

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. If you are interested in skipping Ministry Foundations and going directly to Programs & Services will also need to fill out Part II of this application. Complete all fields to the best of your knowledge.

ORGANIZATIONAL PROFILE

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
- a division or program of an existing organization or nonprofit

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: _____

How long have you been working on developing your shelter program? _____

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/Independent - (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

[RESET SELECTIONS](#)

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

- No
- Not Sure
- Yes (describe): _____

LEADERSHIP AND EXPERIENCE

How many members are on your Board of Directors? _____

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?

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

RESET SELECTIONS

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

OPERATIONS AND FINANCES

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?

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

What is, or what do you envision 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 \$ _____

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.

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

MOTIVATION AND MOVEMENT

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

How have you been cultivating community partnerships?

How will you know if your shelter program is successful?

What do you hope to gain from participating in the Shelter Mentorship program?

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

- Ministry Foundations - Spring 2022
- Programs & Services - Spring 2022
- Ministry Foundations - Fall 2022
- Programs & Services - Fall 2022

How did you hear about the Institute for Shelter Care

- Searching for online for training options or other research on sexual exploitation/sex trafficking
- Was referred from a past Institute for Shelter Care mentee
- Was referred from a different organization
- Heard about the Shelter Mentorship Program through a social media source
- Heard about the Shelter Mentorship Program through a podcast, webinar or other on-line training
- Other _____

AGREEMENTS

If granted approval to join the Shelter Mentorship Program as a mentee, I understand and agree that my organization (please check all the boxes you are agreeing to):

- Has the capacity and willingness to begin a rigorous training program including on-site Intensives, webinars, and homework.
- Is agreeable to/compatible with instruction taught from a Christian worldview. Candidate agencies need not operate as faith-based organizations, but the Mentees understand that the Institute and program content will be reflective of this conviction.
- Can commit to at least 3-4 persons within your agency who will participate in the training. Each on-site Intensive allows for 2 attendees per agency, but those individuals can change over the course of the training phase.
- Understands it will be working to build your agency infrastructure, program and community relationships concurrent with being in the training program. Mentees will need to demonstrate progress towards opening a qualified shelter program.
- Is agreeable to track and report on organizational benchmarks providing quarterly reports to the Institute for Shelter Care.

RESET SELECTIONS

Please email your completed application along with the following documents to Kim Checkeye at 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 Other _____

Is your organization currently licensed by your state?

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




Has your Board had to respond to a controversial issue, financial problem, or legal matter in the past 5 years?

- No Yes If, yes please explain:

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 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
  UPLOAD: Board-approved strategic plan



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 2018	FY 2019	FY 2020	YTD 2021	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 2018	FY 2019	FY 2020	YTD 2021	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 2018	FY 2019	FY 2020	YTD 2021	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?

-  UPLOAD: Org Chart

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?

 UPLOAD: Program Content/Schedule

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

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3. Most recent filed Form 990
4. Most recent Annual Report
5. Strategic Plan
6. Organizational Chart
7. Program Content/Scheduling