



SHELTER MENTEE APPLICATION: 2020

Please provide the following information about the current status of your start-up shelter program. Your responses will not be viewed negatively or necessarily disqualify your agency's candidacy. We only want to have an accurate picture of where your agency is in its progress.

Agency

Agency Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____

Have you secured your 501(c)3 status? YES NO APPLIED BUT NOT YET SECURED

What is your Federal Employer Identification Number (EIN): ____ - _____ check here if None

Is your shelter affiliated with any local church or national organization? YES NO If yes, please provide details:

If yes, is this oversight or parent organization asserting *any* stipulations on your shelter program? Explain:

Your Name: _____

Email: _____

Cell Phone: _____

Your Role in the Agency:

Board Chair Board Member Executive Director Program Director Volunteer

Other: _____

Governance

Do you have an existing Board of Directors? YES NO

If yes, how many members on your board? _____ In what year was your Board established? _____

Do you have written Bylaws? YES NO Do you have written Articles of incorporation? YES NO

Do you have a written Statement of Vision – Mission – Goals for your shelter agency? YES NO

Has your Board voted approval for you to pursue a Shelter Mentoring relationship with The Samaritan Women Institute for Shelter Care? YES NO NOT YET

Your Team

Please list the members of your shelter-planting team that will be assuming the following roles. List only their first names, estimate the number of hours per week each individual will be able to commit to the Shelter Planting effort, and enter YES or NO whether that individual is currently being compensated for that role.

It is acceptable if some names are repeated, and you may also have some blanks. We're only interested to see how formed your team is at this stage.

	First Name(s)	Role on the Team	Est. # of Hours per week	Is this person currently compensated for this role?
1		<i>Executive Director</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<i>Financial management</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<i>Fund-raising</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<i>Legal Counsel</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<i>Program Director/Clinical Director</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
6		<i>Therapist/Counselor</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<i>Intake Coordinator</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
8		<i>Case Manager</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
9		<i>Residential Supervisory Staff</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
10		<i>Operations Manager</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
11		<i>Volunteer Coordinator</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
12		<i>Other:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Is anyone on your team a survivor of human trafficking, sexual exploitation, or abuse? Yes No

Inspiration

What has prompted you/your team to want to pursue operating a shelter program for victims of trafficking? (500 words or less)

Experience

Please check any of the following that apply to *at least one member* of your shelter-planting team:

- we have experience running a nonprofit organization
- we have conducted community-based human trafficking presentations
- we have participated in our local anti-trafficking task force
- we have operated/participated in online, street or club-based outreach
- we have operated/participated at a drop-in center for exploited/prostituted persons
- we have experience providing case management services for victims of labor trafficking
- we have experience providing case management services for victims of sex trafficking
- we have worked with other vulnerable or traumatized populations
- we have volunteered or worked at another shelter agency

Describe your agency's experience in providing AWARENESS about human trafficking to your local community.

Describe your agency's experience in providing BASIC CARE SERVICES to victims of prostitution, labor and/or sex trafficking.

Name a few of the community contacts you have developed that will be important to your efforts as a shelter provider:

Shelter Status

Have you secured the building in which you will operate your shelter? YES NO

If yes, what type of dwelling is your shelter home?

single family townhouse condo/apartment extended stay hotel Other: _____

If yes, what will be your number of individual bed units: _____

How was the facility obtained? donated purchased loaned built/to be built

If no, are you planning to secure your facility within the next 12 months? YES NO

Do you have a projected date for opening your shelter program? NO YES: (month/year): ____ / ____

Funding

Have you created an operating budget for your shelter? NO YES (annual budget): \$_____

What are your current financial resources to support the establishment and operations of a shelter program? (e.g., you already have funds in the bank, you have committed funders, etc.)

Do you have any current financial obligations that impact your timeline for opening your shelter? (e.g., current salaries, mortgage, existing overhead expenses, etc.). Elaborate:

Your agency's participation in the Shelter Planting and Mentoring program comes at a cost of about \$36,000 for the Training Phase (Year One). We are looking to secure grants to off-set those costs. Each Mentee will be required to fund one-third of those costs (\$12,000) as part of your investment? Which of the following applies to you?

- We have the funds or I'm sure we can secure \$12,000
- We have funder(s) who may be interested
- I'm not sure if we have funders, but I'm willing to work on that ask.
- We do not have the funds, nor do we have funding prospects.

Program Profile

Select from the following categories to identify the type of shelter you have decided to operate and the nature of the clients you intend to serve:

Type of Shelter Program	
<input type="checkbox"/> Emergency/Safehouse – (usually 24-72 hours) = often in cooperation with law enforcement, primary goal is safety <input type="checkbox"/> Short-term/Stabilization – (usually 3-6 months) supervised residential program with primary goal as safety and stabilization and developing a plan for next steps <input type="checkbox"/> Long-term/Restorative – (usually 12+ months) – supervised residential program with comprehensive, wraparound services with primary goal of social re-entry <input type="checkbox"/> Graduate – (usually 12-24 months) – independent (unsupervised) supportive housing <input type="checkbox"/> Undecided	
CLIENT PROFILE	
Nationality of Client	Program Reach
<input type="checkbox"/> U.S. Citizen only <input type="checkbox"/> U.S. Citizen or Foreign National <input type="checkbox"/> Foreign National only <input type="checkbox"/> Other: <input type="checkbox"/> Undecided	<input type="checkbox"/> Serve victims referred by State only <input type="checkbox"/> Serve victims from in-state only <input type="checkbox"/> Serve victims within the region only <input type="checkbox"/> Serve victims from any state <input type="checkbox"/> Undecided
Gender of Client	Age of Client
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	<input type="checkbox"/> 12 or younger <input type="checkbox"/> 13 – 17 <input type="checkbox"/> 18 – 25 <input type="checkbox"/> 26 and older <input type="checkbox"/> Undecided
Type of Trauma	Cost to Client
<input type="checkbox"/> Labor trafficking <input type="checkbox"/> Sex Trafficking <input type="checkbox"/> Other forms of exploitation <input type="checkbox"/> Undecided	<input type="checkbox"/> None (services will be free to client) <input type="checkbox"/> Billed to insurance <input type="checkbox"/> Program fee charged to client <input type="checkbox"/> State-funded <input type="checkbox"/> Undecided

Is there any special demographic, culture, or ethnicity you intend to serve?

NO NOT SURE YES (specify): _____

Do you anticipate being licensed by your state? YES NO NOT SURE

If yes, have you already started that process? YES NO

Do you anticipate your shelter to operate as a faith-based program?

YES NO Faith tradition: _____ Denomination: _____

Areas of Need

Of the following topics, select up to 5 that suggest your areas of greatest concern or need:

- Definition of Mission and Values
- Defining a sustainable governance structure and policies
- Selecting and bonding our operational leadership
- Knowing what legal protections we need to have in place
- Selecting and configuring our shelter home
- Creating a sustainable funding strategy
- Learning what data we need to collect and report
- Selecting and training shelter staff
- Understanding clients' real needs and appropriate interventions
- Anticipating challenges and mitigating those issues
- Designing our program and determining program outcomes
- Developing effective community partners
- Defining our public communications strategy and policies

Is there anything else we should know about your aspirations for operating a shelter program, your team, or your current state that will help us best meet your needs?

Assuming you are selected to participate, you can plan on the following dates for the 2020 Cohort.

COHORT DATES
June 15 - 19
July 27 - 31
August 31 - September 4
October 26 - 30
November 16 - 20 (Optional)

"I verify that the above information is correct and accurate to the best of my knowledge."

Signature: _____ Date: _____