

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2017 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/27/2017

4. Applicant Identifier:

5a. Federal Entity Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: St. Jude's Ranch for Children

b. Employer/Taxpayer Identification Number (EIN/TIN): 20-2917263

	c. Organizational DUNS:	056369408	PLUS 4:	
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d. Address

Street 1: 200 Wilson Circle

Street 2:

City: Boulder City

County: Clark County

State: Nevada

Country: United States

Zip / Postal Code: 89005

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Jed

Middle Name:

Last Name: Blake

Suffix:

Title: Grants Manager

Organizational Affiliation: St. Jude's Ranch for Children

Telephone Number: (702) 294-7109

Extension:
Fax Number: (702) 294-7191
Email: jblake@stjudesranch.org

1C. SF-424 Application Details

9. Type of Applicant: M. Nonprofit with 501C3 IRS Status

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6100-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): Nevada
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: New Crossings

16. Congressional District(s):

a. Applicant: NV-003, NV-001

b. Project: NV-004, NV-003, NV-001
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2018

b. End Date: 06/30/2019

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Christina

Middle Name:

Last Name: Vela

Suffix:

Title: Executive Director

Telephone Number: (702) 294-7111
(Format: 123-456-7890)

Fax Number: (702) 294-7191
(Format: 123-456-7890)

Email: cvela@stjudesranch.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: St. Jude's Ranch for Children

Prefix: Mrs.

First Name: Christina

Middle Name:

Last Name: Vela

Suffix:

Title: Executive Director

Organizational Affiliation: St. Jude's Ranch for Children

Telephone Number: (702) 294-7111

Extension:

Email: cvela@stjudesranch.org

City: Boulder City

County: Clark County

State: Nevada

Country: United States

Zip/Postal Code: 89005

2. Employer ID Number (EIN): 20-2917263

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$327,575.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
 (For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Clark County Outside Agency Grant	Grant	\$50,000.00	Direct client services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Christina Vela, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/14/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: St. Jude's Ranch for Children
Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
 Workplaces, including addresses, entered in the attached project application.
 Refer to addresses entered into the attached project application.

I hereby certify that all the information stated herein, as well as any information provided in X

the accompaniment herewith, is true and accurate.



Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Mrs.

First Name: Christina

Middle Name

Last Name: Vela

Suffix:

Title: Executive Director

Telephone Number: (702) 294-7111
(Format: 123-456-7890)

Fax Number: (702) 294-7191
(Format: 123-456-7890)

Email: cvela@stjudesranch.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: St. Jude's Ranch for Children

Name / Title of Authorized Official: Christina Vela, Executive Director

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/27/2017

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: St. Jude's Ranch for Children
Street 1: 200 Wilson Circle
Street 2:
City: Boulder City
County: Clark County
State: Nevada
Country: United States
Zip / Postal Code: 89005

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



I certify that this information is true and complete.

X

Authorized Representative

Prefix: Mrs.
First Name: Christina
Middle Name:
Last Name: Vela
Suffix:
Title: Executive Director
Telephone Number: (702) 294-7111
(Format: 123-456-7890)
Fax Number: (702) 294-7191
(Format: 123-456-7890)
Email: cvela@stjudesranch.org
Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 09/27/2017

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub-Award Amount
This list contains no items		

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

St. Jude's Ranch for Children has successfully implemented, monitored and executed 3 prior new CoC awards. Each project was for the benefit of homeless transition age youth individuals and/or their families. 2018 will be St. Jude's 6th year operating a Housing First model in Clark County, Nevada. In addition to CoC funds, St. Jude's receives local government grants and private foundation grants helping to support our homeless youth programs. Each fiscal year the organization is able to monitor, administer and expend funding from multiple government agencies. All accounting is handled internally and the organization undergoes a single agency audit and a A-133 audit each year.

2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.

Annually St. Jude's works with State of Nevada, local county and city agencies helping support our programs. Depending on the grantor, grants are awarded for 1, 2 or 3 year time periods. We actively work with local private foundations and individuals to help raise funding and draw awareness to the homeless youth and their families living in Clark County Nevada.

3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

St. Jude's Ranch for Children is governed by a Board of Directors who all live in southern Nevada. The Board entrusts the Executive Director to carry out all management decision through the companies' program managers. Program managers direct staff level employees to carry out he daily responsibilities of the organization. The accounting office is led by a CPA who is our in-house controller and the Human Resources office is led by a member of the Society of Human Resources. There are currently 56 individuals working for St. Jude's and we have approximately 12 volunteers.

4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? No

3A. Project Detail

1a. CoC Number and Name: NV-500 - Las Vegas/Clark County CoC

1b. CoC Collaborative Applicant Name: Clark County Social Service

2. Project Name: New Crossings

3. Project Status: Standard

4. Component Type: PH

5. Does this project use one or more properties that have been conveyed through the Title V process? No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

New Crossings is a Clark County-based rapid rehousing program that provides case management, rapid rehousing, life skills training and rental assistance for transition age youth (18-21) and their families. Services can be provided for up to 12 months. St. Jude's staff provides around the clock case management seven days a week for the clients. Our experience finds that clients reach self-sufficiency faster when there is total trust-based relationship developed with the case manager. During the program case managers serve as a friend, mentor, parental unit and local expert in identifying and obtaining supportive services.

New Crossings consists of a minimum of 30 households. Rental assistance rates are based on HUD Fair Market Rents. Supportive services provided to clients include: case management, transportation assistance, child care, education and employment assistance, life skills training, mental health services, substance abuse treatment and rental assistance.

New Crossings was developed as an instrument to help transition age youth and their families avoid chronic homelessness and learn self-sufficiency. Unique to Southern Nevada, the program allows youth to quickly regain housing, ensure their safety, develop life skills, benefit from local supportive services and gain employment.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

The schedule of events for New Crossings is broken out into a 12 month timeline. Within that 12 month time line the case manager works on a monthly schedule of events or activities that all compliment the care for the client. For example, within 24 hours establish if the client requires immediate medical or mental health attention; within 24-48 hours have housing identified for the client; and within 7 days of initial assessment a self-sufficiency plan must be developed and barriers to permanent housing identified.

New Crossings maintains a management plan that documents the day-to-day operations of the case manager as well as relevant compliance activities required. Also included in the management plan are major program milestones, frequently asked questions, supporting agencies contact information, self-sufficiency plan outline and the "plan-do-check-act" continuous improvement methodology.

Compliance reporting is handled through St. Jude's Ranch for Children Compliance Department. St. Jude's also recently received a Council on Accreditation certification. This is a nationally recognized certification that signifies an organization and its program's meet standards of quality set forth by the accrediting body. It involves a in-depth self-review of an organization against currently accepted best practice standards, an onsite visit by the

evaluation team comprised of experts, and a subsequent review and decision by the accrediting body.

3. Will your project participate in a CoC Coordinated Entry Process? Yes

*** 4. Please identify the project's specific population focus.**

(Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input checked="" type="checkbox"/>
Youth (under 25)	<input checked="" type="checkbox"/>	Mental Illness	<input checked="" type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input checked="" type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

5. Housing First

a. Will the project quickly move participants into permanent housing? Yes

b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.

New Crossings is a scattered site rental assistance program. We partner with local landlords who maintain and operate the housing community that the client lives in.

7. Will the PH project provide PSH or RRH? RRH

8. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

9. Will more than 16 persons live in one structure? No

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? No

4A. Supportive Services for Participants

1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families? Yes

1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate? Yes

2. Describe how participants will be assisted to obtain and remain in permanent housing.

Obtaining and remaining in permanent housing through self-sufficiency is a goal of New Crossings. The client and the case manager collectively identify barriers of obtaining permanent housing and what potential obstacles the client faces in remaining in permanent housing. Case managers assist clients in finding scattered site housing in the form of apartments/condominiums/single family homes within Clark County, Nevada. Housing is at or below HUD's fair market rent and the home is leased under the client's own name.

Upon obtaining permanent housing the client is made aware of additional mainstream services available (i.e. food assistance, medical assistance, utility assistance) and other supporting services leading to self-sufficiency (computer literacy, education assistance, alcohol treatment, mental health treatment, etc.). Upon program completion the client has the choice to remain in their own home or relocate to another home of their choosing.

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

New Crossings help clients increase their employment opportunities and income potential through developing a custom-tailored self-sufficiency plan and establishing relationships with employers and vocational institutions. The plan developed between the case manager and client identifies what the client lacks in employment skills and income generating skills. Employment assistance is offered to clients through vocational skills training and helping the client acquire protective clothing or required work items. Employers who have chosen to work with New Crossings include, Sunrise Children's Foundation, City of Las Vegas and McDonald's. Clients also receive job training at Job Connect, The KOFE

Institute, Euphoria Hair Salon, the Las Vegas Culinary Academy and the Goodwill of Southern Nevada Career Center.

Employment opportunities provided by New Crossings to help clients live independently include: job search assistance, resume development, interview skills, interview attire, ESL courses available, substance abuse treatment, mental health treatment, child care services and other activities helping to remove barriers.

Income generating opportunities provided by New Crossings helping clients live independently include: remedial education courses, vocational certifications, computer literacy classes, transportation passes, obtaining identification and safety cards, food assistance and utility assistance.

**4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.**

Supportive Services	Provider	Frequency
Assessment of Service Needs	Applicant	Monthly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Bi-weekly
Child Care	Applicant	As needed
Education Services	Applicant	Monthly
Employment Assistance and Job Training	Applicant	Bi-weekly
Food	Applicant	As needed
Housing Search and Counseling Services	Applicant	Semi-annually
Legal Services	Applicant	As needed
Life Skills Training	Applicant	Monthly
Mental Health Services	Applicant	As needed
Outpatient Health Services	Applicant	As needed
Outreach Services	Applicant	Monthly
Substance Abuse Treatment Services	Applicant	Monthly
Transportation	Applicant	Monthly
Utility Deposits	Applicant	As needed

5. Please identify whether the project will include the following activities:

5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

5b. Use of a single application form for four Yes



**or more mainstream
programs?**

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? Yes

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 15

Total Beds: 35

Housing Type	Units	Beds
Scattered-site apartments (...)	15	35

4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 15

b. Beds: 35

3. Address

Street 1: Scattered Site Housing

Street 2:

City: Las Vegas

State: Nevada

ZIP Code: 89120

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

320096 Henderson, 320108 Las Vegas, 320138
North Las Vegas, 329003 Clark County

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	10	5	0	15
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	0	0	0
Adults ages 18-24	10	5	0	15
Accompanied Children under age 18	20	0	0	20
Unaccompanied Children under age 18	0	0	0	0
Total Persons	30	5	0	35

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24				2		3	3	1	1	
Children under age 18				3		4	12	1		
Total Persons	0	0	0	5	0	7	15	2	1	0

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24				1	2	3				
Total Persons	0	0	0	1	2	3	0	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0				0	0	0	0	0	0

5C. Outreach for Participants

1. Enter the percentage of project participants that will be coming from each of the following locations.

20%	Directly from the street or other locations not meant for human habitation.
30%	Directly from emergency shelters.
20%	Directly from safe havens.
30%	Persons fleeing domestic violence.
	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

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

Clients of the New Crossings are our best spokespersons in the community. By working with case managers and utilizing mainstream services, clients are helping end youth homelessness in Southern Nevada.

Research shows that more information is required to learn the best ways to outreach to homeless youth. New Crossings has chosen to use first-hand accounts and noticeable change in client’s behavior, behavior that other homeless youth are taking notice of. Clients share their testimonial and help others understand the benefits of “getting off the streets.” These testimonials are shared in places were the youth congregate, where they feel safe and are not afraid of being judged for sharing.

In addition to having active clients speaking about the program, New Crossings staff is continually raising awareness in the community. Awareness is garnered through attendance at local Help Hope Home events, inter-agency coalition membership, hosting local government tours, inviting local foundations to witness client progress, outreach to property managers and working with local business owners identifying available jobs.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2019? Yes

2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus? Reallocation



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:			\$178,968
Total Units:			15
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	NV - Las Vegas-Henderson-Paradise, NV...	15	\$178,968

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NV - Las Vegas-Henderson-Paradise, NV MSA (3200399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$474	x	12	=	\$0
0 Bedroom		x	\$632	x	12	=	\$0
1 Bedroom	5	x	\$781	x	12	=	\$46,860

2 Bedrooms	7	x	\$968	x	12	=	\$81,312
3 Bedrooms	3	x	\$1,411	x	12	=	\$50,796
4 Bedrooms		x	\$1,690	x	12	=	\$0
5 Bedrooms		x	\$1,943	x	12	=	\$0
6 Bedrooms		x	\$2,197	x	12	=	\$0
7 Bedrooms		x	\$2,451	x	12	=	\$0
8 Bedrooms		x	\$2,704	x	12	=	\$0
9 Bedrooms		x	\$2,958	x	12	=	\$0
Total Units and Annual Assistance Requested	15						\$178,968
Grant Term							1 Year
Total Request for Grant Term							\$178,968

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

Eligible Costs: The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

Quantity AND Description: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant Term: This field is populated based on the grant term selected on Screen "6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	2 Full-time case managers	\$60,000
4. Child Care	Child care for clients	\$12,000
5. Education Services	Academic and vocational assistance	\$8,000
6. Employment Assistance	Trainings, Certifications, safety and protective clothing	\$8,000
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills	Group classes and one-on-one classes	\$3,376
11. Mental Health Services	Client counseling	\$5,000
12. Outpatient Health Services		
13. Outreach Services	Print materials and personal care items to distribute	\$3,000

14. Substance Abuse Treatment Services	Client counseling	\$2,000
15. Transportation	Transportation passes	\$14,224
16. Utility Deposits	Client vouchers	\$3,500
17. Operating Costs		
Total Annual Assistance Requested		\$119,100
Grant Term		1 Year
Total Request for Grant Term		\$119,100

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.

Summary for Match

Total Value of Cash Commitments:	\$83,238
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$83,238

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	Local state, coun...	07/01/2018	\$83,238

Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Government
- 4. Name the source of the commitment:** Local state, county and city grants
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment:** 07/01/2018
- 6. Value of Written Commitment:** \$83,238

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$178,968	1 Year	\$178,968
4. Supportive Services	\$119,100	1 Year	\$119,100
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$298,068
8. Admin (Up to 10%)			\$29,507
9. Total Assistance Plus Admin Requested			\$327,575
10. Cash Match			\$83,238
11. In-Kind Match			\$0
12. Total Match			\$83,238
13. Total Budget			\$410,813

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	St. Jude's Non-Pr...	09/14/2017
3) Other Attachment(s)	No	New Crossings Cas...	09/14/2017
2) Other Attachment(s)	No	St. Jude's Code o...	09/14/2017

Attachment Details

Document Description: St. Jude's Non-Profit Determination

Attachment Details

Document Description: New Crossings Cask Letter

Attachment Details

Document Description: St. Jude's Code of Conduct

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

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

Name of Authorized Certifying Official: Christina Vela

Date: 09/27/2017

Title: Executive Director

Applicant Organization: St. Jude's Ranch for Children

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent

**statements or claims may subject me to
criminal, civil, or administrative penalties .
(U.S. Code, Title 218, Section 1001).**



8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
New Project Application FY2017	Page 47
	09/27/2017

1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2017
1E. SF-424 Compliance	09/14/2017
1F. SF-424 Declaration	09/14/2017
1G. HUD 2880	09/14/2017
1H. HUD 50070	09/14/2017
1I. Cert. Lobbying	09/14/2017
1J. SF-LLL	09/14/2017
2A. Subrecipients	No Input Required
2B. Experience	09/14/2017
3A. Project Detail	09/14/2017
3B. Description	09/22/2017
3C. Expansion	09/14/2017
4A. Services	09/14/2017
4B. Housing Type	09/14/2017
5A. Households	09/27/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/27/2017
6A. Funding Request	09/14/2017
6E. Rental Assistance	09/14/2017
6F. Supp Srvcs Budget	09/14/2017
6I. Match	09/14/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2017
7D. Certification	09/14/2017

P.O. Box 2508, Room 4010
Cincinnati OH 45201

In reply refer to: 4055256534
Apr. 07, 2017 LTR 4168C 0
20-2917263 000000 00
00043409
BODC: TE

ST JUDES RANCH FOR CHILDREN-NEVADA
REGION INC
% MARK WHITLEY ST JUDES RANCH
200 WILSON CIR
BOULDER CITY NV 89005-4401

049915

Employer ID Number: 20-2917263
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Feb. 28, 2017, regarding your tax-exempt status.

We issued you a determination letter in September 2005, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).



ST. JUDE'S RANCH FOR CHILDREN

with help comes hope

June 6, 2017

US Department of Housing and Urban Development
Community Planning and Development Division
600 Harrison Street, 3rd Floor
San Francisco, CA 94107-1387

To Whom It May Concern:

RE: St. Jude's Ranch New Crossings Rapid Rehousing – Cash Match Letter

Please accept this letter as a guarantee of Cash Match (cash) support for the above mentioned project. As the guarantee, St. Jude's Ranch for Children will provide after care services, furniture assistance, household supplies, educational assistance, transportation, and clothing for interviews and job search support for our clients. The total amount of these commitments is \$81,894. The cash match is derived from St. Jude's Ranch for Children private funding and future contributions from grants based on historical awards.

Should you have any questions or concerns, please do not hesitate to contact me at (702) 294-7101 or email at myeshaw@stjudesranch.org. Thank you for helping for supporting our project.

Sincerely,

Myesha Wilson
Executive Director



August 10, 2017

To: U.S. Department of Housing and Urban Development
451 7th Street S.W.
Washington, DC 20410

RE: St. Jude's Ranch for Children Code of Conduct

Please see attached code of conduct for St. Jude's Ranch for Children – Nevada Region Inc.


DUNS # 05-636-9408

Our mailing address is: 200 Wilson Circle
Boulder City, NV 89005

Our contact person with executive authority is: Christina Vela, Executive Director
Office: 702-294-7111
Email: cvela@stjudesranch.org

Please let me know if you have any questions,

Christina Vela
Executive Director

	POLICY NUMBER: 3.56	PAGE NUMBER 1 OF 5
ORGANIZATIONAL POLICIES AND PROCEDURES MANUAL	EFFECTIVE DATE: 5/01/2008	REVISION DATE: 7/01/2016
SUBJECT : CODE OF CONDUCT / VIOLATIONS OF CODE		

POLICY

Code of Conduct: St. Jude’s Ranch for Children maintains that certain rules and regulations regarding employee behavior are necessary for the efficient operation of the Organization and for the benefit and safety of all employees and the children we serve. Conduct that interferes with operations, discredits the Organization, or is offensive, is not acceptable. Each supervisor is responsible for communicating the Organization's standards of conduct and for ensuring compliance.

Violations of the Code of Conduct: St Jude’s Ranch for Children shall implement the following policy violations for our employees. These policy violations have been listed to ensure the safety and care of the youth we serve and for the benefit and safety of all employees to our Organization. Conduct that interferes with operations, that discredits our Organization, or that is offensive will not be accepted. Each Supervisor is responsible for communicating these policy violations of the Code of Conduct to their staff to ensure compliance.


PROCEDURE

The violations listed below are in order of severity from “A” to “C” with “A” level violations being considered the most severe. Our Organization will use a method of progressive levels of corrective action; however “A” level violations can potentially be grounds for immediate termination.

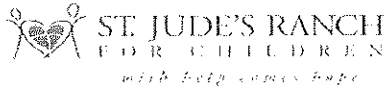
A. The list of violations below represent actions which are violations of our agency policies and are subject to corrective actions up to and including immediate termination:

1. Any acts of abuse, neglect, disrespect or exploitation towards the Children we serve.
2. Any acts of a sexual nature towards the Children we serve of any age. (0 – 21).
3. Fighting with, abusive, disrespectful or threatening conduct or speech towards the children we serve, coworkers, supervisory staff, visitors or licensing agency/vendors.
4. Failure to immediately report cases of actual or suspected abuse/neglect or any incident of a reportable nature to a supervisor or other management person. Including failure to follow child abuse reporting procedures as required by local government(s).



 ST. JUDE'S RANCH FOR CHILDREN <i>with help comes hope</i>	POLICY NUMBER: 3.56	PAGE NUMBER 2 OF 5
ORGANIZATIONAL POLICIES AND PROCEDURES MANUAL	EFFECTIVE DATE: 5/01/2008	REVISION DATE: 7/01/2016
SUBJECT : CODE OF CONDUCT/ VIOLATIONS OF CODE		

5. Theft, unauthorized removal, wrongful possession, or deliberate destruction of property, merchandise, equipment, or possessions belonging to the Children we serve, coworkers, or to St. Jude's Ranch for Children.
 6. Misappropriation of donated (In-Kind) items or donated monies to St. Judes Ranch for Children.
 7. Unlawful manufacture, distribution, dispensation, possession, sale, purchase, or use of illegal drugs, controlled substances, or alcohol while on the job or on Organization owned, leased or controlled property or while operating Organization owned, leased or controlled equipment or vehicles.
 8. Intentional or flagrant insubordination or refusal to follow work instructions.
 9. Failure to follow safety rules and/or health practices.
 10. Failure to provide medication in appropriate dosage (over or under medication) to the Children we serve that can potentially cause severe health concerns.
 11. Possession or use of a firearm or any other prohibited weapon of any kind while on Organization owned, leased or controlled property or while operating Organization owned, leased or controlled equipment or vehicles.
 12. Deliberate falsification or alteration of any official Organization documents or form including time sheets, employment application, physician statements, or any electronic entries for payroll, etc.
 13. Unauthorized absence from the work area.
 14. Unreported absence of two (2) consecutive scheduled work days without directly notifying the supervisor on duty or following proper call off procedures for contacting a supervisor directly. This will be considered job abandonment and will be recorded as a voluntary resignation. (Unreported absence of one (1) day will result in possible suspension and corrective action up to and including termination). Extenuating circumstances may be considered.
 15. Disclosure of confidential information to unauthorized persons. This includes HIPAA Violations.
-


	POLICY NUMBER: 3.56	PAGE NUMBER 3 OF 5
ORGANIZATIONAL POLICIES AND PROCEDURES MANUAL	EFFECTIVE DATE: 5/01/2008	REVISION DATE: 7/01/2016
SUBJECT : CODE OF CONDUCT/ VIOLATIONS OF CODE		

16. Dissemination of false or malicious information about the Organization, Employees or the Children we serve.
17. Unauthorized sleeping or failure to remain awake and alert during work hours.
18. Substantial acts of harassment including such conduct as slurs, jokes, intimidation, or other verbal or physical attacks upon a person because of their race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status.
19. Substantial acts of discrimination which deny equal treatment in all terms, conditions, and privileges of employment because of an individual's race, color, religion, sex, national origin, age, disability or veteran status.
20. Improper use of Organization communications systems and equipment which includes any misuse such as harassing, offensive, demeaning, insulting, defaming, intimidating, or sexually suggestive written, recorded or electronically transmitted messages. (Please refer to the Organization System & Internet Acceptable Use Policy).
21. Using Organization time and resources for personal gain unrelated to employment with the Organization.
22. Inefficiency, incompetence, or negligence in the performance of duties, including failure to perform assigned tasks or training, or failure to discharge duties in a prompt, competent and reasonable manner.
23. Prohibited from working with children by the Department of Family Services.
24. Violations of the Code of Conduct.

B. The list of violations below are a list of actions subject to progressive levels of corrective actions of the employee. The level of action taken will depend on what level the employee has attained:

1. Failure to comply with the written or verbal work instructions given by a supervisor or management person which is not conclusively interpreted as intentional insubordination.
2. Smoking on campus
3. Failure to report reasons for absence or tardiness on a timely basis.




	POLICY NUMBER: 3.56	PAGE NUMBER 4 OF 5
ORGANIZATIONAL POLICIES AND PROCEDURES MANUAL	EFFECTIVE DATE: 5/01/2008	REVISION DATE: 7/01/2016
SUBJECT : CODE OF CONDUCT/ VIOLATIONS OF CODE		

4. Disregard for time reporting or attendance procedures and deadlines.
5. Abusive or negligent use of tools or equipment.
6. Failure to follow Dress Code Standards.
7. Careless or blatant waste of material.
8. Distribution of literature and/or soliciting during working time (does not include breaks or meal times).
9. Posting unauthorized notices.
10. Unauthorized passengers, improper parking of motor vehicles, reckless driving, speeding and violation of motor vehicle laws while operating Organization vehicles or while operating personal vehicles and conducting Organization business.
11. Excessive absenteeism or tardiness.
12. Presence at campus cottages/homes during non-work hours or presence in restricted areas without prior approval.
13. Unauthorized extended meal or break periods.
14. Excessive medication documentation errors to the Children we serve.
15. Receiving visitors at the workplace without prior approval.
16. Failure to follow and adhere to the policies and procedures of St. Jude's Ranch for Children.

C. It is impossible to compile a listing of all violations subject to corrective action. The examples above illustrate the type of behavior that will not be permitted, but are not intended as an all-inclusive listing. For further elaboration on any of these policy violations or for the policies that they apply to, please contact Human Resource or your direct supervisor.

St. Jude's Ranch for Children reserves the discretionary right to increase or decrease the penalties for offenses described above for reasons which, in the judgment of the

 ST. JUDE'S RANCH FOR CHILDREN <i>with help comes hope</i>	POLICY NUMBER: 3.56	PAGE NUMBER 5 OF 5
ORGANIZATIONAL POLICIES AND PROCEDURES MANUAL	EFFECTIVE DATE: 5/01/2008	REVISION DATE: 7/01/2016
SUBJECT : CODE OF CONDUCT/ VIOLATIONS OF CODE		

Organization, are warranted. Nothing in this policy is intended or interpreted to modify the at-will nature of employment at St. Jude's Ranch for Children or to create a contract of employment.