

**APPLICATION FOR SHELTER MENTORSHIP PROGRAM - PART I**

---

*All applicants complete Part I. Depending on your status and the training for which you are applying, you will be asked to provide additional information. Complete all fields to the best of your knowledge.*

Which of the following do you represent?

- a start-up organization
- a nonprofit organization that provides nonresidential services to victims of exploitation
- a nonprofit organization that provides residential services to victims of exploitation
- a shelter program that is currently closed but seeks to reorganize and reopen
- an existing nonprofit organization with experience serving related populations
- other: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Fed EIN: \_\_\_\_\_ Year Founded: \_\_\_\_\_  
Postal Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Organization Type: \_\_\_\_\_ Website: \_\_\_\_\_  
Facebook link: \_\_\_\_\_ Instagram: \_\_\_\_\_ Twitter: \_\_\_\_\_  
Executive Director: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Board Chair: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Program Director: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you currently or do you intend to operate as a faith-based organization?

- No  Yes - Denomination: \_\_\_\_\_

Is your organization affiliated with a local church or national organization?

- No  Yes - Name: \_\_\_\_\_

Type your Mission Statement here. If you have not yet created a Mission Statement, enter "none":

Select from the following categories the type of shelter program you aspire to operate:

- Emergency/Safehouse - (usually 24-72 hours) often in cooperation with law enforcement, primary goal is safety
- Short-term/Stabilization -w (usually 3-6 months) supervised residential program with primary goal as safety and stabilization and developing a plan for next steps
- Long-term/Restorative - (usually 12+ months) - supervised residential program with comprehensive, wraparound services with primary goal of social re-entry
- Graduate - (usually 12-24 months) - independent (unsupervised) supportive housing
- Undecided

Select from the following options the profile of victims you desire to serve.  
Make at least one selection for each category.

Nationality of Client

- U.S. Citizen only
- U.S. Citizen or Foreign National
- Foreign National only
- Other:
- Undecided

Age of Client

- 12 or younger
- 13 - 17
- 18 - 25
- 26 and older
- Undecided

Program Reach

- Serve victims referred by State only
- Serve victims from in-state only
- Serve victims within our region only
- Serve victims from any state
- Undecided

Type of Trauma

- Labor trafficking
- Sex Trafficking
- Other forms of exploitation
- Undecided

Licensure

- We anticipate being licensed by our state
- We have already started the licensing process
- Licensing is not required in our state
- We intend to be unlicensed
- Undecided

Cost to Client

- None (services will be free)
- Billed to insurance
- Program fee charged to client
- State-funded
- Undecided

Gender of Client

- Male
- Female
- Non-binary
- Undecided

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

- No    Not Sure    Yes (describe): \_\_\_\_\_

How many members are on your Board of Directors? \_\_\_\_\_

How long has your Executive Director been in this position? \_\_\_\_\_

Please check all that apply for at least one member of your team:

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

What has prompted your interest in wanting to operate a shelter program for victims of exploitation?

Have you secured the building in which you will operate your shelter program?  No  Yes

If yes, what type of dwelling have you secured for your shelter program?

- |   |   |
|---|---|
| <input type="checkbox"/> multi-family unit                  | <input type="checkbox"/> extended stay hotel              |
| <input type="checkbox"/> rural property (farm, ranch, etc.) | <input type="checkbox"/> church parsonage                 |
| <input type="checkbox"/> single family home                 | <input type="checkbox"/> we have land and intend to build |
| <input type="checkbox"/> townhouse                          | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> condo/apartment                    |   |

What will be your number of individual bed units? \_\_\_\_\_

Do you have a projected date for when you hope to open your shelter program? \_\_\_\_\_ Mo \_\_\_\_\_ Yr

Have you created an operating budget for your shelter program?

- No  Yes - annual budget \$ \_\_\_\_\_

Participation in the Institute requires that, at a minimum, your organization will pay a program fee, even if you are eligible for a scholarship. Program fees are \$6,000 for Ministry and Foundations or \$9,000 for Programs & Services.

- We will need to raise funds for the program fee, and will also be applying for a scholarship
- We have funds for the program fee, and will also be applying for a scholarship
- We have funds for the program fee, as well as funds for the full tuition if scholarship is not available

For which of the Institute's offerings are you applying?

- |   |   |
|---|---|
| <input type="checkbox"/> Ministry Foundations - Spring 2021 | <input type="checkbox"/> Ministry Foundations - Fall 2021 |
| <input type="checkbox"/> Programs & Services - Spring 2021  | <input type="checkbox"/> Programs & Services - Fall 2021  |

*Please supply the following additional information in support of your application.*

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written Bylaws?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have written Articles of Incorporation?
<input type="checkbox"/>	<input type="checkbox"/>	Does your founding Board meet regularly?

Describe your experience providing AWARENESS about human trafficking within your community:

Describe your experience, if any, providing SERVICES to victims of prostitution, labor, or sex trafficking.

Have you already begun fund-raising in support of your shelter program? If yes, describe what you have been doing and the amount you have raised thus far.

---

Please email your completed application along with the following documents to Kim Checkeye at [kcheckeye@thesamaritanwomen.org](mailto:kcheckeye@thesamaritanwomen.org):

1. Copy of IRS Determination Letter
2. List of Board Members with brief bio and contact information
3. Most recent filed Form 990
4. Most recent Annual Report

---

You do not need to complete Part II - Addendum for Program & Services unless you are interested in skipping Ministry Foundations.

**PART II - ADDENDUM FOR PROGRAMS & SERVICES**

---

*Applicants interested in skipping Ministry Foundations will need to satisfy the Institute's prerequisites and complete an interview before being accepted into the Programs & Services training. Please provide the following information.*

Does your organization hold any of these certifications?

- ECFA     BBB (give.org)     GuideStar     Charity Navigator     Ministry Watch  
 Charity Watch



Is your organization currently licensed by your state?

- No     Yes, but as a non-residential program     Yes, as a residential program

**GOVERNANCE**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If faith-based, does your organization have a Board-approved Statement of Faith?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a documented Board Member handbook containing all organizational policies?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a Board-approved strategic plan?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Board have regularly scheduled meetings?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have other Board Committees? (Executive, Development, Advisory)
<input type="checkbox"/>	<input type="checkbox"/>	Has your Board had to respond to a controversial issue, financial problem, or legal matter in the past 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	Has your Board voted to pursue the creation of a residential program for victims of exploitation?
<input type="checkbox"/>	<input type="checkbox"/>	Has your Board voted to pursue training with the Institute for Shelter Care?

Board Term Length: \_\_\_\_\_ Consecutive Term Limits: \_\_\_\_\_

-  UPLOAD: copy of your IRS Determination letter  
  UPLOAD: List of Board members with brief bio and contact information



**LEADERSHIP**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the Executive Director a Member of the Board of Directors?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Executive Director have a Board vote?
<input type="checkbox"/>	<input type="checkbox"/>	Does your Board perform an annual evaluation of your Executive Director?

**FINANCE**

	FY 2017	FY 2018	FY 2019	YTD 2020	Explanation
Budget					
Total expenses					
Executive Director Compensation					

Current Debt: \_\_\_\_\_ Current Operating Reserves: \_\_\_\_\_

-  UPLOAD: most recent filed Form 990  
  UPLOAD: most recent annual report or  we do not produce an annual report

**INCOME REALIZED**

	FY 2017	FY 2018	FY 2019	YTD 2020	Explanation
Individual donations					
Grant Funding					
Event Income					
Program Income					
Total annual income					

**FINANCIAL MANAGEMENT**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have financial control policies and procedures that allow for segregation of duties?
<input type="checkbox"/>	<input type="checkbox"/>	Do you use a financial management system or software?
<input type="checkbox"/>	<input type="checkbox"/>	Does an independent CPA prepare your financial statements/audits?

**STAFFING**

	FY 2017	FY 2018	FY 2019	YTD 2020	Explanation
# of F/T paid staff					
# of P/T paid staff					
# of paid contractors					
# of volunteers					

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an organizational chart?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an employee manual?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have policies concerning background checks?
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization conduct annual reviews of staff?

**PROGRAM**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does your organization currently serve victims of sexual exploitation/sexual abuse?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have program content or scheduling?

Do you now or have you operated a shelter program in the past?  No  Yes - For how long? \_\_\_\_\_

Is that shelter program currently operating with residents?  No  Yes

If no, please briefly explain why your shelter program is being reconsidered or is currently closed:

**SWOT ANALYSIS**

Please provide a candid assessment of your organization today:

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS

---

Please email your completed application along with the following documents to Kim Checkeye at [kcheckeye@thesamaritanwomen.org](mailto:kcheckeye@thesamaritanwomen.org):

1. Copy of IRS Determination Letter
2. List of Board Members with brief bio and contact information
3. Most recent filed Form 990
4. Most recent Annual Report