

# The Foundation Roundtable: Common Grant Application

## Cover Sheet

Foundation you are applying to: St. Francis Foundation  
Legal Name of Applicant Organization: Casa Esperanza Homeless Center  
Project Name (if applicable): Homeless Shelter Medical Respite Services & Clinic  
Funds will pay for: Medical Support Staffing and Services  
Full Mailing Address: 816 Cacique Street, Santa Barbara CA 93103  
Location(s) if different from above: \_\_\_\_\_  
Executive Director: Bob Bogle - Interim Executive Director  
Phone: 805-884-0171 Fax: 805-965-3871  
Email: bobcasa6@gmail.com Website: www.casa-esperanza.org  
Contact Person & Title: Bob Bogle Phone: 805-884-0171

Tax-exempt Status:(Most foundations require 501(c)(3) status. You must check this requirement before applying.)

501(c)(3) Granted  Tax I.D. Number: 77-0502754 Other: \_\_\_\_\_

**Type of Request:** *Check with individual foundations to determine the types of accepted grant requests.*

General Support  Program Support  Seed Funding  Research   
Capital  Endowment  Multi-Year  Other: \_\_\_\_\_

This Grant Request: \$ 175,000 Total Project Budget: \$ \$401,400

Grant Period from: 5/1/2014 To: 4/30/2015

Total Organizational Budget for Current Year: \$2,057,846 Fiscal year begins: July 1

Summarize the organization's mission statement (two to three sentences):

To help homeless individuals and families achieve their maximum level of self-sufficiency and to help as many as possible to access the services they need to move from homelessness to housing.

Summarize your grant request (two to three sentences):

Casa Esperanza requests \$175,000 in partial funding to provide 20 beds (7300 bed nights), services and staffing to meet the needs of medical respite clients referred by Cottage Hospital, County Health Services and internal staff.

### Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors'/Governing Body's full knowledge and endorsement:

Robert Bogle Robert Bogle ED 3/25/14  
Signature Name & Title of Authorized Board/Governing Body Representative Date

Barbara B. Allen - Board Mem. 3/28/14  
Signature Name & Title of Authorized Board/Governing Body Representative Date

## **Casa Esperanza 2014-15 Grant Request of St. Francis Foundation**

### **History and Accomplishments**

Since its inception in 1999, Casa Esperanza has served as the only homeless shelter in Santa Barbara open 24 hours per day, 365 days per year. With the support of a number of outside agencies that operate at Casa, we provide services necessary to house and support the homeless and also offer medical respite beds for those unable to fully care for themselves.

We shelter 1,100 to 1,300 homeless people each year, providing more than 148,000 meals and 48,000 bed nights for the homeless of Santa Barbara.

We are in the process of an organizational renaissance that is more carefully focusing our energies to have a greater impact on the lives of the clients we serve and, at the same time, to live within our financial means. We previously offered a very wide array of services to all clients, including drop in day programs. With the reality that this approach, while noble, was unaffordable, we eliminated our day program (we now serve only resident clients) and moved to a sobriety based model in which all clients must remain drug and alcohol free. We are now fine tuning this approach and are giving preference to Santa Barbara resident clients that demonstrate through their actions a willingness to make meaningful progress to greater living independence. At the same time, we are enforcing strict fiscal discipline by living within our budget, and are actively working to restructure the debt on our balance sheet.

In a cost saving move, we recently replaced our Executive Director and our Chief Operating Officer with a Board member serving as a volunteer Interim Executive Director and two operating managers that assure the shelter is staffed 24/7. Each of these leaders has in-depth, firsthand knowledge of Casa, its clients and its operations and each is personally committed to its mission and its success. They are leading this refocused effort on client outcomes, under the philosophy that our resources are limited; let's use them where they can achieve the most good...helping those willing and able to help themselves.

### **Current Programs and Activities**

Casa provides a single, central location where any homeless person, willing to remain alcohol and drug free and desiring to move to greater living independence, can access the services they need to survive and work to move from homelessness to housing. With the support of a number of outside agencies that operate at Casa, we provide a medical clinic, mental health care, drug and alcohol addiction support and housing assistance, and daily meals for up to 200 people. These outside agencies rely on our facility (its very existence) for meeting and treating the homeless in our community who need health care and wish to move from homelessness to housing. We have a 20 bed medical respite dormitory, and a 70 bed transitional shelter that operate 8 months per year and an additional 100 beds added to the shelter in the Winter. With 200 beds permitted in the winter months, Casa Esperanza is the community's only significant Winter Shelter for the homeless. Casa remains the only facility for the homeless providing a

medical clinic several days a week and medical respite beds staffed by licensed medical assistants.

Casa Esperanza's 20 medical respite beds are available to the homeless when they are sick on the streets, when they are released from the hospital and when medical conditions require residential care. This is the only comprehensive program of its kind and is directly attached to the Casa Esperanza Health Clinic. It is this program for which we are seeking funding assistance.

Our medical respite program offers 24/7 admittance and oversight by licensed medical assistants. Overseen by Jan Fadden, employed by Parish Nursing, the program assures those discharged from the hospital or those referred by County Health or our own internal counselors are provided shelter, care and support under the review of licensed staff until they are ready to more fully care for themselves. For a portion of last year, between May 2013 and February 2014, we cared for 352 unduplicated clients, 303 referred by Cottage Hospital and 49 referred by other sources. These clients accounted for 5169 bed nights. So far, Cottage has been willing to reimburse us for 1739 beds nights out of the 2264 we have billed them, and we are forced to find ways of funding clients for which Cottage denies financial responsibility.

### **Funding Request**

We have reserved 20 beds, or 20% of our capacity for medical respite and our staff believe that these beds will be fully utilized going forward. In the past we have requested funding for specific purposes....specific salaries. This year's grant request asks that you help support our overall medical respite program by sharing a portion of the cost, and are asking for \$175,000 from St Francis Foundation. The cost of operating the medical portion of our shelter is \$401,400 per year. We are on track to provide 6250 bed nights for clients, at a cost of \$65 per night. The Cottage grant, while as large as \$125,000, is likely to pay less than \$100,000 and only reimburses us at \$39.00 per night for clients for whom they accept responsibility. Casa will have to raise at least an additional \$100,000 to operate the center at the proposed size. We are prepared to allocate this money if St Francis is able to contribute the funding we have requested. Please note that there is an additional benefit of St Francis funding. It allows Casa to use its resources to provide better care for our homeless clients as well.

### **What need to we Address:**

We provide medical respite services to those who are unable to fully care for themselves because of medical convalescence or other medical infirmities. By providing a safe haven for recuperative care we improve client quality of life and lessen the risk of an escalating medical condition which requires more intensive medical treatment, including preventable trips to the emergency room or extended length of stay at the hospital. We are located where the homeless have historically gathered, allowing us to more effectively reach out to and serve the medically fragile homeless. By improving the health of the homeless, we benefit the entire community's public health.

### **Anticipated outcomes:**

We expect to provide 20 medical beds year round for those referred to us and those who come to the shelter with medical problems. We will provide the necessary support depending on each client's specific circumstances. Our goal is to allow each client to recuperate and move on to being able to more fully care for themselves. We hope to improve the quality of client's lives, providing hope and comfort, while reducing the costs to the community for preventable escalation of medical conditions. We are on track to provide care to more than 425 clients this fiscal year.

### **Project Description**

We expect to provide necessary care for 425 or more clients, for up to 7,300 bed nights, including:

- A thorough intake assessment of client need and ongoing client monitoring by staff licensed (CNA) medical assistants.
- Provide clients with the services determined at intake or as modified during their stay.
- Teach clients how to better care for themselves.
- Provide clients (and then teach them to provide for themselves after their recuperation) with shelter, proper nutrition, bathing, personal hygiene and other necessities that promote wellness, accelerate recuperation, and improve the quality of their lives during recuperation.)
- Help clients find acceptable follow up living arrangements after their recuperation is complete; introduce them to other service providers to help them plan and meet long term goals.

### **Effectiveness and Impact**

We improve the quality of life of every individual we touch....and we are the primary resource in this community to help the recuperating homeless. Our goal is to safely and quickly transition every client we serve so they are able to care for themselves, and improve their quality of life while we do so. This is measurable, and the oversight of our program by Parish Nursing gives independent evaluation of the program and its effectiveness.

Our cost per night is \$65; we are reimbursed far less than that. By providing a safe recuperative haven, if we can reduce each client's length of hospital stay by one day at a cost of \$1500, and prevent 10% of clients from an Emergency room visit (at \$1500) community health costs (at a minimum) would be improved by about \$700,000 annually. The specific numbers may be hypothetical, but some meaningful amount of savings is certainly likely....in addition to the hope and quality of life that our service brings.

### **Key Staff Skill and Experience**

Jan Fadden is our Medical Coordinator, and is graciously supplied by the St Francis Foundation. In addition to Jan who oversees the program, Nina Arroyo is a CNA and serves as wellness manager, Ian Lang is a registered EMT, Ariana Rossiter is a CNA and Emily Peterson is a nurse practitioner. We consult with Jan Fadden who advises on the adequacy of our staffing and our ability to meet program objectives, and she is comfortable that we have the proper capabilities in place.

### **Contingency Plan**

We are in the process of rebuilding our financial strength and are quite optimistic that we are making significant strides. It is our view that the value of this program is not fully understood by the community. One of our goals for the coming year is to find a way to cultivate a better understanding of the scope of our respite services and the value these services provide to the community. This program is central to our core mission, and so it merits support from Casa's general funds. However, we are limited in the amount of resources we can provide, and if sufficient additional funding does not materialize, we will have to reevaluate the scope of this program.

# The Foundation Roundtable: Common Grant Application

## Board of Directors/Governing Body

Directions: Attach additional sheets if necessary.

Name	City	Affiliation/Profession	Board Position	Yrs. of Service
Rev. Mark Asman	Santa Barbara	Minister, Trinity Episcopal Church	President	11
Richard Ring	Santa Barbara	Local Business Owner	Vice-President	4
David Peri, CPA	Santa Barbara	Peri & Alvarado Accounting	Treasurer	11
Mark Manion, Esq.	Santa Barbara	Attorney	Secretary	11
Sue Adams	Santa Barbara	Community Volunteer	Member	11
Barbara Allen	Santa Barbara	City Commissioner	Member	11
Denny Bacon	Santa Barbara	Vestry, All Saints Church	Member	4
John Dixon	Santa Barbara	Owner, Tri-County Produce	Member	8
Ron Fox	Summerland	Retired Stock Broker	Member	7
Bob Bogle	Santa Barbara	Real Estate Developer	Member	1
Nadine McFarland	Santa Barbara	Homeless	Member	4
Juliana Minsky	Santa Barbara	Partner, Surf Media	Member	6
Robert Pearson	Santa Barbara	Exec. Dir. Housing Authority	Member	11
Lady Leslie Ridley-Tree	Santa Barbara	Business Owner/Philanthropist	Member	11

How often does your governing body meet? 10 meetings per year

## The Foundation Roundtable: Common Grant Application

### Project Budget

**Note:** Check with each foundation to see if this form is required.

Organization Name: CASA ESPERANZA HOMELESS CENTER

Name of Project (if different): Operation of Medical Respite Beds

Budget dates for grant period: July 1, 2014 - June 30, 2015

**NOTE - Do not use commas as thousand separators in any of the numerical fields**

#### **INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
Government Funds				
Foundation				
Major Gifts				
Donations	101400	101400		Required Internal Funds
Other Income				
Cottage Hospital	125000	125000		Awaiting approval.
St Francis Foundation	175000	175000		This grant request
<b>TOTAL INCOME</b>	<b>401400</b>	<b>401400</b>	<b>0</b>	

List the In-Kind (non-cash) contributions: \_\_\_\_\_

#### **EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.*

Item	Total Project (\$)	This Request (\$)	Notes
Salaries + Benefits	167551	73048	We use 20% of our bed nights for medical respite beds, and could serve more clients if we had the resources. Total project represents 20% of our total approved 2014 budget.
Facility, Maint	47019	20499	
Supplies	10179	4438	
Benefits+taxes	51356	22390	
Postage + shipping	1076	469	
Printing, etc	5109	2227	
Utilities	17802	7761	This request is for funding medical respite facilities so that we can continue to provide this valuable service to the most needy and most vulnerable in our community.
Telephone	4867	2129	
travel, training	2834	1235	
Insurance	10678	4655	
Client supp +exp	19187	8365	
Other	63742	27784	
<b>TOTAL EXPENSES</b>	<b>401400</b>	<b>175000</b>	

## The Foundation Roundtable: Common Grant Application

### Organization Financial Summary

**Note:** Check with each foundation to see if this form is required.

Organization Name: Casa Esperanza Homeless Center Fiscal Year Dates: 7/1/2014-6/30/15

#### **INCOME**

*Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.*

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of [ 2/28/14 ]
City of Santa Barbara	295103	234475	164528
Santa Barbara County	453605	433598	268283
SHP/HUD	169286	25341	25341
Foundations	465614	378667	164287
Donations	691496	976848	774965
Rent	1000	0	0
Other	50445	8917	8668
<b>TOTAL INCOME</b>	2126549	2057846	1406072

List the In-Kind (non-cash) contributions: \_\_\_\_\_

#### **EXPENSES**

*Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.*

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of [ 2/28/14 ]
Salaries, Benefits, Payroll Taxes	1202894	1094332	738782
Consultants and Contracts	158599		0
Facility, Utilities, Maintenance	341639	324109	351705
Internet, Telephone, Fax	30545	24334	17178
Supplies	52959	50897	34215
Postage & Shipping	5448	5380	4351
Marketing (Printing, Advertising)	19421	25543	13301
Travel, Mileage, Training	24771	14172	12535
Other	979689	469011	209149
<b>TOTAL EXPENSE</b>	2815965	2007778	1381216
<b>NET PROFIT OR LOSS</b>	-689416	50068	24856

Total Capital Expenses	None	None	None
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*i.e., computers, vehicles, building improvements, etc.:*

**Notes:**

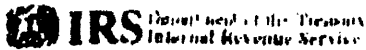


The Foundation Roundtable: Common Grant Application

**Organization Balance Sheet Summary**

**Note:** Check with each foundation to see if this form is required.

<b>ASSETS</b>	<b>MOST CURRENT (\$)</b> as of [ 2/28/14 ]	<b>PRIOR YEAR CLOSE (\$)</b>
<b>Current Assets</b>		
Cash and Equivalents	12816	71434
Accounts Receivable		
Prepaid Expenses	28948	30504
Inventory		
Grants/Pledges Receivable	608078	393194
Other	40964	5303
<b>Fixed Assets (Net)</b>		
Property	4238134	4321593
Buildings		
Equipment		
<b>Investments</b>		
Endowments		
Other		
<b>TOTAL ASSETS</b>	<b>4928940</b>	<b>4822028</b>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Accounts Payable	52935	102860
Accrued Expenses	62739	105870
Long Term Debt (Current Portion)	58305	58305
Short Term Debt	21000	0
Other	451444	320713
<b>Long Term Debt (over a year)</b>		
Loan	4540665	4518786
Other		
<b>TOTAL LIABILITIES</b>	<b>5187088</b>	<b>5106534</b>
<b>Net Assets</b>		
Unrestricted	-330925	-301074
Temporarily Restricted	72777	16568
Permanently Restricted		
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>4928940</b>	<b>4822028</b>



OGDEN UT 84201-0046

In reply refer to: 0424137478  
Aug. 30, 2004 LTR 252C  
77-0502754 000000 00 000  
Input Op: 0424140463 03299  
BODC: YE

CASA ESPERANZA HOMELESS CENTER  
% HATCH AND PARENT ATTN D L MARTIN  
PO BOX 24116  
SANTA BARBARA CA 93121-4116165

Taxpayer Identification Number: 77-0502754

Dear Taxpayer:

Thank you for the inquiry dated Mar. 18, 2004.

We have changed your business name as requested. The number shown above is valid for use on all tax documents. For your convenience, we have ordered corrected Forms 8109, Federal Tax Deposit Coupons, for you to make your deposits. You should receive them in five to six weeks. REMINDER - Your new business name should also be used if you deposit electronically. You can make Electronic Funds Transfer (EFT) payments using the government's Electronic Federal Tax Payment System (EFTPS) through a financial agent designated to process tax payments.

If you have any questions, please call us toll free at 1-877-829-5500 between the hours of 8:00 a.m. and 6:30 p.m., Eastern Time.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 15 2004

COALITION TO PROVIDE SHELTER AND  
SUPPORT TO SANTA BARBARA HOMELESS  
PO BOX 24116  
SANTA BARBARA, CA 93121

Employer Identification Number:  
77-0502754  
DLN:  
17053284716073  
Contact Person: THOMAS C KOESTER ID# 31116  
Contact Telephone Number:  
(877) 829-5500  
Public Charity Status:  
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated MAY 13, 1999, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

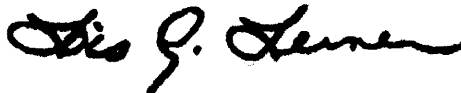
Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 14 1999

THE COALITION TO PROVIDE SHELTER  
AND SUPPORT TO SANTA BARBARA  
HOMELESS  
C/O HATCH AND PARENT ATTN D L MARTIN  
PO BOX 720 21 E CARRILLO ST  
SANTA BARBARA, CA 93102-0720

Employer Identification Number:  
77-0502754  
DLN:  
17053035047049  
Contact Person:  
PATRICE WANG ID# 95083  
Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
June 30  
Foundation Status Classification:  
170(b)(1)(A)(vi)  
Advance Ruling Period Begins:  
February 4, 1999  
Advance Ruling Period Ends:  
June 30, 2003  
Addendum Applies:  
No

Dear Applicant:

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

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make a final determination of your foundation status.

Letter 1045 (DO/CG)

**THE COALITION TO PROVIDE SHELTER**

If we publish a notice in the Internal Revenue Bulletin stating that we will no longer treat you as a publicly supported organization, grantors and contributors may not rely on this determination after the date we publish the notice. In addition, if you lose your status as a publicly supported organization, and a grantor or contributor was responsible for, or was aware of, the act or failure to act, that resulted in your loss of such status, that person may not rely on this determination from the date of the act or failure to act. Also, if a grantor or contributor learned that we had given notice that you would be removed from classification as a publicly supported organization, then that person may not rely on this determination as of the date he or she acquired such knowledge.

If you change your sources of support, your purposes, character, or method of operation, please let us know so we can consider the effect of the change on your exempt status and foundation status. If you amend your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, let us know all changes in your name or address.

As of January 1, 1984, you are liable for social security taxes under the Federal Insurance Contributions Act on amounts of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the private foundation excise taxes under Chapter 42 of the Internal Revenue Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Internal Revenue Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Donors may deduct contributions to you only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, gives guidelines regarding when taxpayers may deduct payments for admission to, or other participation in, fundraising activities for charity.

Contributions to you are deductible by donors beginning February 4, 1999.

You are not required to file Form 990, Return of Organization Exempt From Income Tax, if your gross receipts each year are normally \$25,000 or less. If you receive a Form 990 package in the mail, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return. Because you will be treated as

**THE COALITION TO PROVIDE SHELTER**

a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

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

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

In accordance with section 508(a) of the Code, the effective date of this determination letter is February 4, 1999.

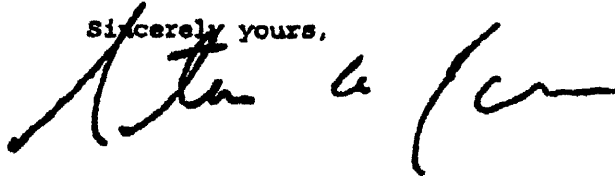
If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

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

**THE COALITION TO PROVIDE SHELTER**

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

Sincerely yours,

A handwritten signature in black ink, appearing to read "Alan A. [unclear]", written in a cursive style.

District Director

Enclosure (s) :  
Form 872-C