations.** This includes overtly affectionate behavior as well as sexual activity between residents, residents and staff members, and residents and house guests/volunteers on Dismas property. Females are permitted only on the main level of the house unless otherwise approved by staff. Sexual harassment is not tolerated and should be reported immediately. Violators will be asked to leave the house and program immediately. No pornographic videos, magazines, or other materials are permitted in the house.

**OTHER RULES:** Appropriate consequences for violating "Other Rules" are to be determined by Dismas staff.

4. **No Disturbing the Peace.** This includes rowdy behavior, spreading false rumors or gossip, rudeness, stealing, lying, vulgarity, discriminatory/oppressive remarks, disrespect of person or property, irrational behavior, excessive noise. Insensitive remarks and other forms of racial, religious, ethnic or sexual harassment will not be tolerated. A resident may be asked to leave the house and program for persistent maladaptive behaviors.
5. **House Chores.** All residents are assigned house chores; it is the resident's responsibility to make sure that his chore is completed on a daily basis. On his dish night, a resident is responsible for setting the table before dinner, clearing the table after dinner, washing dishes, cleaning the kitchen, and mopping the kitchen and dining room floors. If a resident is unable to perform an assigned chore, it is his responsibility to make arrangements for the chore(s) to be done by another resident.
6. **House Activities.** Evening meals are served at 6:30pm, Monday through Friday of each week unless otherwise notified. Programs begin at 7:30pm, Monday through Friday of each week unless otherwise notified. Residents are required to attend, be on time, and participate in these activities. Activities may include, but are not limited or restricted to House Meetings, Life Skills classes, AA/NA meetings, case management sessions, and recreational outings. Cell phones and other electronic devices are not to be used during evening meals and other activities. A resident must have prior permission from Dismas staff to be excused from scheduled activities.
7. **No Smoking in the House.** Smoking is not allowed anywhere in the house, it is only permitted in designated areas outside of the house. Cigarette butts are to be discarded properly, not thrown in the yard, landscaping, driveway or parking lot, etc.

**GRIEVANCES and APPEALS:** Residents have the right and are encouraged to address grievance concerns of staff disciplinary decisions. If the resident who has expressed a grievance and Dismas staff are unable to reach a resolution, the following appeals process is available –

- If a resident wishes to appeal a decision made by staff, he is to inform the Executive Director of his intention to do so
- Those who have violated rules 1 – 3 may still be asked to leave the house immediately
- Residents may return to the house to appeal all termination decisions made by house staff, excluding those due to violence
- Appeals are brought before staff and other residents during a house meeting
- A decision of whether or not to overturn the initial termination decision is made cooperatively by staff and residents
- If a resident wishes to further appeal decisions made during a house meeting, the house director will contact the Review Committee of the local Board, who will discuss the matter with this resident
- For a final appeal, the Executive Director of Dismas, Inc. and a Dismas, Inc. Board member will meet with a resident to discuss the matter and make a final decision

**DISMAS TRADITIONS:** Traditions have developed within the Dismas community that enhance communal living. Unlike house rules, which prohibit behavior that is destructive to the community, traditions describe a common lifestyle. The expectations and responsibilities included in these traditions are very important. Residents are expected to participate in the following –

- **Evening Meal.** All residents must be present for scheduled evening meals. A resident is responsible for preparing his own breakfast and lunch throughout the week and all meals during the weekend. Some food is provided for these meals, but residents should not depend solely on Dismas House supplies to eat. Residents are encouraged to use leftovers so long as they remain edible.
- **House Meeting.** A House Meeting will be held once a week, typically following one of the evening meals. All house residents are expected to be present. These meetings are intended to provide a forum in which Dismas staff and residents share information and address concerns or issues. House Meetings may cover topics such as program policy and management, gripes and grudges, conflicts, confrontations, potential resolutions, personal reflections, and suggestions. Because Dismas House relies on participative decision making processes, active participation of all residents is encouraged.

Continued ..



**CURFEW POLICY:** While at Dismas House, residents agree to abide by a curfew policy. A resident must be inside the house or on the front porch from the time his set curfew begins until 5:00am the following morning. The parking lot, driveway, side porch/deck, and yard are off-limits during the curfew period. For the first thirty (30) days, a resident's curfew is 8:00pm. After the evaluation period, if a resident's program fees are paid in full and he has no policy violations, his curfew may be extended to 10:00pm. After sixty (60) days, if a resident's program fees are paid in full and he has no policy violations, his curfew may be extended to 11:00pm. After ninety (90) days, if a resident's program fees are paid in full and he has no policy violations, his curfew may be extended to 12:00am. A resident's curfew will never exceed 12:00am and may be set back if he loses a job, falls behind more than \$500 in program fees, relapses, or is not attending required meetings, counseling, programs, or activities. Curfew times set by Dismas House staff do not override those set by correctional authorities.

**OVERNIGHT PASS:** Staying elsewhere away from the house overnight is a privilege. No requests for an overnight pass will be approved before a resident has been part of the Dismas program for ninety (90) days. Residents must complete and submit an overnight pass request form at least one week in advance of plans to be away from the house overnight, in order to obtain written permission by the Executive Director. Decisions whether or not to grant overnight pass requests are made on a case-by-case basis. It is the responsibility of the resident to get his plan and request approved by his probation or parole officer. Each resident who spends one night or more away from Dismas House will be given a drug and/or alcohol screen upon his return.

**GUEST POLICY:** Having guests on Dismas property is a privilege and residents must obtain prior approval from staff for all visitors. All guests must sign-in when they enter the house. Each resident is responsible for the conduct of his guest(s) and for making his guest(s) aware of program rules and agreements. Every guest is expected to abide by all program regulations. Male guests are permitted in a resident's bedroom so long as the resident's roommate(s) approve and doors remain open. Females are permitted only on the main level of the house, unless otherwise allowed by staff. Visiting hours are Sunday through Thursday of each week from 9:00am until 10:00pm and 9:00am until midnight on Friday's and Saturday's. Visiting anywhere behind closed doors, at any time, is not permitted.

**DEPARTURE:** Departing from the Dismas House program is a necessary step of the reintegration process. Residents are expected to provide staff with a written notice of their intended departure date no less than thirty (30) days prior to that date. After a resident's departure from Dismas House, planned or otherwise, his personal belongings will be held for ten (10) days before Dismas staff determines what to do with these, unless arrangement for later pickup has been made.

In the event that there is an approved applicant awaiting open bed space, Dismas staff reserves the right to give a current resident a two-week termination notice after he has completed the ninety (90) day agreement. Dismas, Inc. and Dismas House of Nashville retain the absolute right to decide to terminate relationships at any time.

**CONFIDENTIALITY:** Dismas House of Nashville is not affiliated with Tennessee Department of Correction or Board of Probation and Parole, nor is it a treatment facility. Dismas officials have agreed, however, to share with correctional authorities and other professionals specific kinds of information if and when staff becomes aware of it. Dismas House of Nashville staff members will report knowledge of an individual's intent to harm themselves or others and knowledge of an endangered child.

No person in the Dismas organization (employees and/or residents) shall on the grounds of race, gender, disability, religion, national origin, or sexual orientation be excluded from the participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity associated with Dismas House.

**\*\* FOR YOUR RECORDS, DO NOT RETURN \*\***

No person in the Dismas organization (employees and/or residents) shall on the grounds of race, gender, disability, religion, national origin, or sexual orientation be excluded from the participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity associated with Dismas House.

**\*\* FOR YOUR RECORDS, DO NOT RETURN \*\***



**RESTORATION HOPE HOUSE**  
**FACT SHEET / HOUSING AGREEMENT**



## RESTORATION HOPE HOUSE

### RESTORATION HOPE NASHVILLE FACT SHEET

Restoration Hope is a unique home where students, former prisoners, staff and volunteers come together to create a community. All have to put in time and effort for the community to work. For that reason, you make a contract to live at the House for a least 90 days (ex-offenders), or one semester (students). You agree to share household responsibilities, participate in community events (especially evening meals and meetings) and support Restoration House by paying program fees.

#### ARRIVING AT THE HOUSE

Upon your arrival at Restoration Hope you will meet with the staff to formalize the contract regarding your residency. You will be assigned a room and given a general orientation to the House. Feel free to ask any questions about the House routine. Parolees are responsible for registering with the Police Dept. and contacting their parole officer within their first days out.

#### ROOMS

Once moved into a room, maintenance and cleanliness are your responsibility. Do not take any furnishings from common areas, hang anything on the walls or make any alterations to the room without first speaking to the staff. Should you wish a room change or additional furnishings, please consult the staff and your request will be considered.

#### EMPLOYMENT

Everyone at Restoration Hope is expected to be employed or going to school. You are expected to find a job within ten working days. If you are finding this difficult, staff will assist you in your job search, but you are ultimately responsible for finding your own job.

#### PROGRAM FEES

Program fees (which include room and board) are \$10 a day, or approximately \$300 per month. Those coming out of correctional facilities will receive one week free, but will be expected to begin payment for their second week. Rent is to be paid in advance. Failure to pay rent will result in your being asked to leave the house.

#### HOUSE RULES

Rules are intended to help individuals live in the community peacefully. The rules will be thoroughly discussed with you during the interview process.

Violating any House rule will result in your being asked to leave. The House Rules are:

1. No Violence. The use or threat of violence will result in your being asked to leave the House immediately.
2. No Drugs or Alcohol. This includes the possession, ingestion of or use of non-prescribed regulated drugs or alcohol while living at the House (on or off the premises).
3. No Sexual Relations.

#### APPEALS

As a resident, you may appeal any decision of the House staff. If you wish to appeal, it must be brought before the House residents at the next house meeting. If you wish to appeal further, the House director will contact the designated Restoration Hope representative for a conference call and they will discuss the matter with you. If you wish to continue the appeal, the House director will inform the Policy committee of the local board, which may make a recommendation to the full board. A final appeal may be made to the Restoration Hope Board of Directors.

**TRADITIONS**

Traditions have arisen within the Restoration Hope community that makes communal living easier. Unlike House Rules, which prohibit behavior we feel to be destructive to community, traditions describe our common lifestyle. The expectations and responsibilities included in these traditions are very important. We expect your participation in the following areas:

1. The Evening Meal. This is our main activity. Everyone is expected to be present for the evening meal at 6:30 p.m. Monday – Friday. For breakfasts, lunches and during the weekend, you are responsible for preparing your own meals and cleaning up after yourself. (We do provide breakfast and lunch foods, and you are encouraged to use leftovers.
2. House Meeting. There is a house meeting once a week at a time established by the community. Everyone is expected to be present. These meetings are for sharing information and for addressing any problem that may arise in the House. Because we use a consensus model for resolving problems, we depend on active participation of all House residents.
3. Agreements. When problems do arise, we use a consensus approach in reaching agreements. These are unanimously accepted solutions that incorporate negotiation and compromise by all involved. These agreements are subject to change, but they are rules of conduct until they are changed in a House meeting. They cover areas such as house cleaning, kitchen duty, telephone usage, guests and smoking areas. Disregard for House agreements can lead to your being asked to leave the House.
4. Guests. You are responsible for the conduct of your guests and for making them aware of house rules and agreements. Guests are welcome from 7:00 a.m. until 11:00 p.m. No overnight guests are welcome without prior approval by the House in the previous House meeting. No overnight guests of the opposite sex are to stay in your room, consult with the staff for other sleeping arrangements. Guests are welcomed at dinner.
5. Overnight Stays. The House Director or Night Manager should be informed in advance of any plans to be away from the house overnight. It is also a good idea to let your fellow house members know if you will be away overnight. Staying away from the house at night is a privilege. Remember: Restoration Hope is your home.
6. Courtesy. The rights and personal dignity of others is respected at all times. Insensitive remarks and other forms of racial, religious, ethnic or sexual harassment cannot be tolerated. Also, respect for the greater community requires that we abstain from obnoxious behavior, loud music, and profane language.

**SMOKING**

The basement is the only area in the house where smoking is allowed. Anyone found smoking in the house will be fined \$5.00 the first time and \$8.00 each time thereafter.

**BOARD OF PROBATION AND PAROLE**

The Nashville Restoration Hope House is not in any way a part of probation and parole. We have agreed, however, to share with them specific kinds of information if and when the staff becomes aware of it. This will be discussed with you during the interview process.

No person in the Restoration Hope House organization (employees and/or residents) shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity associated with Restoration Hope House based on the grounds of race, gender, disability, religion, national origin, gender, or sexual orientation.

**I HAVE READ AND UNDERSTOOD THE ABOVE RULES, TRADITIONS AND GRIEVANCE PROCEDURE. I UNDERSTAND THAT I CAN APPEAL STAFF DECISIONS AT AN APPEAL MEETING WHICH HAS BEEN EXPLAINED TO ME.**

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Restoration Hope House Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Nashville Restoration Hope House  
Housing Agreement

I agree not to use alcohol and drugs while I live at the Nashville Restoration Hope House.

I agree to attend \_\_\_ AA/NA or other support meetings per week; first month I agree to attend "The FAST Group" as part of the required number of meetings. Other Group \_\_\_\_\_. If the House staff believes I am using alcohol and/or drugs, I will be asked to leave the program and the House.

I agree to not having a car or driving the first month of my residency at the Restoration Hope House. Prior to driving or having a car at Restoration Hope, I agree to show proof of a valid driver's license.

I agree to work full-time.

I agree to pay \$10.00 per day up to \$310.00 per month. I understand that my first seven (7) days are free. I understand that the Restoration Hope staff will allow me to get caught up in program fees when I first begin to work; then I agree to pay for the upcoming week (the second week coming up). If I am paid other than on a weekly basis, I agree to get caught up and then also to pay rent in advance for those weeks up to my next pay period. Otherwise, once I am behind \$100.00 in program fees, I will be asked to leave the House.

I agree to participate in all scheduled group activities Monday – Friday which includes: House meetings, Life Skills, Counseling Groups, Religious Enrichment classes, Evening meals and any other special events that all House residents may be asked to attend.

I agree to an 8:00 p.m. curfew the first month of my residency at Restoration Hope. After successful completion of that curfew, I agree to a midnight curfew thereafter, unless, I have special permission from the director of the Restoration Hope Program.

I agree to follow all rules and guidelines as outlined and discussed on the Restoration Hope Fact Sheet.

Other conditions:

\_\_\_\_\_  
Nashville Restoration Hope House Staff

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



# **SHELTER FROM THE STORM, INC.**



*Shelter from the Storm, Inc.*  
Post Office Box 1144, Gainesville, Florida 32602-1144

**Resident Rules and Regulations**

The violation of any of the following rules may be cause for dismissal from the program.

The Shelter will notify the proper law enforcement agency of any criminal activity.

**DRUGS, ALCOHOL, SMOKING, AND WEAPONS**

1. Drug use and/or drug possession will NOT be tolerated. There will be no use of mind-altering substances (legal or illegal), nor possession of over the counter medication. There will be no possession of drug paraphernalia. Violation of this rule will result in immediate dismissal from the program. The *Shelter* staff may administer a Breathalyzer test for drug screens at any time.
2. In order to ensure a drug-free environment, your personal possessions may be inspected at any time. Random drug testing (urine specimen) also will be done.
3. Alcohol is not permitted on the premises. Drunken residents will be dismissed immediately from the program.
4. Cigarette smoking is not allowed at the *Shelter from the Storm, Inc.*
5. Firearms and other weapons, including pocketknives, are not allowed on the premises.

**RESPECT FOR OTHERS AND RESPECT FOR PROPERTY**

1. Stealing will not be tolerated and may result in immediate dismissal. You will have to pay for or replace stolen items before leaving the program.
2. Cursing, profanity, vulgarity, or derogatory racial remarks are not allowed.
3. PORNOGRAPHY, in any form (magazines, videos, cards, etc.) is not allowed.
4. Gambling and playing cards are not allowed
5. You may use the phone for personal and professional purposes. However, since all residents share the phone, the staff may limit your use of the phone.
6. You are expected to do your share of household and yard duties. You are expected to clean up after yourself.
7. All grounds and facilities are to be kept clean and orderly. You will be expected to pay for any item that is damaged or destroyed.

#### **PERSONAL PROPERTY**

1. Please do not bring any valuable items to the Shelter. The Shelter will not be responsible for lost or stolen items.
2. Personal electronic items such as stereos, radios, and TVs are not allowed. You may use a personal CD player or walkman with earphones.
3. You are not allowed to play music that has sexually suggestive or violent lyrics.
4. You are expected to keep your body, your bed, and living space neat and clean. Periodic inspections will be made.
5. You are expected to wash your bed linens and clothing at least once per week.
6. You must clean the filters in the washer and dryer immediately after each use.

#### **VISITORS**

1. You must request permission to have visitors from the Resident Manager at least 24 hours in advance.
2. Family and friends are not allowed to "drop by" or "hang out" at the *Shelter*.
3. Visitors are not allowed in your room. They must remain in the general living area.
4. Sexual contact with your spouse, significant others, or insignificant others is not allowed at the *Shelter*.

#### **DRESS CODE**

1. You are expected to wear shirt and pants at all times outside of your room.
2. You are not allowed to wear clothing with words or graphics that are sexually suggestive, violent, racially insensitive, or promote drug use.

## **WORKING**

1. You are expected to seek employment and maintain a job as soon as possible.
2. You must notify the Resident Manager within 24 hours of finding a job.
3. You must notify the Resident Manager within 24 hours of being fired, laid off, or quitting a job.
4. You are not allowed to lie in bed from 7:00 A.M. to 5:00 P.M. on weekdays unless you are seriously ill nor have other extenuating circumstances. During these hours, you are expected to be actively looking for work, working, meeting with your parole officer, or doing other business approved by the *Shelter*.
5. Once you are working, the *Shelter* staff will help you to manage your money and set up a monthly budget. You will then be expected to make a contribution toward your room and board. Your budget will also include child support payments, court fees, and other payments as ordered by the courts.

## **CURFEW AND LEAVING THE PREMISES**

1. The Resident Manager should know where you are, who you are with, and what you are doing at all times.
2. Curfew is from 9:30 P.M. until 6 A.M. You are expected to be at the *Shelter* during those hours.
3. Lights are turned off at 10:00 P.M. Quiet time will be observed until 6:00 A.M.
4. You are not allowed to leave the premises without approval from the Resident Manager.
5. Overnight passes are available at the discretion of the *Shelter* Director. No overnight passes will be provided during the first month.
6. You must remain with the group during outside group functions and activities.

## **CHURCH ATTENDANCE, BIBLE STUDIES, 12-STEP PROGRAMS, ETC.**

1. You are expected to attend church services and prayer meeting weekly.
2. You are expected to attend nightly Bible Studies at the *Shelter*.
3. You are expected to attend a weekly 12-step program as part of your recovery (Alcohol Anonymous, Narcotics Anonymous, Gamblers Anonymous, etc.). If the program is unavailable at the *Shelter*, the *Shelter* staff will assist in enrolling you in a program and transporting you to and from the program.

## **ILLNESS**

1. The *Shelter* is not responsible for your medical care under any circumstances. We will try to assist you in getting care and transporting you if necessary.
2. If you are seriously ill and unable to work or perform your regular duties, you must obtain a doctor's release documenting your illness and give a copy to the Resident Manager.

**APPEALS**

1. A member of the *Shelter* staff **will meet** with you weekly to discuss your progress and other issues of concern.
2. If you think you have been **treated unfairly** in any way by the Resident Manager or the *Shelter* staff, please submit your **complaint** in writing and sign your name.

I have received a copy of the *Shelter* rules and regulations and I understand them. I will abide by them, understanding that I **may be** asked to leave the program if I violate any of the rules and regulations.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSITIONAL HOUSING  
RESIDENT RULES**





## TRANSITIONAL HOUSING

### RESIDENT RULES

#### *General House Guidelines / Daily Routines*

1. Housekeeping – Each individual/family will maintain their own living quarters. This includes sweeping and mopping the floors, cleaning the oven and stove, cleaning the bathtub and toilet, and so on. Staff may enter and inspect the apartment unit at any time during the program. Residents must thoroughly clean the premises before moving out, and leave all furnishings intact. Residents are responsible for any damage to an apartment or its furnishings. In the building, other chores will be routinely assigned by staff.
2. Hope House – All furnishings and other property on the premises that belong to Compassion Ministries will not be damaged or removed. No structural changes may be made to the premises, either inside or outside. Any maintenance or repair needs, damages or hazards will be reported during office hours (9 a.m. – 5 p.m. Monday through Friday) to the Executive Director or a staff member. Candles and incense are not permitted.
3. Meals – Food is to be prepared and eaten in the residents' own kitchen and dining room areas only. Food is prohibited in the hallways, lobby area, laundry and computer rooms.
4. Security - The Compassion building should be secured each evening by curfew. Curfew is 10:00 p.m., Sunday-Thursday nights. On Friday and Saturday nights, the curfew is 11:00 p.m. Employment or a pass is the only exception to this rule. If you are not working past these hours and come in after the set curfew without previous arrangements, you will be given a written warning.
5. Guests - Guests will be allowed in the lobby area or outside only from 5:30 pm until 9:30 p.m. Monday through Friday. Visitation on the weekends is from Noon to 9:30 p.m. No guests are allowed in individual apartment units.
6. Smoking - Absolutely no smoking permitted inside any building at Compassion Ministries. If you do smoke on the property outside, do not throw butts on the ground. Use proper receptacles.
7. Hygiene - All residents need to be clean and presentable on site. Children need to be kept clean in order to avoid health problems (colds, lice, etc.). Teach the children good hygiene skills - washing hands, brushing teeth after meals, combing/brushing hair, etc.
8. Alcohol/Drugs - Residents are not allowed to use alcohol, illegal drugs or misuse of prescription drugs either on or off the property while residing at Compassion Ministries. Compassion Staff will perform random drug tests as well as after residents return after

any weekend pass. If the test is positive, staff will recommend an appropriate drug treatment facility and the resident will be asked to leave immediately.

9. Physical/Verbal Abuse - Physical and verbal abuse is not allowed at the shelter. If you are having difficulty with how you deal with negative feelings, staff will try to help you learn better coping skills. Any resident or staff member witnessing abuse of a child needs to report the abuse or neglect to the Child Abuse Hotline (1-800-252-5400).
10. Dress Code – Residents need to dress appropriately at all times when outside their living quarters: reasonable length shorts, shoes, undergarments. You may wish to ask staff for guidance regarding your attire when preparing for job search. Provocative attire is inappropriate at the shelter. Clothing depicting drug/alcohol or sexually explicit materials is not to be worn.
11. Weekend Passes- A weekend pass may be taken after the first three weeks of residency here in the shelter and every week thereafter, if you meet all three of the following conditions:
  - a. Employment has been established.
  - b. Resident is current with his/her rent.
  - c. Resident is complying with all other rules of the house. If all three of these conditions have been met, a resident will be allowed to take up to two nights away from Compassion.
12. Meetings – There is one weekly scheduled required meeting while staying at Compassion Ministries. Co-Partners meeting is on Thursday night at 6:00 or 6:30 p.m. You must complete your budgeting form and bring all receipts to get credit for the meeting. In addition, at least one weekly Life Skill session is required which is agreed to by both Case Manager and resident.
13. Daily routine for unemployed – See Job Search Requirements.
14. Animals – No pets of any kind are allowed. No strays will be fed.
15. Phones –All residents have access to a voice mail box from the lobby phone. Apartment phone service (local calls only) is available at a cost of \$10.00 per month as long as rent is paid. After employment is obtained, rent must be current in order to be eligible for phone service.
16. Thermostats – Thermostats will be kept within the following guidelines.
  - Summer (Air conditioning) – Not below 75 degrees
  - Winter (Heat) – Not above 72 degrees
18. Residents are totally responsible for all personal belongings, including but not limited to medications, ID's, money, personal appliances, etc. Residents may obtain their own personal lock box for such items.

**RESTORATION HOPE HOUSE  
APPLICATION  
FOR  
PRISON INTERVIEWS**



RESTORATION HOPE HOUSE APPLICATION

Name (Last) (First) (Middle) (Number) (Institution)
Birthdate: / / Birthplace: (City) (County) (State)
Social Security #: Driver's License #:
Marital Status: Married how many times?
Are you in regular contact with your spouse or significant other? Children? Parents/Family?
Number and Ages of Children:
Last Residence: (Street Address) (City) (County) (State)
Whose address is this?

NEXT OF KIN: Name: Relationship:
Address: Telephone:
List one other person who will always know how to contact you.
Name: Relationship: Telephone: ( )
What are your financial obligations?
What are your economic resources?

HEALTH:
Have you ever been diagnosed for any health problem? Yes No
If yes, list and give treatment received:
Are there any other health problems that would prevent you from working?
Describe your mental health history:
Treatment received:

ALCOHOL/DRUG HISTORY:
Do you believe you have/had a drug or alcohol problem?
Are you an alcoholic and/or drug addict?
List the primary drugs used, method of intake, and age at first use:
1.
2.
3.
What treatment have you received?

EDUCATION: GED: (Last Grade Completed) (Place and Date)
College/Trade School: (Place, hours completed, degree sought)
Military Service? Combat Experience?
Years of service: Type of discharge?

LAST JOB HELD: Company:
Address:
From: To: Why did you leave?
Describe the job (tasks):
Were you employed at the time of your most recent arrest?
How many free-world jobs have you had in the last 3 years before your arrest?
What is the longest time you've held the same job?
What are your future employment plans?

**CURRENT CHARGES:** \_\_\_\_\_

**CURRENT CONVICTIONS:** \_\_\_\_\_

Alcohol./drugs prior to (or during) crime? \_\_\_\_\_

Current sentence? \_\_\_\_\_ Date incarcerated, this offense: \_\_\_\_\_

Did you know the victim? \_\_\_\_\_ How? \_\_\_\_\_

Plea bargain/Agreement? \_\_\_\_\_ Expiration of sentence date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you met the parole board on these charges? \_\_\_\_\_ How many times? \_\_\_\_\_

Next parole hearing? \_\_\_\_/\_\_\_\_/\_\_\_\_ Earliest release date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List all disciplinaries: \_\_\_\_\_

How long since the last disciplinary? \_\_\_\_\_

Prison Job: \_\_\_\_\_ Prison Programs: \_\_\_\_\_

Prison Employee, Volunteer, or other Community References:

(Name) (Position) (Phone #) (# of Years Known)

Who is your counselor or caseworker? \_\_\_\_\_

**PAST RECORD:**

Your age at first arrest? \_\_\_\_\_ Juvenile record? \_\_\_\_\_

(List all arrests and convictions)

In Juvenile facilities? \_\_\_\_\_ How long? \_\_\_\_\_

Prior ADULT arrests, charges? \_\_\_\_\_

Prior Adult convictions: \_\_\_\_\_

How much of your adult life has been in prison/jail? \_\_\_\_\_

Have you ever applied to/or lived in a facility like Restoration Hope before? \_\_\_\_\_

If yes, which one, when and the location? \_\_\_\_\_

Hobbies: \_\_\_\_\_

Personal Goals: \_\_\_\_\_

I agree to stay at Restoration Hope House for 90 days. I will follow the program as described in the factsheet. I give permission for Restoration Hope to see any information in files kept on me by the Department of Corrections or by any other agency. I understand this information will be kept confidential by Restoration Hope. Ten days after termination of my stay at Restoration Hope House, the staff will dispose of any property left unless I have indicated a name and address of person to be notified.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Restoration Hope does not discriminate in sentencing applicants solely on the basis of gender, race, or religious conviction

**INFORMATION FROM INSTITUTIONAL COURT OR POLICE FILES**

I.Q.: \_\_\_\_\_ Grade Average: \_\_\_\_\_

Total Time Given: \_\_\_\_\_ Total Time Served: \_\_\_\_\_

Notes from Files: \_\_\_\_\_



Lined area for notes or additional information.

House Meeting Review: \_\_\_\_\_ Board Committee Review: \_\_\_\_\_  
Accepted: YES NO Date: \_\_\_\_\_ By: \_\_\_\_\_ For which house: \_\_\_\_\_  
Reasons: \_\_\_\_\_

**SPECIAL CONDITIONS OF PAROLE/PROBATION:**

Counseling (kind, frequency): \_\_\_\_\_  
AA or NA ( \_\_\_ times a week): \_\_\_\_\_ Community Service: \_\_\_\_\_  
Restitution: \_\_\_\_\_ GED: \_\_\_\_\_  
No driving: \_\_\_\_\_ Curfew: \_\_\_\_\_  
House Arrest: \_\_\_\_\_ Other: \_\_\_\_\_  
House conditions: \_\_\_\_\_

Special Needs: \_\_\_\_\_  
Legal status on arrival at house: \_\_\_\_\_



**HOW TO FUND  
YOUR  
TRANSITIONAL HOUSE**



# Here are some suggestive ideas for Grants:

## 1. Home Depot Foundation

<https://corporate.homedepot.com/community/home-depot-foundation-grants>

- The Home Depot Foundation offers grant awards up to \$5,000.00 to 501c designated organizations (recognized and in good standing with the IRS for a minimum of one year) and tax-exempt public services agencies in the U.S. that are using the power of volunteers to improve the community.
- Grants are given in the form of Home Depot gift cards for the purchase of tools, materials, or services and are required to be complete within six months of approval date.

## 2. UPS Foundation

<https://sustainability.ups.com/the-ups-foundation/>

- UPS does not accept or respond to unsolicited grant proposals.
- Nonprofit funding is determined in one of two ways:
  - The UPS Foundation solicits grant proposals from preeminent organizations within our focus areas
  - Or through a recommendation made by a UPS employee who is actively volunteering with the agency.
- The best way for your organization to be considered for funding by UPS is to engage UPS volunteers and then ask them to log their volunteer hours in the Neighbor-to-Neighbor tracking system. Any hours logged are open for funding opportunities by our local offices.

## 3. Levi Strauss Foundation

<http://levistrauss.com/levi-strauss-foundation/>

- The foundation could prove to be a multi-year fund
- Strongly supports youth empowerment and social justice (for low income and the disenfranchised).
- The turn-around time on your letter of inquiry should take about six months.
- The request should be submitted by mid-May.

#### 4. Kometsky Family Foundation (Formerly the RGK Foundation)

301 W. 25th St., Ste. 300  
Austin, TX United States 78705  
Telephone: (512) 474-6312  
EIN: 472082155

- The RGK Foundation awarded its final grant in 2016.
- The board of Trustees of RGK Foundation is facilitating the creation of two new family foundations: Kometsky Family Foundation and Reissa Foundation, which will receive equal distribution of all assets from the RGK Foundation endowment.
- Please contact the Kometsky Family Foundation regarding Community specific Grants at the address above.

#### 5. MacArthur Foundation

[www.macfound.org](http://www.macfound.org)

- Will award multi-year grants.
- Purpose is dedication to helping groups and individuals foster lasting improvements in human conditions.
- Develop and maintain a network of model sites seeking to change their systems to reduce jail use and racial and ethnic disparities.
- Provide technical assistance, project management, and measurement support to those sites.
- Generate new knowledge about what works to change local criminal justice systems and reduce jail use.
- Increase public awareness of the problem of jail overuse and the need for solutions.
- Enlist organizations that represent important stakeholder groups and communities in support of reforms to reduce jail overuse.
- Engage organizations working to achieve similar reforms in Illinois, whose work serves to ground the national strategy in the Foundation's home state.

## 6. Soros Justice Fellowships

[www.opensocietyfoundations.org/grants/soros-justice-fellowships](http://www.opensocietyfoundations.org/grants/soros-justice-fellowships)

- The Soros Justice Fellowships fund outstanding individuals to undertake projects that advance reform, spur debate, and catalyze change on a range of issues facing the U.S. criminal justice system.
- The Soros Justice Advocacy Fellowships fund lawyers, advocates, grassroots organizers, researchers, and others with unique perspectives to undertake full-time criminal justice reform projects at the local, state, and national levels.
- Advocacy Fellowships are 18 months in duration, may be undertaken with the support of a host organization, and can begin anytime between July and November 2018.
- Advocacy Fellowships come with an award of either \$87,000 or \$120,000 (depending on level of experience), plus project-related expenses, for the 18 months.

## 7. Public Welfare Foundation

<http://www.publicwelfare.org/grants-process/apply-for-a-grant/>

- The Foundation's Criminal Justice Program supports groups that are working to end the overincarceration of adults in the United States while also aiming to reduce racial disparities.
- the Program makes grants primarily to state-based groups that are working to:
  - Reduce state incarceration levels and racial disparities through reforms in sentencing, charging, and supervision policies and procedures.
  - And those who wish to advance the redirection and prioritization of state and local resources toward targeted investments that support system-involved individuals in their communities, through research and strategic thought leadership.

## 8. Robert Wood Johnson Foundation

[www.rwjf.org/en/how-we-work/grants-and-grant-programs.html](http://www.rwjf.org/en/how-we-work/grants-and-grant-programs.html)

- They fund program and policy initiatives in four areas which are each critical to health equity—enabling everyone in our nation to live a healthier life:
  - Health Systems: Catalyzing fundamental changes in health and health care systems to achieve measurably better outcomes for all.
  - Healthy Children, Healthy Weight: Enabling all children to attain their optimal physical, social and emotional well-being, including growing up at a healthy weight.
  - Healthy Communities: Creating the conditions that allow communities and their residents to reach their greatest health potential.
  - Health Leadership: Engaging a diverse array of leaders in all sectors with the vision, experience, and drive to help build a Culture of Health.

## 9. Edward Byrne Memorial Grant Program

<https://www.bja.gov/jag/>

- Purpose is to help create safer communities and to improve the Criminal Justice System.
- Grants may be used for rehabilitation of offenders who have violated State and Local laws.
- Awards grants and works in partnership with Local and State Governments who then issue funds for various projects.
- Grants and contracts may be awarded for up to 100% of the cost of an approved project (Edward Byrne State and Local Law Enforcement Assistance).
- All programs funded must be evaluated.
- Some discretionary grant funding.

10. Office of Justice Programs (810 Seventh Street, NW · Washington, DC 20531)

[ojp.gov/funding](http://ojp.gov/funding)

- Financial Questions? For financial questions regarding your award, contact the Customer Service Center at 1-800-458-0786 (TTY: 202-616-3867), or via email at [ask.ocfo@usdoj.gov](mailto:ask.ocfo@usdoj.gov).
- Grant System Questions? Contact the Grants Management System (GMS) Help Desk at 202-514-2024 or by email at [GMS.HelpDesk@usdoj.gov](mailto:GMS.HelpDesk@usdoj.gov)

11. Center for Faith-Based & Neighborhood Partnerships (CFBNP)

<https://www.dol.gov/cfbnp/>

- The Center for Faith-based and Neighborhood Partnerships at the U.S. Department of Labor builds partnerships with faith-based groups, community organization, and neighborhood leaders to better serve disadvantaged and underserved workers and job seekers.

12. Department of Health and Human Services

<https://www.hhs.gov/grants/index.html>

- HHS is the largest grant-making agency in the US. Most grants are provided directly to states, territories, tribes, and educational and community organizations, then given to people and organizations who are eligible to receive funding.

13. Federal Bureau of Prisons Residential Reentry Centers

[https://www.bop.gov/about/facilities/residential\\_reentry\\_management\\_centers.jsp](https://www.bop.gov/about/facilities/residential_reentry_management_centers.jsp)

- The BOP contracts with Residential Reentry Centers (RRCs), also known as halfway houses, to aid inmates who are nearing release.
- RRCs provide a safe, structured, supervised environment, as well as employment counseling, job placement, financial management assistance, and other programs and services.
- RRCs help inmates gradually rebuild their ties to the community and facilitate supervising ex-offenders' activities during this readjustment phase.

#### 14. The Second Chance Act of 2008

<https://csgjusticecenter.org/nrrc/second-chance-act-mentoring-grant-program/>

- Organizations that receive funding through this grant program must:
  - Establish a memorandum of understanding or agreement with the correctional agency and the facility from which participants will be recruited
  - Use a validated criminogenic risk and needs assessment
  - And serve a minimum of 150 people who are assessed as having a medium to high risk of reoffending.
- Allowable uses for grant funds include:
  - Using reliable, locally validated risk and needs assessment tools to match people with appropriate treatment and reentry services.
  - Supporting a comprehensive range of reentry services that target criminogenic risk including cognitive-behavioral programming; educational, vocational and job placement services; transitional employment; substance use treatment; supportive housing; mental health and medical care; and programs that promote family reunification.
  - Providing pre- and post-release mentoring
  - Providing sustained case planning and management in the community
  - Implementing staff training, coaching and performance evaluations on newly adopted evidence-based practices
  - Planning and implementing strategies to expand options for access to health benefits
  - Coordinating civil legal aid services
  - And developing or enhancing data systems



**ADDITIONAL FUNDING SOURCES**

**FOR**

**TRANSITIONAL HOUSING**

**Returning Home Funders**

**Abell Foundation**

**Annie E. Casey**

**Cleveland Foundation**

**George Gund Foundation**

**Health Foundation of Greater Cincinnati**

**Houston Endowment**

**JEHT Foundation**

**John D. and Catherine T. MacArthur Foundation**

**Rockefeller Foundation**

**Smith Richardson Foundation**

**Open Society Institute Baltimore**



# **SAMPLE BUDGET**



## FUNDING WORKSHEET FOR A TRANSITIONAL HOUSE

**Revenue:**

HUD Homeless Grants	\$ 35,000.00
Other Grants	\$ 40,000.00
Rent – 15 x \$400.00 x 12	\$ 67,200.00
Donors – 600 x \$25.00	\$ 15,000.00
Corporations	\$ 20,000.00
Fundraising	<u>\$ 25,000.00</u>
<b>Grand Total</b>	<b>\$202,200.00</b>

Food Bank	\$ 15,000.00
In-Kind (Furniture, Bedding, Volunteer Hours, etc.)	\$ 75,000.00

**Expenses:**

Salaries and Benefits (Director & Administrative Assistant)	\$ 57,000.00
Rent	\$ 12,000.00
Supplies / Office	\$ 2,500.00
Postage	\$ 1,500.00
Printing	\$ 3,000.00
Supplies / Maintenance	\$ 1,500.00
Electric	\$ 6,000.00
Water	\$ 2,800.00
Phone	\$ 3,600.00
Food	\$ 5,000.00
Capital Improvement	<u>\$ 8,000.00</u>
<b>Grand Total</b>	<b>\$101,900.00</b>
<b>Net Gain (\$100,300.00)</b>	

**(Establish a reserve, an endowment, investment and cash flow.)**



# **SAMPLE COVER LETTER**





## Sample Cover Letter

November 6, 2014

John Haberchet  
Restoration Hope, Inc.  
12501 Hope Avenue  
Shelterville, Florida 33312

Anderson Foundation  
1234 Funding Center Drive  
Grant, Georgia 38669

Please find our enclosed proposal for the Homeless Discretionary Funding Grant for the Restoration Hope Project, located at 12501 Hope Avenue, Shelterville, Florida, 33312.

Our mission is to provide transitional shelter for ex-offenders released from prison. We will provide Job Readiness Training, Educational Development Training, Survival Skills Training, Social Service Counseling, Conflict Resolution and Anger Management classes, and NA and AA classes. We will be able to provide nurture and self-help opportunities that will give them the best opportunities to reintegrate back into society.

We have completed our Feasibility Study for the need of this project, and we are confident that we can help ex-offenders get acclimated back into society. We need funds to help defray some of the expenses for the proposed project which includes starting a lawn care service, and a janitorial service to provide job opportunities for shelter residents who will need employment. Every ex-offender that we can keep from recidivating will have deep social, psychological, and economical ramifications on our communities, cities, states, and our nation.

Thank you for your consideration to assist us in this needy endeavor.



# **GRANT APPLICATION**



## **GRANT APPLICATION**

The Grant Application should not be more than five (5) pages, not including the Cover Letter, and the Budget.

### **Grant Application Guidelines:**

**Cover Letter:** The Cover Letter should be written to the contact person at the North American Division (NAD). It should be one (1) page.

**Abstract:** The abstract should describe concisely your project. Your description should be a maximum of **250** words.

**Introduction:** Helps your credibility as a grant applicant. This should be a maximum of one (1) sentence, to one (1) paragraph.

**Statement of Need:** The Statement of Need will describe the problem and why you need a grant to address the issue. Limit your response to one (1) page.

**Objective:** Your objective should refine your need and to tell exactly what you expect to accomplish in addressing the need for transitional housing. Limit your response to one (1) page.

**Methodology:** What will you do to accomplish your objective? Limit your response to one (1) page.

**Evaluation:** How will you evaluate the effectiveness of your transitional ministry? Limit your response to one (1) page.

**Continuous Funding:** How will you financially sustain your project? Describe it in one (1) paragraph.

**Budget:** Itemize your revenue and expenses and detail your need, and how you will spend the grant to accomplish your need.



# **SAMPLE AUDIT STATEMENTS**





**SAMPLE AUDIT REPORT**

**John Doe  
Certified Public Accountant  
123 Main Street  
Your Town, USA**

Board of Trustees  
XXXXXXXXXX

We have audited the accompanying statements of financial position of XXXXXXXX (a not-for-profit corporation) as of June 30, 2010 and 2009, and the related statements of activities and cash flows for the years then ended, and the statement of functional expenses for the year ended June 30, 2010. These financial statements are the responsibility of the management of XXXXXXXX. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the financial position of XXXXXXXX as of June 30, 2010 and 2009, and the changes in its net assets and the cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements of XXXXXXXX, taken as a whole. The information on pages 11 through 14 is presented for purposes of additional analysis and is not a required part of the basic financial statements. This additional information is the responsibility of the management of United Way. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

In accordance with *Government Auditing Standard*, we have also issued a report dated August 22, 2007 on our consideration of XXXXXXXX's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audits.

We have previously audited the statement of functional expenses of XXXXXXXX for the year ended June 30, 2010 comparative financial information from which is presented herein. In our opinion, such comparative financial information has been properly extracted from the prior year's financial statements.

*John Doe*  
November 12, 2011



## Sample Audit Opinion For Business Entity

### Independent Auditors' Report

To the Board of Directors and Shareholders  
Company XYZ  
Address

We have audited the accompanying balance sheets of X Company as of December 31, 20X2, 20X1 and 20X0, and the related statements of income, retained earnings, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of XYZ Company as of December 31, 20X2, 20X1 and 20X0, and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

(Signature)

(Date)



**SAMPLE JOB DESCRIPTIONS  
FOR  
EXECUTIVE DIRECTOR**



## SAMPLE 4

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### Executive Director

The Executive Director is the Chief Executive Officer of \_\_\_\_\_. The Executive Director reports to the Board of Directors, and is responsible for the organization's consistent achievement of its mission and financial objectives. In program development and administration, the Executive Director will:

#### Specific committee responsibilities:

1. Assure that the organization has a long-range strategy which achieves its mission, and toward which it makes consistent and timely progress.
2. Provide leadership in developing program, organizational and financial plans with the Board of Directors and staff, and carry out plans and policies authorized by the board.
3. Promote active and broad participation by volunteers in all areas of the organization's work.
4. Maintain official records and documents, and ensure compliance with federal, state and local regulations.
5. Maintain a working knowledge of significant developments and trends in the field.

#### In communications, the Executive Director will:

1. See that the board is kept fully informed on the condition of the organization and all important factors influencing it.
2. Publicize the activities of the organization, its programs and goals.
3. Establish sound working relationships and cooperative arrangements with community groups and organizations.
4. Represent the programs and point of view of the organization to agencies, organizations, and the general public.

#### In relations with staff, the Executive Director will:

1. Be responsible for the recruitment, employment, and release of all personnel, both paid staff and volunteers.
2. Ensure that job descriptions are developed, that regular performance evaluations are held, and that sound human resource practices are in place.
3. See that an effective management team, with appropriate provision for succession, is in place.
4. Encourage staff and volunteer development and education, and assist program staff in relating their specialized work to the total program of the organization.
5. Maintain a climate which attracts, keeps, and motivates a diverse staff of top quality people.

#### In budget and finance, the Executive Director will:

1. Be responsible for developing and maintaining sound financial practices.
2. Work with the staff, Finance Committee, and the board in preparing a budget; see that the organization operates within budget guidelines.
3. Ensure that adequate funds are available to permit the organization to carry out its work.
4. Jointly, with the president and secretary of the board of directors, conduct official correspondence of the organization, and jointly, with designated officers, execute legal documents.

9. Providing and being responsible for meeting all technical assistance requests.
10. Provide Board with updated program changes.

Further implementation and guidance of the ED's duties and responsibilities will be found in the by-laws of the corporation.

#### **RESPONSIBILITIES: B. Fiscal Management**

The Executive Director shall assist, advise, and act for the Board of Directors in the following:

1. Develop an annual budget for review and approval by the Board; ensure that expenditures are within the budgeted amounts; and prepare budget revisions as needed through the year.
2. Sign checks on behalf of the agency with a second, authorized signature by a member of the Board of Directors required on all checks, notes, drafts, and demands for money. All expenditures require the approval of the Executive Director.
3. Authorize purchase orders, vouchers, and payments within parameters set in the by-laws.
4. Maintain an inventory of agency property and protect all such property.
5. Administer contracts as approved by the Board.

#### **RESPONSIBILITIES: C. Environment**

The Executive Director is responsible for ensuring the following environmental standards are met:

1. Establishment of an environment that enhances the positive self-image of the client and staff and preserves human dignity.
2. Equipping and maintaining an environment that ensures the health and safety of the client and staff.
3. Counseling clients in any component of the treatment program, individually or in special groups.
4. Ensuring documentation of planned programs consistent at all times with the needs of the clients for social, educational, and recreational activities.
5. Equipping and maintaining a safe vehicle for transportation of clients.

#### **RESPONSIBILITIES: D. Personnel**

The Executive Director shall is authorized to transact all personnel actions subject to the Personnel Policies and Procedures (Personnel Manual), and to report such actions as necessary to the Board. The Executive Director is responsible for:

1. Recruitment, hiring, staffing, and supervision of department heads and other personnel not under the supervision of department heads.
2. Being available for counseling of staff.
3. Ensuring that performance evaluations of all staff are completed according to the Personnel Manual.
4. Determining the need for travel and training of all employees, and approval or denial of staff travel and training requests consistent with the travel and training budget approved by the Board.
5. Promotion, demotion, disciplinary action, and exit interviews, in accordance with the Personnel Manual.
6. Annual review and update of Personnel Manual and all job descriptions for Board consideration.

#### **RESPONSIBILITIES: E. Confidential Records and Files**

All records, reports, and other materials relating to clients shall be kept in a locked file under the direction of the ED. The responsibility for keeping accurate and complete records as prescribed by law, the funding agencies, and KCA / Safe Harbor policies rests with the ED. The following shall be kept and made available to authorized individuals or agencies:

1. Client records of all treatment components including an individual treatment plan, goals, and objectives; provision for continued assessment; basis for development of treatment plan, goals, and objectives, with method of implementation; and final progress evaluation including a discharge summary.
2. Specific records as may be required by funding agencies or directed by the client.



3. Personnel files, including employee files, timesheets, performance evaluations, salary schedules, job classifications, petty cash records, and telephone and travel logs.
4. Continual documentation of program expansion, alteration, and deletions as required by funding agencies and accrediting authority.

**RESPONSIBILITIES: F. Reports**

The Executive Director is responsible for all reports required by funding sources or the Board of Directors. Such reports include, but are not limited to, the following:

1. Monthly narrative (Executive Director's Report)
2. Monthly statistical reports
3. Quarterly progress evaluation
4. Minutes of all staff meetings
5. Quality assurance reports
6. Copies of all state, federal, and local inspection reports
7. Monthly residential and out-patient status reports (bed occupancy, etc.)

**RESPONSIBILITIES: G. Other Duties as Assigned**

The Executive Director shall perform other duties as prescribed by the KCA / Safe Harbor Board of Directors.

**III. DELEGATION OF AUTHORITY**

The Executive Director may delegate duties, responsibilities, and authority to carry out functions within the parameters of the Personnel Manual.

**IV. TERMS OF EMPLOYMENT**

- A. Exempt, professional management position; work hours flexible, depending on the needs of the job.
- B. KCA / Safe Harbor Personnel Policies and Procedures (Personnel Manual) takes effect on date of hire.
- C. Salary: dependent on experience and education.
- D. All KCA employees are employed on an "at-will" basis. Employment at KCA is for an indefinite period of time and is terminable at any time, with or without cause being shown, by either the employee or KCA.

## ***SAMPLE 8***

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### ***Executive Director***

The Classical Chinese Garden Society seeks an Executive Director to manage and operate the Garden upon completion. In preparation for the opening of the Garden, we would like to provide enough time for the Executive Director to participate in the opening as well as the initial on-going activities in the Garden, become familiar with the project, implement systems that will be crucial for the successful operations of the Garden and hire and train paid and volunteer staff. Although many of the responsibilities will carry on through the opening and into regular Garden operations, some activities will be unique in their start-up nature. The performance of the initial Executive Director in all areas will be critical to the success of the Garden in fulfilling its mission.

### ***Responsibilities***

The executive director will be ultimately responsible for the management of the garden and will report to a volunteer Board of Directors. Specifically, the responsibilities include:

- Short- and long-term strategic planning
- Operational and programming activities in the Garden
- Fiscally sound financial management
- Marketing and public relations
- Human resource management
- Development of strong board, volunteer, and membership relations
- Representation of the Garden in the community at large and among its constituents
- Completing assignments as directed by the Board.

### ***Management Skills and Attributes***

- Excellence in problem solving, communication and organizational skills
- Cultural understanding including Chinese-American protocol, arts and political issues
- Effective collaborator, strong leadership, creative and independent thinking
- Marketing experience and knowledge of tourism industry.

### ***Description of Organization***

The Classical Chinese Garden Society located in Portland, Oregon is a 501(c)3 organization whose mission is to build and operate Portland's Classical Chinese Garden. The project is a partnership of the City of Portland, the Classical Chinese Garden Society, the Classical Chinese Garden Trust and the City of Suzhou, China. The walled urban garden will include a gift shop and teahouse. When complete the Garden will be the first full-size Suzhou-style garden in the United States. The Garden is within walking distance of the riverfront, the Oregon Convention Center, the Rose Garden Arena, Saturday Market and downtown Portland.

Please send resumes to:

**SUGGESTED SALARIES  
FOR  
EXECUTIVE DIRECTOR**



# NONPROFIT RESEARCH

*connecting nonprofit sector research & leadership*

Summer 2007

## Nonprofit Executive Director Compensation in Organizations within Maricopa and Pima County

### *Selected Highlights from the 2007 Nonprofit Compensation and Benefits Report*

This issue presents findings on executive director compensation from the 2007 Nonprofit Compensation and Benefits Report, published by the ASU Center for Nonprofit Leadership and Management. Two hundred and twenty two nonprofit organizations completed the salary survey. Data were collected primarily through an online survey instrument. The original mailing list was derived from the National Center for Charitable Statistics core data file and was supplemented with additional organizations from the ASU Center for Nonprofit Leadership and Management database. All types of 501(c)(3) nonprofit organizations within Maricopa County and Pima County, with the exception of hospitals, foundations and higher education institutions were invited to participate.

#### Executive Director Compensation

The position of executive director refers to the top-paid administrator and executive officer of the organization, responsible to the board of directors for the organization's overall operation and management. This includes, but is not limited to, the following titles: Executive Director, Chief Executive Officer, President and CEO, Director and President. The study found that executive director compensation has a direct relationship to agency budget size. The table below depicts executive director compensation across seven organization budget categories with the average executive director salary of \$86,355.

Organization Budget	Number of Employees	Median Salary	Average Salary	75% earn more than	25% earn more than
\$100,000 and under	4	\$44,000	\$44,250	\$36,250	\$52,500
\$100,001 - \$250,000	23	\$52,000	\$49,743	\$42,182	\$58,500
\$250,001 - \$500,000	29	\$52,000	\$60,740	\$49,725	\$68,500
\$500,001 - \$1,000,000	33	\$64,000	\$68,175	\$52,480	\$80,000
\$1,000,001 - \$5,000,000	60	\$84,500	\$89,221	\$68,000	\$99,500
\$5,000,001 - \$10,000,000	18	\$115,881	\$118,155	\$100,000	\$132,300
More than \$10,000,000	27	\$132,000	\$145,943	\$110,000	\$155,712
<b>All Reported Employees</b>	<b>194</b>	<b>\$75,000</b>	<b>\$86,355</b>	<b>\$55,750</b>	<b>\$105,125</b>

The 2007 Nonprofit Compensation and Benefits Report, published by the ASU Center for Nonprofit Leadership and Management, contains compensation data that was collected for over 8,000 nonprofit employees across 82 different job position types from the two largest counties in Arizona. The report is available for purchase. To order the full report, please visit the following website (<http://www.asu.edu/~cnlrm>) or call 602-496-0500.

Data on executive director compensation were collected from both Maricopa County and Pima County. The average executive director salary in Maricopa County was \$90,151, and \$77,300 in Pima County, a difference of 14.25 percent.

Center for  
**Nonprofit Leadership  
Management**

ARIZONA STATE UNIVERSITY

**ASU** College of  
Public Programs

ARIZONA STATE UNIVERSITY

Organization Budget	Number of Employees	Median Salary	Average Salary	75% earn more than	25% earn more than
\$100,000 and under	3 *	\$43,000	\$44,000	\$34,000	n/a
\$100,001 - \$250,000	17	\$52,000	\$49,641	\$40,500	\$58,452
\$250,001 - \$500,000	23	\$60,000	\$63,318	\$50,000	\$79,000
\$500,001 - \$1,000,000	22	\$65,000	\$72,217	\$52,640	\$90,000
\$1,000,001 - \$5,000,000	38	\$89,000	\$93,620	\$70,000	\$110,000
\$5,000,001 - \$10,000,000	12	\$115,881	\$123,313	\$105,750	\$142,000
More than \$10,000,000	20	\$147,700	\$155,608	\$120,000	\$173,250
<b>All Reported Employees</b>	<b>135</b>	<b>\$80,000</b>	<b>\$90,151</b>	<b>\$55,000</b>	<b>\$113,500</b>

\*Insufficient number of reported employees to generate valid information.

Organization Budget	Number of Employees	Median Salary	Average Salary	75% earn more than	25% earn more than
\$100,000 and under	1 *	-	-	-	-
\$100,001 - \$250,000	6	\$53,750	\$50,030	\$39,137	\$59,375
\$250,001 - \$500,000	6	\$49,725	\$50,858	\$46,650	\$54,375
\$500,001 - \$1,000,000	11	\$62,000	\$60,090	\$52,000	\$65,000
\$1,000,001 - \$5,000,000	22	\$77,000	\$81,622	\$66,463	\$91,700
\$5,000,001 - \$10,000,000	6	\$114,000	\$107,841	\$71,246	\$132,000
More than \$10,000,000	7	\$127,500	\$118,331	\$90,000	\$140,000
<b>All Reported Employees</b>	<b>59</b>	<b>\$71,246</b>	<b>\$77,667</b>	<b>\$58,500</b>	<b>\$91,600</b>

\*Insufficient number of reported employees to generate valid information.

## National Comparison of Executive Director Compensation

National executive compensation data were obtained from a web-survey conducted by CompassPoint Nonprofit Services in the spring and summer of 2005 of over 1900 executives from all regions of the country. Similar to the Arizona Nonprofit Compensation and Benefits study, hospitals, universities and foundations were not represented in the sample. In this particular comparison the executive salaries were adjusted by eliminating the largest five percent and smallest five percent of the salaries. This corresponds to the practice used by CompassPoint's Daring to Lead 2006 study provide a more accurate mean or average salary. Compensations paid to executive directors in Arizona compare favorably with those paid to other nonprofits in other regions of the country. For example, executive directors of organizations in Arizona with budgets of \$1 to \$5 million earn equivalent salaries, on average, with executive directors in other parts of the country. In organizations with a \$10 million or more budget, Arizona executive directors are compensated less than the national average.

Organization Budget	National Average Executive Salary	Arizona Average Executive Salary*
\$100,000 and under	\$26,143	\$47,667
\$100,001 - \$500,000	\$51,976	\$59,447
\$500,001 - \$1,000,000	\$69,489	\$69,349
\$1,000,001 - \$5,000,000	\$85,807	\$87,364
\$5,000,001 - \$10,000,000	\$102,389	\$112,612
More than \$10,000,000	\$135,402	\$124,371

\*5% trimmed mean salaries data

National comparison data provided by CompassPoint Nonprofit Services and the Meyers Foundation, Daring to Lead 2006: A National Study of Nonprofit Executive Leadership,

Knowledge and tools for nonprofit effectiveness

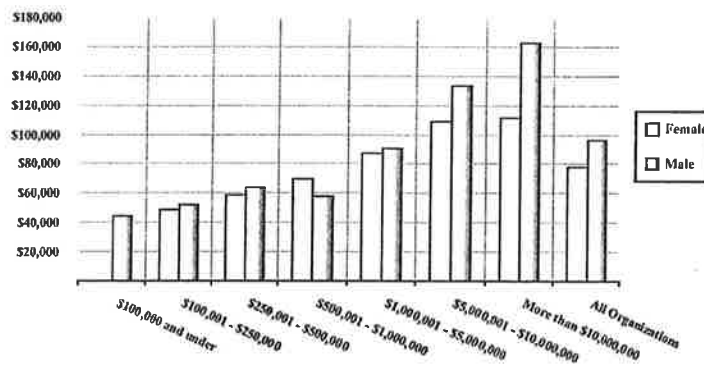
**Executive Director's Educational Level, Ethnicity and Gender**

Generally the executive directors were well educated with 47 percent holding bachelor's degrees and 38 percent with an advanced graduate degree. A total of 94 percent of nonprofit executive directors were white/Caucasian. Hispanic/Latino(a) executive directors comprised three percent of the sample, while African American and Native American both represented one percent of the total sample.

Female executive directors comprised 58 percent of the sample as compared to the 42 percent of male executive directors. Consistent with the Daring to Lead 2006 study of nonprofit executive leadership, the larger the budget of the organization, the more likely the organization to have a male executive director. This was evident in nonprofit organizations with a \$10 million or more budget with more male executive directors (69 percent) compared to female executive directors (31 percent).



Also consistent with the findings of CompassPoint's Daring to Lead 2006 Study, female executive directors in Maricopa and Pima County earn less on average than their male counterparts. Gender and compensation are significantly related; the overall average salary for male executive directors is \$95,891, and for female executive directors it is \$77,728. This salary gap is also represented in the national data for organizations with budgets of \$1 to \$3 million where mean salary of men was \$91,141 and \$83,270 for women (Daring to Lead 2006).



**Statistical Measures**

Several statistical measures were employed to analyze and present the data on salaries for executive directors. The mean is the arithmetic average, calculated by adding the dollar amount of all the responses (salaries) and dividing the sum by the number of responses. The median is the mid-point at which half the reported salaries fall below and half fall above. The mean and median are both measures of average, with the median less influenced by unusually high or low salaries.

Salary variance is how different the salaries are from one another within the sample of job positions. To indicate salary variance the interquartile range, expressed as salary amounts 25 percent of the sample earn at or above, and the amount 75 percent earn at or above. Together with the average, the 25 percent earn more than and 75 percent earn more than give a picture of the overall salary variance within a job position.

Visit the Center's Web site at <http://nonprofit.asu.edu>





# **APPENDICES**



# **PERSONNEL POLICIES**



[ABC]

**PERSONNEL POLICIES**

**Adopted:**

**[DATE]**



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## **Message to Staff**

This personnel manual was developed by the Board and Staff of [ABC], to provide some of the particulars of working at our organization. These policies were formally adopted by the Board on [DATE].

Periodically, we will revisit this document to make adjustments based on the changing needs of the organization and the people who come to work here. Members of either the Board or Staff may initiate a change in the Personnel Policies. Staff members should channel their requests in writing with an explanation to the Executive Director. Board members are encouraged to do the same, although they may bring written requests directly to the Board Chair/Executive Committee.

In the event that a personnel matter arises which is not covered by the policy statement, the Executive Director shall notify the Board so that an appropriate policy may be developed. If the ongoing activity of the organization requires that a decision be made before the Board can consider the matter, the Executive Director is authorized to make an interim decision which will apply only to the case at hand and which will not be considered a precedent for the policy to be developed according to the procedure specified above. On such occasions, the Executive Director will consult with the Board Chair/Executive Committee.

It is the intention of the Board that these Personnel Policies be applied by the Executive Director with flexibility and discretion. Exceptions may be granted when an employee's interests will be served and those of [ABC] not damaged, but exceptions should be recognized as such and should not be assumed to establish precedents.

Above all, we want to make certain that Staff members of [ABC] place our patients' needs before all else, and approach our patients with honesty, creativity, and integrity. Within that context, we also want the working environment to be supportive and enjoyable, so that the very best that our Staff have to offer is made available to those who need our assistance.



## **EMPLOYMENT**

Employment at [ABC] is based wholly on qualifications, competence, experience, training and fitness for the job. Because of the importance of our work in serving the community, we make every effort to fill vacancies in accordance with the above stipulations.

At the time of employment each person will receive a confirmation of employment letter which outlines job title, salary, etc. Further, each person will receive a copy of the job description and [ABC] Personnel Policies. When a job is available at [ABC], the Director is responsible for seeing that all staff members are informed about the opening. Recruitment, screening, and selection will normally be done by the Director, assisted by members of the senior staff. At the discretion of the Director, members of the Board may be invited to participate in screening, interviewing and selection.

## **STATEMENT OF NON-DISCRIMINATION**

[ABC] will not discriminate against any employee or applicant on the basis of race, color, religion, sex, national origin, physical or mental handicap, political belief, marital status, age, or sexual orientation. [ABC] complies with all Equal Employment Opportunity and Americans with Disabilities Act laws and regulations in the areas of hiring, compensation, benefits and promotion.

## **MANAGEMENT RIGHTS**

[ABC] retains the exclusive right to hire, direct and schedule the work force; to plan, direct and control operations; to discontinue or reorganize or combine any department or branch of operations with any consequent reduction or other changes in the work force; to hire and terminate employees; to promulgate rules and regulations; to introduce new or improved methods or facilities regardless of whether or not the same causes a reduction in the work force and in all respects to carry out, in addition, the ordinary and customary functions of management. None of these rights shall be exercised in a capricious or arbitrary manner.

## ORIENTATION

Orientation of new employees will include the following:

- . Review of the employee's job description and core standards for evaluation
- . Review of these personnel policies and practices
- . Review of general policies and procedures of [ABC]
- . Review of the employee's job title, salary and compensation agreements, work hours, time sheets and other record-keeping methods and pay practices, standards for employee conduct, attendance and punctuality.

## PROBATIONARY PERIOD

All new employees are required to serve a minimum 90-day probationary period during which employment may be terminated at the discretion of the Director without recourse to the standard procedure for termination specified in our policies. This period may be extended at the discretion of the supervisor. If the immediate supervisor and/or Director find the probationary employee's work unsatisfactory, this should be indicated to the employee as early as possible in the probationary period. No formal statement of cause is required but an informal explanation would normally be expected.

Employees do not begin to accrue leave and are not entitled to join the [ABC] health, dental, long-term disability or pension plans until the successful completion of the probation period. The Director may authorize leave with pay for illness or other emergencies with the understanding that should the employee not continue with [ABC] after the 90-day probation (or long enough to earn the advanced leave), [ABC] would reduce the employee's last paycheck by said number of days.

## EMPLOYEE STATUS

A *temporary* employee is a person engaged on a full or part-time basis for a definite period, usually six months or less. An *occasional* employee is a person hired on a fee or hourly basis for special tasks not covered by the regular staff. A *regular* employee is a person hired full-or part-time (for an indefinite period) to fill a specific position. A *consultant* is not an employee of [ABC] but a self or otherwise employed person with whom [ABC] may contract for specific tasks or services.

Full-time: An employee who is regularly scheduled to work a minimum of 40 hours per week.

Part-time: An employee who is regularly scheduled to work less than 40 hours per week. Employees working less than 30 hours per week are not entitled to health benefits and other optional benefits. Part-time employees accrue vacation days on a pro-rated basis and are entitled to paid holidays only if they normally work more than 20 hours per week, and then only those holidays which fall upon the days on which they normally work.

Temporary: An employee who is hired for a predetermined period of employment, which may be carried out on full-time, part-time or occasional basis.

Regular Employee: A full or part-time employee hired with the expectation that the working relationship will be continued as long as it is mutually satisfactory and financially sustainable.

### **HOURS OF EMPLOYMENT**

**Full-time work** is generally assumed to occur Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m., with one hour lunch designated for lunch. At the discretion of the Director, flexible hours may be arranged if these will not interfere with the accomplishment of the organization's task and goals. Employees who regularly work outside normal hours can arrange for adjusted hours.

[ABC] staff titles of Office Manager are considered to be nonexempt and will be duly compensated for time beyond the 40 hour week. There is no provision for paid overtime or compensatory time for exempt employees.

Employees who experience a delay or emergency which will require them to be more than 30 minutes late in arriving should notify a member of the management team of their expected arrival time.

### **ATTENDANCE**

Federal, State and City laws require [ABC] to maintain accurate records of all employees' time and attendance. Each employee must complete and submit time sheets weekly. Falsification of time and attendance records may result in disciplinary actions.

### **PERFORMANCE REVIEW**

Each employee is entitled to a probationary and annual performance review. A

performance review is normally conducted by the Director or the Director's designee. Goals and priorities will be established for the next work period. A performance review form should be signed by the employee and the person conducting the review, with a copy in the employee's personnel file and a copy retained by the employee.

Review and planning meetings are intended primarily as a means for promoting communication and improving performance and form the basis for salary determination. In the event that an employee should desire another job within [ABC] or a letter of reference after leaving the organization, it is anticipated that performance reviews will provide useful information.

### **SALARIES**

[ABC] is subject to a number of constraints in the determination of salaries. Salaries of some positions are governed by the amounts proposed in proposals and contracts which are in turn derived from the "going rate" available from foundations and government agencies. Furthermore, all salary increases must be made conditional upon raising sufficient money to cover the projected budget. Within these constraints, the normal procedure is that a salary range is established for each position created, the Director specifies a salary at the time of hiring, and salaries are reviewed annually by the Director at budget preparation time. The Director's salary is reviewed annually by the Board of Directors.

### **LEAVES AND HOLIDAYS**

Holidays: The office is closed and all regular staff will be paid for the following holidays:

New Year's Day  
Martin Luther King's Birthday  
Washington's Birthday Day  
Memorial Day  
Independence Day  
Labor Day  
Columbus Day  
Thanksgiving Day  
The day after Thanksgiving  
Christmas Day

The office may close early the day before a major holiday or the day after at the discretion of the Director; staff will be notified in advance. When Christmas, New Year's Day or Independence Day falls upon a weekend, a nearby workday will be designated instead.

Other holidays will be celebrated on the date designated.

Vacation: The following is the vacation policy for all full-time employees of [ABC]:

<u>Length of Service</u> (In years)	<u>Weeks of Vacation</u>	<u>Accrual Rate</u> (Days per month)
0 through 4 (inclusive)	3	1.25
5 or more	4	1.66

Vacation is to be used in the best interest of [ABC]. Schedules will be arranged on the basis of seniority. Subject to the Director's approval, employee's may carryover up to 5 days of vacation into the next quarter. Vacation time accrues upon completion of the probation period. In addition, for terminating employees, pay will be given for unused vacation time provided that the employee was on staff for six months or more of continued employment, the required written notice of resignation was given and the employee was not terminated for gross malfeasance. Part-time employees are entitled to pro-rated time for vacation leave.

Sick Leave: Full-time employees who successfully complete probation are entitled to sick leave, for a maximum of 8 days per year, of paid sick leave. Absences due to illness or medical appointment may be charged to sick leave. Before returning to work from a sick leave absence of five (5) calendar days or more, an employee must provide a physician's verification that he or she may safely return to work. Unused sick leave does not carry over to the next fiscal year, and no pay is given in lieu of sick leave. Unused sick leave lapses without compensation on an employee's leave [ABC]. Sick leave is to be taken in the event of the illness of an employee or, of the employee's dependent child; it is not an all purpose leave. Extended sick leave for a serious illness may be allowed by the Director. Employees who anticipate that an extended period of absence may be necessary should discuss the matter with the Director to see if disability benefits may be available. Part-time employees are entitled to pro-rated time for sick leave. After 5 consecutive days of absence due to illness, an employee should file for short-term disability. Employees should call a member of the senior staff within 1/2 hour of starting time on the first day of absence. Employees whose illness extends beyond one day must advise their supervisor of their expected day of return.

Parental Leave: Employees who become parents, either by birth or adoption, may receive a total of 3 months leave. During this time, employees will first be required to use any accrued sick and/or vacation time. The amount of sick and/or vacation time used will be the total accrued amounts as of the last day of work before the leave begins. The balance of the leave will be without pay although employees will continue to accrue sick leave to be used upon return. At the discretion of the Director, an employee may carry up to 5 days of accrued vacation leave into the first quarter of the subsequent fiscal year, and/or may be granted additional time off without pay.

For the first 90 days of leave, [ABC] will continue to pay the employee's medical, dental and long-term disability premium's as well as its share of the cost for family coverage of the same. Where applicable, employees are expected to make arrangements for their payments for the same. If leave is extended past the 90 days, the employees must make arrangements for covering the full share of the premiums.

Following maternity/paternity leave an employee may return to the same position held by the employee when the leave commenced, if available, or to a position of substantially similar status, benefits and pay.

Disability Leave of Absence without Pay: Accrued sick leave may be used during medically verified disability. A request for medically verified disability should be approved by the Executive Director and a statement for the reason for the leave and intention to return to work at a specified date should be included. A disabled worker is entitled to 60 days of job protection.

Jury Duty: Full-time employees who have completed their probationary period and who are called to serve as jurors or are subpoenaed to appear before a court as a witness will receive their regular pay minus any jury duty pay or witness fee received for each work day while in court for jury duty or as a witness. The receipt of a notice to report to jury duty or of a subpoena shall be reported immediately to the Director and/or member of the senior staff. [ABC] reserves the right to request that the employee be exempted from jury duty if the employee's services are essential.

Military Leave: A full-time employee who is a member of an organized reserve unit of the Armed Forces of the United States of the National Guard and who attends a regular military camp will be granted the time necessary to meet his/her obligation. A full-time employee who is a member of an organized reserve unit of the Armed Forces of the United States or the National Guard who is called into active duty shall be granted a military leave of absence for the period for which they are called. An employee must give the Executive Director immediate notice of the dates of intended absence. In the case of active duty, the employee shall report for work at [ABC] no later than five days following discharge from active duty. [ABC] cannot guarantee that any employee will return to the same position which they filled prior to the active duty, but will make every effort to provide an equivalent position. Military leave will not be counted against vacation days, but will instead be considered to be on a leave of absence without pay.

## **FRINGE BENEFITS**

Health Insurance: Full-time employees are provided with medical insurance. Details of each are outlined in separate brochures given to each employee. Because of fiscal

constraints, payment for coverage under this plan is shared by [ABC] and the employee on a co-payment arrangement. Exempt employees contribute 50% and non-exempt employees contribute 20% respectively. Terminating employees will be told of the status of their insurance, when it will expire and what options are available for converting coverage, i.e. COBRA.

Employees are eligible for to participate in the above plans upon completion of the probation period. Unemployment insurance, worker's compensation and short-term disability coverage is provided as required by law.

### **RESIGNATION**

In the event of resignations after the probationary period employees are expected to give notice equivalent to their annual vacation entitlement.

An employee, who gives notice of resignation, as provided above, shall be entitled to receive payment for unused vacation accrued on the effective date of resignation.

### **TERMINATION**

If the Director wants to consider termination of employment, the employee must be given a written statement of the specific problems, a definite period must be set within which the employee may try to correct the problem, and if the problem cannot be resolved, the employee must be given two weeks notice. [ABC] does not provide severance pay. In the case of gross malfeasance, [ABC] reserves the right to terminate employees immediately.

Upon termination, the key to the office should be turned in to the Executive Director or another member of the senior staff on the last day of employment. The employee is also responsible to give a status report on all current work, present files and other materials in a clear manner to the Executive Director or a delegated representative.

Any employee who is terminated may appeal the decision to the Board by writing a letter to its Chairperson. The Board's decision shall be final.

Any employee who has completed the probationary period and has attained regular status may not be dismissed except upon written notice and an opportunity to be heard. In no case will an employee be dismissed because of an unlawful discrimination preference.

**Grounds for dismissal include but are not limited to:**

- Neglect of duties
- Absence without leave or failure to report after authorized leave has expired or after such leave has been disapproved.
- Physical or mental incapacity to perform his/her duties.
- Insufficiency in the performance of duties as reflected in the evaluation.
- Violation of lawful directives (written or verbal), policy or direction given by an immediate supervisor, or the failure to obey any lawful or reasonable direction when such violation amounts to insubordination or serious breach of discipline.
- Conduct unbecoming to an employee of **[[ABC]]** during working hours, which may discredit the organization.
- Offensive conduct or language toward the public or community, supervisor or administrative personnel.
- Criminal, disorderly or immoral conduct while on duty.
- The violation of policies or directives of **[[ABC]]** Board of Directors.
- Negligence or willful damage to **[[ABC]]** property or waste of agency supplies and equipment.
- Misrepresentations or false statements on applications, or **[[ABC]]** programs or operations.
- Intoxication/use of drugs during working hours and not in control of mental or physical faculties.

**GRIEVANCE PROCEDURES**

Whenever an individual believes that a situation, condition, or event related to their employment or status is unsatisfactory, and is subject to the control of **[[ABC]]**, they will be expected and encouraged to take every reasonable step to resolve their complaints informally. These efforts must include discussions with the Executive Director and/or Immediate supervisor. Efforts to resolve a grievance at the informal stage is mandatory and all parties shall exercise their best efforts to determine an equitable solution to the grievance, complaint or problem.

**Formal** - If all reasonable, informal efforts to resolve a complaint fail, the individual may formalize the complaint as a grievance by placing the complaint in writing; stating specifically the nature, the dates and times and the alleged problem; listing the individuals thought to be responsible; and stating concisely the relief or remedy sought for the grievance. All grievances shall be signed by the individual submitting the matter for review.

The individual shall file any formal grievance within two weeks from the time the grievance



is, or reasonably known.

The individual shall submit the written formal grievance to the Executive Director who shall acknowledge its receipt in writing and shall conduct an appropriate inquiry or investigation into the facts. The Executive Director in conjunction with the Board may grant the grievance, deny the relief requested, or provide such other remedy as is deemed just and reasonable. The Executive Director's decision shall list the findings, the reasons for the conclusions reached, and the proposed resolution and shall be issued no later than two weeks after the receipt of the grievance.

All grievance matters become a formal insert into an employee's personnel folder. The informal process described above, if followed and resolution is reached, need not be part of such records.

### OTHER POLICIES AND REGULATIONS

**Staff Meetings:** Staff meetings are traditionally held twice a month. All staff is expected to attend unless excused.

**Copyrights:** As a condition of employment, each employee/consultant agrees that all copyrights to published materials by or relevant to [ABC] and its programs, written by an employee/consultant, belong to [ABC]. Authorship will be credited to the individual employee/consultant involved, if relevant.

**Employment at Will:** The description of current policies should not be construed as a contract of employment or as a statement that these policies will not change. Continued employment of an individual shall be at the will of the employer, subject only to the applicable laws forbidding discrimination.

**Conflict of Interest:** No person, employed or appointed by [ABC], shall conduct themselves in a manner which creates by law or in the judgment of the Board of Directors a conflict of interest with the interests of [ABC], at no time shall a person represent themselves as employed by [ABC] when not performing work on behalf of [ABC].

**Statements regarding/Representation of [ABC]:** Formal representation (like staff participating on Boards as) and public statements, both written and verbal regarding [ABC] shall be made only with the approval of the Executive Director. These include press releases, interviews, proposals, speeches, training sessions, advertisements, brochures and other public relations materials.

**Confidentiality of Patient Information:** [ABC] is legally and contractually obligated to

provide all reasonable assurances that all patient information is confidential. [ABC] employees possess detailed information regarding patients. Information shared in materials and discussions and even the fact that a given patient is a [ABC] patient, must be kept within the agency structure and must be considered internal, to be shared among agency staff. Exceptions to this rule can be made by the Director. [ABC] conforms to all Health Insurance Portability and Accountability Act (HIPAA) regulations regarding patient information. Please refer to [ABC]'s Corporate Compliance Program for details.

**Drug Free Workplace:** The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited at [ABC]. Employment will be immediately terminated if any employee is found to be engaged in any such activities. In the event that any employee has a problem with alcohol or drug abuse and wishes to participate in a rehabilitation or special assistance program, the employee should speak to a member of the management team. [ABC] will work with the employee to find appropriate treatment.

**STATE OF TENNESSEE**  
**GUIDELINES**  
**FOR**  
**TRANSITIONAL HOUSING PROVIDERS**





## State of Tennessee

### BOARD OF PROBATION AND PAROLE

#### Guidelines for Transitional Housing Providers

##### I. Codes and Licensure

Housing providers must provide documentation indicating that they meet all local housing and zoning codes and are in compliance with use and occupancy permits. Housing providers must also provide documentation of premises and automobile insurance. In addition, those providing treatment to offenders must provide documentation of licensure and must comply with the Minimum Program Requirements for Alcohol and Drug Abuse Halfway House Facilities and Life Safety Licensure Rules as set forth in the Rules of the Tennessee Department of Mental Health.

##### II. General Environmental Requirements

- 1) The housing provided should be maintained in a safe manner (free from danger or the risk of harm) and a continuing effort made to eliminate potential hazards.
- 2) The housing provided should be maintained in a sanitary and clean condition, free from all accumulation of dirt and rubbish, well ventilated, and free from foul, stale or musty odors.
- 3) The housing provided should be kept free of mice, rats and other rodents.
- 4) Housekeeping practices must be regularly scheduled and maintained to ensure the eradication of flies, roaches and other vermin.
- 5) Housing providers shall have adequate means of maintaining a comfortable temperature.
- 6) A telephone system must be provided which is capable of ensuring prompt notification in cases of emergencies. It must also be capable of meeting the needs of the residents served by the housing provider. If no such telephone system is available, another appropriate means of contacting emergency assistance must be available at all times.
- 7) Natural or artificial lighting must be provided which is adequate for the needs of the residents.
- 8) An adequate first aid kit, in accordance with Red Cross recommendations, must be provided.

### III. Bedroom and Bathroom Space

The Housing Provider shall ensure the following:

- 1) Sleeping areas shall provide enough floor space to safely accommodate the maximum number of residents for the room. It is recommended that rooms contain not less than approximately sixty (60) square feet per resident.
- 2) Multiple occupancy, which exceeds four (4) residents per bedroom, should be a dorm like setting, which complies with space per resident requirements and meets use and occupancy requirements.
- 3) Each resident must be provided his/her own bed of proper size.
- 4) A mattress and springs, or a mattress foundation, both of which are clean and in good repair.
- 5) Space in a dresser or chest of drawers, in each bedroom, which is adequate for the storage of the resident's clothing.
- 6) Closet or wardrobe space, in each bedroom, which is adequate for the hanging storage of the resident's clothing.
- 7) It is recommended that there be at least one mirror per bedroom.
- 8) One (1) private toilet for each six (6) persons, including staff, who reside in the housing provider.
- 9) One (1) lavatory with hot water for each six (6) persons, including staff, who reside in the housing provider.
- 10) One (1) private tub or shower with hot water for each six (6) persons, including staff, who reside in the housing provider.
- 11) All bathrooms must be properly ventilated.

### IV. Dining and Living Space

- 1) A dining area and dining furniture must be provided which are for meeting the needs of the residents.
- 2) It is recommended that an outdoor smoking area be provided and marked as the designated area.

### V. Kitchen

- 1) Appropriate equipment and utensils for cooking food and serving meals must be provided in sufficient quantity to serve all.
- 2) Kitchens must be equipped with appliances and fixtures which are sufficient and appropriate for cooking meals, refrigerating food, washing utensils and dishes, and the sanitary disposal of waste.
- 3) All dry foods and goods must be stored in a manner to prevent possible contamination.
- 4) Provisions must be made for the regular removal or disposal of garbage (food waste) from the housing provider premises.
- 5) All kitchens must be cleaned and sanitized daily.

## **VI. Resident Admission**

### **A. Application Process**

BOPP expects that housing providers initiate some form of contact with a resident prior to admission into a housing provider's program. This may be done via face-to-face visit at the institution, over the phone, or in person. Housing providers must receive a completed application from the potential resident prior to accepting the resident into the program. Housing providers must make every effort to ensure the program is aware of the particular needs of a potential resident in order to determine whether the program will be able to meet those needs.

### **B. Resident Payments**

Housing providers must have a clear policy regarding deposit, weekly fee or other fees or charges required. This policy must be provided to potential residents prior to admission. Potential residents must acknowledge in writing receipt of the policy prior to making a deposit.

## **VII. Resident Population and Rights**

Male and female residents must be housed separately. Housing providers may serve both genders but they must reside at separate sites.

The following rights must be afforded to all residents:

- 1) Residents must not be denied adequate food or water for any reason.
- 2) Residents must not be denied access to treatment/rehabilitative activities.
- 3) Residents must not be denied access to religious activities.
- 4) Residents must not be denied access to their BOPP supervising officer for any reason.
- 5) Residents must not be denied access to their mail.

## **VIII. Housing Sex Offenders**

All housing providers whose residents are supervised by BOPP, as Sex Offenders must comply with all of the State of Tennessee Sex Offender Mandates. Housing providers will familiarize themselves with all appropriate laws and restrictions as they relate to sex offenders.

### **A. State Laws Governing Sex Offender Residences**

As of June 3, 2010, no person, corporation or other entity may knowingly permit more than two (2) sexual or violent sexual offenders to establish a primary or secondary residence in any house, apartment, or other habitation owned or under the control of such person, corporation or entity.

Tennessee Code Annotated § 40-39-211 provides that:

- 1) Sex offenders, whose victim was a minor, may not live, work, or go to Sex Offender Treatment within 1,000 feet of the property line of the following:
  - a. Any public school, private or parochial school
  - b. Licensed day care center or other child care facility
  - c. Public park or playground
  - d. Recreation center or public athletic field available for use by the general public
- 2) Sex offenders shall not live within 1,000 feet of or contact the Victim or Victim's immediate family.

Housing providers for sex offenders must ensure that their facility is in compliance with all of the above listed items.

#### B. Sex Offender Exposure to Minors

Housing providers who choose to house residents convicted of sexual offenses must not allow minors to visit the site, regardless of the age of the sex offender's victim or if the sex offender can legally reside with their own child. Sex offenders whose victim was a minor should not be transported to locations, which are prohibited for them to frequent pursuant to law. Housing providers and staff must work closely with the BOPP supervising officer to ensure that a resident who is a sex offender is fully in compliance with BOPP Sex Offender Special Conditions, TBI Sex Offender Instructions, and terms of GPS monitoring.

#### C. Access to Certain Materials and Activities

Housing providers should be aware, if they choose to house sex offenders, that there should be no access through cable television, or any other source, to pornographic or sexually explicit materials. This includes pay-per-view programs, movies shown on premium movie channels, written or printed material, and photographed or recorded materials. Sex offenders must not be given access to the Internet or any other electronic device with the capability to obtain information and media unless written permission is provided to the housing provider by the BOPP supervising officer. Housing providers should be prepared to provide the BOPP supervising officer with a schedule of the sex offender's weekly activities. Housing providers should be aware that there might be restrictions placed upon the sex offender as to where he/she may attend church and seek employment. These activities must be discussed with the BOPP supervising officer, with the BOPP supervising officer making the final determination regarding whether activities are permissible for the resident. Housing providers must be willing to assist in providing transportation to Sex Offender Treatment and possible polygraph exams, when needed.

#### D. Searches

Periodically the BOPP supervising officer and/or other law enforcement personnel may need to conduct searches of the sex offender's belongings at his/her place of residence. Access to the BOPP supervising officers and/or other law enforcement personnel for the purpose of conducting such searches must be allowed.

### IX. Programming

#### A. Requirements

BOPP recommends that Housing Provider programming be consistent with the Board's rehabilitative philosophy and be evidence based. Examples of programming consistent with the Board's philosophy include Thinking for a Change, AA/NA or similar programs, Responsible Fatherhood, or a nationally recognized money management curriculum. Review of curricula for all programs implemented in-house may be requested at times for review by BOPP.



#### B. Program Disclosure

The housing provider must discuss guidelines regarding any spiritual and religious activities with the resident prior to admission and ensure that participation in any religious activities is voluntary. This information should also be outlined in the housing provider rules and policies, including the number of hours per week a resident is required to spend participating in each required program.

#### C. Resident Schedules

A weekly schedule of activities should be made so that housing providers and residents are aware of the time required for employment/job seeking, and other required activities and programs. A copy of each resident's schedule should be placed in his/her resident file.

#### X. Transportation

If the housing provider or employees of the housing provider provide transportation to residents in vehicles owned either by the housing provider or by the employee, the housing provider must ensure that the following requirements are met:

- 1) All vehicles must be maintained and operated in a safe manner.
- 2) All staff providing transportation must possess an appropriate driver's license from the Tennessee Department of Safety.
- 3) All housing provider-owned and staff-owned vehicles for resident transportation must be adequately covered by vehicular liability insurance for personal injury to occupants of the vehicle.
- 4) Appropriate safety restraints must be used as required by state and federal law.

It is recommended that assistance with transportation be made available to residents for all scheduled meetings between residents and BOPP supervising officers, employment activities and or job searches, as well as all Mental Health and/or Substance Abuse Treatment appointments, which have been made a condition of a resident's supervision by BOPP.

#### XI. House Supervision and Employees

##### A. Employment

The BOPP supervising officer must first approve employment of a resident under BOPP supervision. The BOPP supervising officer has the right to deem an employment situation unacceptable and advise the resident to find another means of employment.

##### B. Supervisory System

A 24-hour a day supervisory system must be in place that provides housing provider staff accountability for residents. Housing provider sign in/sign out sheets are required. Senior residents who have supervisory responsibilities must have an "on call" procedure to a paid staff employee who is not a resident.

### C. Senior Residents

Residents who are employed as senior resident, intern, house manager, or other housing provider position may not have access to other residents' files or personal records, nor be allowed to conduct drug tests. Senior residents, etc. cannot be under the supervision of any agency, *i.e.*, Tennessee Board of Probation and Parole, County Probation, Federal Probation, Community Corrections, etc., and must be free from such supervision or incarceration for at least one (1) calendar year with no outstanding charges. Senior residents, etc. should have a minimum of six (6) months at the housing provider with at least four (4) months of documented sobriety, *i.e.*, negative drug tests.

### D. Staff to Resident Ratio

If a housing provider serves both male and female populations at separate sites, there must be an adequate number of staff for each gender. At no time is it appropriate for a staff member to be alone with a resident of the opposite gender. This prohibition includes the provision of transportation. In some cases an exception can be made for counselors, treatment providers, etc.

### E. Staff and Resident Relationships

No housing provider, or staff member of housing provider, should engage in any form of sexual contact with offenders under BOPP supervision.

Application for inclusion on the BOPP Approved list of Transitional Housing Providers should list all staff members who perform duties at their facilities. BOPP should then be notified of staff changes.

No staff member should be under supervision of any Agency and must be free from supervision or incarceration for at least one year.

## XII. Maintenance of Resident Records

Housing providers must maintain an up-to-date file on each resident. The files should include the following information:

- 1) Name of the resident
- 2) Sex of the resident
- 3) Resident's date of birth
- 4) Date of resident's admission to the facility
- 5) Source of resident's referral
- 6) Name, address, and telephone number of at least two (2) emergency contacts. These emergency contacts must be verified
- 7) Signed copy of resident's application to the facility
- 8) Signed copy of housing provider's policies and procedures
- 9) Signed and dated consent and authorization forms for the release and obtainment of information about the resident
- 10) Updated record of all medications taken currently and in the past six (6) months by resident
- 11) Copies of monthly progress reports sent to BOPP supervising officer
- 12) Record of random monthly drug screen reports and notice to resident and BOPP supervising officer of results
- 13) Copy of any incident reports sent to the BOPP supervising officer

- 14) Program plan, including a record of programs, in which the resident has participated while at the facility, such as AA/NA, Domestic Violence, Life Skills, etc., as well as goals that have been established for the resident, and problematic personal areas that the resident should address during his/her time at the approved transitional house.
- 15) Resident's weekly schedule of employment times and program/activity times
- 16) If the housing provider charges fees for its services, a written fee agreement dated and signed by the resident. This agreement should include the following information:
  - a. The fee or fees to be paid by the resident
  - b. The services covered by each fee
  - c. Any additional charges for services not covered by the weekly fee.

BOPP staff may request to review these files at anytime.

### **XIII. General Provisions**

- 1) Housing providers must provide residents with a copy of policies, procedures, and rules prior to admission to the program.
- 2) All information related to resident activities must be posted in a public place in the house, i.e., rules, curfews, chores, schedule, etc.
- 3) Housing providers must be able to show proof of a current business license or 501c(3) status.
- 4) Housing providers must have up to date premises and liability insurance.
- 5) Housing providers must submit a separate Application for BOPP Approved Transitional Housing for each site for which inclusion on the BOPP Approved Transitional Housing List is sought.
- 6) Housing providers who are also approved through the Community Treatment Provider Program must report when a resident is moved from treatment to transitional housing in accordance with the Community Treatment Provider guidelines. Failure to do so could result in removal from the Community Treatment Provider Program as well as the BOPP Approved Transitional Housing List.
- 7) Housing providers are expected to cooperate fully with BOPP's supervision of offenders.
- 8) Housing providers shall maintain confidentiality of offender records relating to supervision that have been deemed confidential pursuant to BOPP rules.

### **XIV. Relationship with the Board of Probation and Parole**

#### **A. General**

Housing providers must fully complete the BOPP Housing Provider Application and agree to adhere to these guidelines.

Acceptance of an organization's or individual's qualifications to provide housing will be made at the discretion of the Board of Probation and Parole.

#### **B. Site Visits**

BOPP may conduct unannounced visits to Housing Provider facilities as residences of offenders under BOPP supervision. Failure to cooperate with BOPP staff concerning site visits will result in removal from the list. BOPP staff shall retain the discretion to remove any site for program components inconsistent with the Board's philosophy and contrary to the health, safety, and wellbeing of the residents under BOPP supervision.

### C. Procedures

The following procedures are designed to ensure effective communication and coordination between BOPP and transitional housing providers.

- 1) BOPP will assign an officer (others as needed) to supervise cases and coordinate with staff at transitional housing providers.
- 2) BOPP will ensure the housing provider is aware of all rules and restrictions placed on the resident and will ensure the provider has a telephone number at which the BOPP supervising officer and/or a supervisor can be reached.
- 3) Housing provider staff will communicate positive drug/alcohol test results to the BOPP supervising officer immediately.
- 4) Housing provider staff will respond to and notify the BOPP supervising officer of such requests as subpoenas, court orders, search and arrest warrants.
- 5) Housing provider staff will honor BOPP travel passes and immediately report violations of travel restrictions to the BOPP supervising officer. All housing provider travel or overnight passes must have prior approval by the BOPP supervising officer. All passes must be a written document with a record of such maintained at the housing provider and a copy provided to the BOPP supervising officer before the resident may leave on such a pass.
- 6) Written reports of resident progress should be submitted to the BOPP supervising officer and the resident monthly. Monthly progress should be submitted on the BOPP Monthly Progress Report form.
- 7) Housing provider staff should immediately report to the BOPP supervising officer any violent and threatening behavior by the resident and/or failure to return to the housing provider. Housing provider staff will submit an incident report to the BOPP supervising officer for determination regarding further action, *i.e.*, treatment services, etc.
- 8) Housing provider staff will, when possible, give prior notice to the supervising officer or BOPP manager of any intention to dismiss a resident from the housing provider.
- 9) Housing provider staff will contact the BOPP supervising officer and document all rule infractions or incidents warranting the discharge of a BOPP resident. Such incidents as are serious, life threatening or violent must be immediately communicated to the BOPP supervising officer. Immediate dismissal is appropriate for acts of violence (verbal, physical or destruction of property) or sexual assault.
- 10) If the resident is allowed back into residence at the housing provider, written documentation about the circumstances of the discharge and readmission must be provided to the BOPP supervising officer prior to readmission.
- 11) Housing providers will notify BOPP of any change in the program rules, policies, and/or procedures.
- 12) Housing providers will notify BOPP when any change is made to the fee structure of the program. This includes the weekly fee, amount of deposit, refund of deposit, and any additional charges that may be incurred by the resident.

### XV. Grounds for Removal or Suspension from Approved List

- 1) Violation of any of the guidelines contained herein.
- 2) Violation of zoning codes, use and occupancy permits, licensing laws.
- 3) Failure to provide premises and automobile insurance.
- 4) If providing treatment, failure to comply with Tennessee Department of Mental Health Rules.

- 5) Permitting, aiding or abetting the commission of any illegal act.
- 6) Conduct or practice deemed by BOPP to be detrimental to the welfare of residents being served by the Approved Transitional Housing Facility.
- 7) The submission of false information to BOPP or any of its staff members.

**BOPP reserves the right to suspend or remove a site from the List of Approved Transitional Housing Providers for any reason it deems warranted.**

**A. Removal from Approved List**

In the event a site is removed from the list due to any of the above, the housing provider may correct the infractions and reapply at the end of a period determined by BOPP. Upon removal from the list, the housing provider will work with BOPP to relocate current residents to other approved transitional housing facilities. The site may not accept any new residents under BOPP supervision while removed from the BOPP Approved List. To reapply for admission to the BOPP Approved Transitional Housing Provider List the removed housing provider must show documentation of the steps that were taken to eradicate the infraction(s), which caused the removal. If BOPP becomes aware that the housing provider or any of its staff are representing themselves to others as still being on the approved list, the privilege to reapply for admission to the BOPP Approved Transitional Housing List may be revoked.

**B. Suspension from Approved List**

BOPP also reserves the right to suspend a site from the list for a period of time determined by BOPP. At the end of the suspension period the housing provider must demonstrate that the necessary measures have been taken to correct the issue(s) that resulted in suspension from the Approved List. During a period of suspension housing providers may not accept any new residents who are under BOPP supervision. BOPP will notify the housing provider as to whether current residents may continue to reside at the site during the suspension period.



**KEYSTONE RECOVER CENTER, INC.**  
**HOUSE RULES**





# Keystone Recovery Center, Inc.

The Beginning of Freedom

**Mission:** To provide a clean, safe living environment for men and women in the early stages of recovery from alcoholism and substance abuse.

**Admissions:** (615) 650-9082 Office  
(615) 227-8989 FAX

**Office Hours**  
Monday through Friday  
9:00 AM to 5:00 PM

**Mailing Address:** Terry Keller  
Executive Director

Keystone Recovery Center  
P.O. Box 160840  
Nashville, TN 37216

## HALFWAY HOUSE - Men Only

1601 Jones Ave.  
Nashville, TN 37207

Located near Trinity Lane & Gallatin Rd. with city bus service and grocery stores across the street.

### Admission Requirements:

- Completed Application & Minimum of 3-Day Detoxification Period
- \$100 for the 1st week's rent, \$100 security deposit, plus \$20 non-refundable drug testing fee (\$220 total required up front). *If unemployed, \$420 is required up front.*
- Inpatient Drug Treatment is not a prerequisite for admission to Keystone, however, it is preferred. Residents are encouraged to attend Intensive Outpatient Treatment while living at Keystone.
- Willingness to attend a minimum of 5 AA/NA meetings, including in-house step meetings, use a sponsor, work the steps, follow house rules, etc.

**Cost:** Rent is \$100, due every week and payable in advance. Utilities, cable TV including HBO, furnishings, and free use of the washer & dryer are included in rent. The kitchens are already stocked with cooking utensils, dishes, etc. Food, linens, and household items are generally not provided, however, we do have extra linens and a weekly food allotment for those in need.

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**1/4 HOUSES** - Male or Female – minimum 60 days clean & sober – *private bedroom*  
No curfews, open visitation, independent living style recovery home  
\$130 week, \$150 deposit – furnished, utilities, HBO, washer & dryer

1070 Zophi St.  
Nashville, TN 37216

1110 Stratton Ave.  
Nashville, TN 37206

1603 Jones Ave.  
Nashville, TN 37207

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**RECOVERY APARTMENTS** - Male or Female, couples, families, etc. – 90 days clean & sober  
(located across the street from Serenity House in Madison)

141 Harris Street  
Madison, TN 37115

Furnished Studio Apt. (includes electricity) \$130 Weekly

\$200 Security Deposit required  
Week-to-Week Lease

2 Bedroom Apartments (unfurnished) \$130 Weekly

**DUPLEXES** also available in Inglewood and **APARTMENT HOMES** in historic Lockland Springs (East).

*A Tennessee Nonprofit Corporation*

Revised 8/20/00

[www.KeystoneRecovery.org](http://www.KeystoneRecovery.org)

# *Keystone Recovery Center, Inc.*

## HALFWAY HOUSE RULES

1. Use of alcohol or drugs is strictly prohibited. This includes use of mouthwash that contains alcohol. Any drugs prescribed by a doctor must be kept in the possession of and dispensed by the House Manager. Violation of this rule will result in immediate discharge.
2. Association with known drug and alcohol users or drug dealers will be cause for discharge. Former residents who were discharged from Keystone for relapse or rules violations also fall into this category.
3. Attendance at AA/NA/CA meetings and use of a sponsor is mandatory. A meeting sheet must be signed showing attendance at 5 meetings per week. The meeting sheet must be turned in to the House Manager each Saturday by 12:00 Noon. During the first 30 days, Outpatient, IOP and Aftercare meetings do not count toward this "5 meetings per week" requirement. After 30 days, Outpatient, IOP and Aftercare meetings will count toward the 5 meetings. Mandatory attendance at Keystone's "Step Study" meeting, held every Wednesday at 6:00 P.M. at 1601 Jones Ave., is required for continued residency. No exceptions will be made for work schedules. "House meetings" to discuss household issues will be scheduled as needed. The Step Study meeting counts toward the 5 meetings, house meetings do not.
4. Stealing will not be tolerated. This includes food that is not yours. No one will go hungry here, just ask. There is a separate area in each house for "house food". If you have valuables (i.e. expensive jewelry & excess cash), the house manager can lock them up for you. If you plan to have money mailed to you, please have it sent to the P.O. Box (locked box) rather than directly to the house. Do not have anyone mail you cash under any circumstances. Keystone is not responsible for lost or stolen items.
5. Drug Testing - All residents are required to pay a \$20 non-refundable drug test fee upon admission. If it is suspected that drug/alcohol use has occurred, you will be asked to submit a drug test. If the results are positive, you will be immediately discharged from the house.
6. Visitation - Adult guests are allowed on the property (this includes outside and in the house) between 12:00 Noon until 10:00 P.M. on weeknights (Sunday thru Thursday) and 11:00 P.M. on weekends (Friday & Saturday nights). Guests are only allowed in common areas of the house. No guests are allowed in bedrooms. No exceptions. See Rule #14 below regarding children. Residents must be fully clothed (no sleepwear) during visiting hours and while in common areas of the house.
7. Sexual behavior of any kind, while on Keystone property, will not be tolerated.
8. Abusive behavior and abusive language towards staff, residents, visitors or children will not be tolerated.
9. Residents are on house restriction the first 72 hours, meaning they must be escorted by another resident if they leave for any reason, i.e. store, meeting, etc. After the first 72 hours curfew is 10:00 P.M. on weeknights (Sunday thru Thursday) and 11:00 P.M. on weekends (Friday & Saturday nights). After the first 30 days, curfew is 12:00 midnight on weeknights and 1:00 A.M. on weekends. This means in the house, not sitting outside or in the driveway. See attached separate discussion regarding Early Curfews.

# Keystone Recovery Center, Inc.

The Beginning of Freedom

## HOUSE RESTRICTION

### EARLY CURFEWS

The first 72 hours (minimum) of house restriction will be extended until the handwritten copy of the House Rules is turned in to the House Manager.

Sponsorship Reports are due within 14 days of admittance to Keystone. Residents who have not completed their Sponsorship Report by the 14<sup>th</sup> day will be on 7:00 P.M. curfew until it is completed.

Rent is due on a weekly basis. Anyone who is not current on his/her rent will be on 7:00 P.M. curfew until rent is current. As always, passes will not be issued to someone who is behind on their rent. *We no longer accept personal checks for rent. Rent must be paid by cash or money order only.*

Residents who do not attend the *minimum 5 AA/NA meetings*, the required weekly House Meeting and Keystone Step Meeting, complete their chore *all 7 days*, be on time for curfew *all 7 days*, are also subject to 7:00 P.M. curfew for one week.

The 7:00 P.M. curfew discussed above means the resident must be *on the property* – not across the street to go to the store, visit neighbors, etc. Residents on 7:00 P.M. curfew may attend an AA/NA meeting after 7:00 P.M., however, they must be with another resident (from *their* house, not other Keystone residences) and must be back in the house by 9:15 P.M.

For residents who work 2<sup>nd</sup> shift or evenings, a work schedule must be given to the House Manager at the beginning of the work week. For days that a resident is scheduled to work past 7:00 P.M., curfew will consist of not leaving the house until 1 hour prior to the beginning of the scheduled shift. Residents will be allowed to attend an AA/NA meeting, with another resident, prior to their work shift.

If anyone has any questions or special circumstances, please call the office at (615) 650-9082. The House Managers do not have the authority to waive early curfews.

# *Keystone Recovery Center, Inc.*

## **¾ HOUSE & APARTMENT RULES**

The following rules will be strictly enforced:

1. Use of alcohol or drugs is strictly prohibited. Violation of this rule will result in immediate discharge.
2. Association with known drug and alcohol users or drug dealers will be **cause** for discharge.
3. Stealing will not be tolerated.
4. Drug Testing - If it is suspected that drug/alcohol use has occurred you will be asked to submit a drug test. If the results are positive, you will be immediately discharged.
5. **Abusive behavior and abusive language towards staff, residents, visitors or children will not be tolerated.**
6. Attendance at AA/NA/CA meetings and use of a sponsor is mandatory.
7. **No pets or animals allowed.**
8. **Client will notify staff of any anticipated extended absence from the premises in excess of seven (7) days. Said notice shall be given on or before the first day of any extended absence.**

Document Revised 12/6/99

**TRANSITION HOUSE REGISTER  
FOR THE  
NORTH AMERICAN DIVISION**



# TRANSITION HOUSE REGISTER

## FOR THE NORTH AMERICAN DIVISION

1. Shelter From the Storm, Inc.  
1801 NE 23<sup>rd</sup> Avenue, Ste., D-5  
Gainesville, FL 32609  
Phone: (352)-339-4732  
Email: [lois\\_jones@yahoo.com](mailto:lois_jones@yahoo.com)  
Owner: Jeffrey Cobb
2. The Solid Rock Foundation  
23945 NE 113<sup>th</sup> Avenue  
Fort McCoy, Florida 32134  
Phone: (352)-546-2790  
Email: [onesolidrock@juno.com](mailto:onesolidrock@juno.com)  
Operator: Chaplain Hector  
Rodriguez
3. L.I.A. House, Inc  
Memphis, Tennessee 38114  
Phone: (901) 282-8831  
Email: [liahouse.info@gmail.com](mailto:liahouse.info@gmail.com)  
Website: [www.liahouse.org](http://www.liahouse.org)  
Owner: Leo Tate
4. Hope Transitional Living, LLC  
817 Charlie's Place  
Nashville, Tennessee 37207  
Phone: 615-970-8319  
Owner: Melvin Richardson
5. TLC Housing , LLC  
P.O. Box 280556  
Nashville, Tennessee 37228  
Phone: 615-474-9935  
Email: [renlow333@yahoo.com](mailto:renlow333@yahoo.com)  
Program Director: Roger Enlow  
Adventist Affiliated



## Transitional House Register

North American Division of Seventh-day Adventists

1. Shelter from the Storm INC. for Men # 1

1801 N E 23<sup>rd</sup> Ave., Ste., D -5

Gainesville, Florida 32609

Phone: 352-339-4732

Email: [lois.jones@yahoo.com](mailto:lois.jones@yahoo.com)

Owner: Jeffrey Cobb

2. Shelter From the Storm for Men # 2

2420 S E 15<sup>TH</sup> Street

Gainesville, Florida 32640

Phone: 352-339-4732

Email: [lois.jones@yahoo.com](mailto:lois.jones@yahoo.com)

Owner Jeffrey Cobb

3. Shelter From the Storm for Women

2201 N E 15<sup>TH</sup> Street

Gainesville, Florida

Phone: 352-339-4732

Email: [lois.jones@yahoo.com](mailto:lois.jones@yahoo.com)

Owner: Jeffrey Cobb

4. L. I. A. House INC.

1872 Cincinnati St.

Memphis, Tennessee

Phone: 901-601-6765

Website: [www.liahousememphis.org](http://www.liahousememphis.org)

Owner: Leo Tate



5. Hope Transitional Living  
817 Charlie's Place  
Nashville, Tennessee 37207  
Phone: 615-970-8319  
Owner: Melvin Richardson
  
6. TLC Housing LLC  
P O BOX 280556  
Nashville, Tennessee 37228  
Phone: 615-474-9935  
Email: [renlow3333@yahoo.com](mailto:renlow3333@yahoo.com)  
Program Director: Roger Enlow  
(Adventist Affiliated)
  
7. H. O. P. E. House  
6247 S Pugett Ave. Sound Avenue  
Tacoma, Washington 98409  
Phone: 253-632-5233  
Email: [nelson.miles@waconference.org](mailto:nelson.miles@waconference.org)  
Owner: Washington Conference of SDA
  
8. Omega House  
934 N Main Avenue  
Tucson, Arizona 85705  
Phone: 520-250-6219  
Email: [ranisonk@gmail.com](mailto:ranisonk@gmail.com)  
Owner: Ranison & Marie Kennedy

9. Prison Ministry of Carolina

140 Semm Sense

Gilbert, South Carolina

Phone: 803-553-6008

Email:

Owner: Bill Morgan

10. Alaska Greater Works Center

P.O. Box 231915

Anchorage, AK 99523

Phone: 907-223-9317

Email: [stevens@sci.net](mailto:stevens@sci.net)

Owner: Steven Steenmeyer

11. LHUM Restoration Center

3751 Avenue J

Rivera Beach, Florida 33404

Phone: 561-713-7832

Email: [carejoycoach@aol.com](mailto:carejoycoach@aol.com)

Owner: Sarita Johnson

12. Start of A New Day

5151 Millers Wood Dr.

Decatur, Georgia 30035

Phone: 404-610-2499

Email: [pr@startofanewday.org](mailto:pr@startofanewday.org)

Owner: Chaplain Steven Cox

Website: [startofanewday.org](http://startofanewday.org)