CITY OF MERCED

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM FY 2019/20 CDBG APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

Project Title: Hope for Families

Agency Name: Merced Rescue Mission

INSTRUCTIONS

Enter an "**X**" next to each item below as you complete it. If the form or document listed does not apply to your project, enter "**N/A**" next to the item. This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

APPLICATION

The following must be submitted to be considered for funding:	
☒	Application Submittal Checklist
☒	Application for Funding
☒	Appendix A: Narrative of Project
☒	Appendix B: Capital Improvement Project (CIP) Project Details
☒	Appendix C: List of All Funding Sources & Two Years of Annual Financial Audits
☒	Appendix D : Project Implementation
☒	Appendix E : Results of Prior Year Projects *(as applicable to project; see form)*
☒	Appendix F: Roster of Board Members
☒	State and Federal Tax Exemption Determination Letters
☒	Charter and/or Bylaws
☒	Organization Chart
☒	Copy of Insurance Certificate
☒	Applicant Attended MANDATORY Community Meeting

FY 2019/20 CDBG APPLICATION SUBMITTAL CHECKLIST

PROJECT-SPECIFIC REQUIREMENTS: For PUBLIC SERVICES projects only

☐	Copy of Rental or Lease Agreement (*A copy of lease is only required if CDBG funds are proposed to be used to make a portion of the lease payments.)*

CDBG Eligible Activity for Public Services Projects (must select one):

Public Facilities and Improvements:			
☐	General Public Services	☐	Child Care Services
☒	Homeless/AIDS Services	☐	Health Services
☐	Senior Services	☐	Abused and Neglected Children
☐	Disability Services (documentation req.)	☐	Mental Health Services
☐	Legal Services	☐	Lead Based Paint/Lead Hazards Screening
☐	Youth Services	☐	Subsistence Payments
☐	Transportation Services	☐	Homeownership Assistance (not direct)
☐	Substance Abuse Services	☐	Rental Housing Subsidies
☐	Battered and Abused Spouses	☐	Security Deposits
☐	Employment Training	☐	Housing Counseling
☐	Crime Prevention and Public Safety	☐	Neighborhood Cleanups
☐	Tenant/Landlord Counseling	☐	Food Banks
☐	Illiterate Adults (Non-English/ESL)	☐	Migrant Farm Workers

OPTIONAL DOCUMENTS: Not required from any applicant, but enter an "X" next to the items included in your application submittal

☐	Exhibits: These refer to no more than two 8.5" X 11" pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).
☐	Letters: You may submit up to 3 letters of support for your project as part of your application submittal.

Fiscal Year 2019
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
Application for Funding

Project category: *(check one only)*	☐ Public Service	☒ Capital Improvement Project (CIP)
	☐ Economic Development	☐ Administrative/Professional Services (Continuum of Care or Fair Housing)

Agency Information

Agency Name:	Merced Rescue Mission	*Program Title:*	Hope for Families

Business Address, including city:	644 W. 20th St. Merced, CA 95340
Mailing Address: *(if different)*	PO Box 3319 Merced, CA 95344

Applicant contact name:					
Type of agency:	☒ 501(c)(3)	☐ Gov't./Public	☐ For Profit	☒ Faith-Based	☐ Other:
Number of paid staff:	38		*Tax ID number:*	77-0284849	
Number of volunteers:	50-100		*DUNS number:*	883833998	
Annual operating budget:	$600,00				

Agency Mission Statement:

Providing hope and serving homeless and needy people of Merced County

Funding Request

Total funding requested in this application:	$250,000	*Other funds already secured for project:*	0
Total cost to complete project:	$250,000	*Other funds not yet secured for project: **	0

**Please explain in Project Description section below*

Brief project description (include goals, objectives, and number of clientele to be served)

The "Hope for Families" Program is a program that assists homeless families with children move into permanent supportive housing. The "Hope for Families" Program also provides service coordination to help families with obtaining services and finding employment.

** *This Box For City of Merced Office Use Only – Thank You* **			
Project Eligible?	☐ No	☐ Yes	Amt Awarded: $ _____ Date: _____
HUD Matrix Code: _____			IDIS #: _____
SAM Check Complete? ☐ Yes			Notes:

Section 1: Project Information

Project address(es):	Census tract:	Project Area:
644 W20th St., Merced, CA 95340	Merced	Merced

Target clientele:	Homeless families

1.1 *Provide a concise description of the proposed project (this description must match the one provided on the cover page). Space for a fuller narrative is provided in Appendix A.*

The "Hope for Families" Program is a program that assists homeless families with children move into permanent supportive housing. The "Hope for Families" Program also provides service coordination to help families with obtaining services and finding employment.

1.2 *How much total funding are you requesting in this application? (You will provide a detailed budget in Appendix C)*	$250,000

1.3. *Anticipated start date:*	July 1, 2019	*Anticipated end date:*	June 30, 2020

1.4. *Project's days/hours of operation:*	24 hours a day

1.5 *Project Category* (Check one only)		1.6 *Project Objective* (Check one only)	
	☐ Public Service		☐ Suitable Living Environment
	☐ Economic Development		☐ Decent Housing
	☒ Capital Improvement		☒ Economic Opportunity
1.7 *Project Outcome* (Check one only)	☐ Availability/Accessibility		
	☒ Sustainability		
	☐ Affordability		
	☐ Administrative (i.e.: Continuum of Care, Fair Housing Services)		

1.8 *CDBG Criteria: Which CDBG criterion below does your proposed project meet? (Not Applicable for GF requests)*

- ☐ (1) *Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI)*
- ☒ (2) *Limited clientele (select from options below):*
  - ☐ (a) *Special needs group (select benefit group from list below):*
    - ☐ (i) *Abused children*
    - ☐ (ii) *Elderly persons 62 years or older*
    - ☐ (iii) *Battered spouses*
    - ☐ (iv) *Severely disabled adults (not children) – Census definition; documentation required*
    - ☐ (v) *Illiterate adults*
    - ☐ (vi) *Persons living with HIV/AIDS*
    - ☐ (vii) *Migrant farm workers*
    - ☒ (viii) *Homeless persons*
  - ☐ (b) *At least 51% of clientele to be served will be documented as LMI.*
- ☒ (3) *Housing (select subpart below):*
  - ☒ (a) *Single family (must be 100% LMI)*
  - ☒ (b) *Multi-unit (must be 51% LMI)*
- ☐ (4) *Job creation: At least 51% of jobs for LMI persons.*

	1.9. *The 2015-2020 Consolidated Plan goals below have been listed in their descending order of priority. Select the goal appropriate to your project:* Consolidated Plan
☐	*Housing Rehabilitation, Reconstruction, and Neighborhood Revitalization.*
☐	*New Affordable Housing Construction.*
☐	*Housing Affordability (Homebuyer Assistance Programs).*
☐	*City Coordination.*
☐	*Improvement of the Quality and Quantity of Public Services.*
☐	*Improvement of the Quality and Quantity of Community Infrastructure and Public Facilities.*
☐	*Planning for Future Housing and Infrastructure Needs.*
☒	*Homeless Services*
☐	*Administrative Services*

Please use this area to add any additional information from the above questions:

PLEASE NOTE: Maximum length for Questions 1.10 to 1.15 below is two pages)

1.10. *Explain how the proposed project addresses the goals selected in Section 1.9:*

Permanent supportive housing would be provided for a family with young children

1.11 *Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:*

Merced is sorely lacking in housing for homeless families with young children

1.12 *List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:*

This would be an expansion of services

1.13 *How does your agency plan to tell the target population about the project/services?:*

We would share this service with all agencies that work with homeless families

1.14 *List up to three outcomes of the project (at least one is required). For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome:*

A homeless family with young children would be housed and service coordination would be provided to help them establish a better foundation for the future.

1.15 *Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:*	☒	Yes	☐	No

HSA, Sierra Saving Grace, New Direction Outreach and Engagement Center, CoC

Section 2: Target Population (maximum length this section is one page)

2.1 *What is the target population for this project?*

Homeless families

2.2 *How does your agency track and record client demographics?*

Social Solutions-Entry to Outcome Software, and HMIS

2.3 *What specific census tracts or housing project areas does the project intend to serve?*

A house will be purchased in Merced and provide Permanent Supportive Housing for familes with young children in Merced City

2.4 *Is the primary office located within eligible census tracts and/or Housing project areas?*	☒	Yes	☐	No
2.5. *Indicate whether the project will be serving individual clients (IC) or households (HH):*	☐	IC	☒	HH

2.6. *What is the total number of unduplicated clients/households to be served?*	1-2
2.7. *Of the total number of unduplicated clients/households to be served, what is the total number of unduplicated LMI clients/households to be served, if applicable?*	1-2
2.8. *If applicable, what is the percentage of unduplicated LMI clients/households to be served?*	
2.9. *What is the cost per client/household?*	$250,000
2.10. *Over the past three years, what proportion of the targeted population served by the project were City of Merced residents? (Have documentation available, if requested.) If this is a new project, what proportion are you anticipating?)*	100%

Section 3: Agency Capacity

3.1. *Who will be the person responsible for the overall oversight of the proposed project?*	
Name of person:	Bruce Metcalf
Title of person:	Executive Director
E-mail address:	brucemetcalf48@gmail.com
Telephone number:	209-480-3899
Alternate phone:	209-722-9269

3.2. *Who will be the alternate person responsible for the overall oversight of the proposed project?*	
Name of person:	Tim Adam
Title of person:	Director of Programs and Operations
E-mail address:	tadam@missionmerced.org
Telephone number:	209-947-1394
Alternate phone:	209-722-9269

3.3 *Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 ABOVE*	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.4. *Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 or 3.3 ABOVE*	
Name of person:	Bettie Stephens
Title of person:	Accountant
E-mail address:	stephensba28@gmail.com
Telephone number:	209-722-9269
Alternate phone :	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

Add any additional relevant information here:

(Maximum length for Questions 3.5 to 3.8 below is one page)

3.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

VISPDAT, Service Coordination Tool and re-evaluation tool. With these Tools we will create a service plan

3.6. *How does your agency plan to ensure compliance with applicable policy and procedural requirements (including those listed in HUD's "Playing by the Rules" Handbook)?*
Click link to access handbook. Playing by the Rules Handbook

We have received grants in the past and are familiar with the guidelines in the handbook. We also understand the reporting requirements.

3.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

None

3.8. *Please provide agency organization chart and complete Appendix F (Board Members)*

Section 4: Auditing Control (Maximum length this section is two pages)

4.1 *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

Our accountant records and makes payments when we receive and invoice

4.2 *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

The board reviews financials on a monthly basis

4.3 *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

We us Quick Books

4.4 *Briefly describe your agency's auditing requirements, including those for the proposed project:*

Annual 990's

4.5 *How does your agency plan to separate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

Funds would be spent specifically for this stated project

Section 5: Agency Experience (max. length: one page for Sections 5 & 6 combined)

5.1. *Briefly highlight your agency's experience and major accomplishments in providing services to residents of Merced. (Note: you may provide more detail in Appendix A, if needed.)*

For over 25 years the Merced Rescue Mission has served as a beacon and safe haven for the homeless and working poor. Today we have become one of the largest providers of service to the homeless in Merced County. In recent years we have worked with the county to provide meals to seniors at seven different locations in Merced County. Also in the past few years we have added service to homeless families and homeless individuals discharged from the hospital.

5.2. *Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2016/17 through 2018/19)? If yes, complete Appendix E for each of the grants received for Fiscal Years 2016/17, 2017/18, and 2018/19.*	☒	Yes	☐	No

Section 6: Back-Up Plan (maximum length: one page for Sections 5 & 6 combined)

6.1. *Will your agency still implement this project should City funds not be awarded? If yes, how will the implementation be achieved?*	☐	Yes	☒	No

6.2. *If funded, how will your agency continue this project if City funds are not available in future years?*

If the Merced Rescue Mission is able to procure a grant to purchase a house for homeless families we will be able to sustain the program through other grants and private donations.

Appendix A: Narrative of Project (maximum length is two pages)

In two pages or less, 1) explain your proposed project and, 2) explain why it should be awarded funding.

1) Explain your proposed project:

Too many families with children are homeless. Homelessness has a profound impact on children's health and education, as well as a parents ability to find work and stay employed. Homeless children have twice the rate of emotional and behavioral issues-including anxiety, depression and withdrawl. Families can become homeless for many reasons. Unemployment, domestic violence, medical crisis, and addiction are examples of issues that make families vulnerable to homelessness. Even in the best economic times, affordable housing can be hard to find for families without skilled jobs. Meaningful reductions in family homelessness can be achieved only through a systematic coordinated approach that provides at risk families with the help they need, when they need it. Currently, families who become homeless in Merced have to contact multiple agencies for different kinds of assistance. Many languish on waiting lists for months. Those who obtain temporary housing often have less than a year to get into a permanent home. Through our outreach efforts the Merced Rescue Mission has been able to help homeless families as an advocate and service coordinator. Our goal is to get homeless families into permanent housing as we help them establish a solid future.

2) Explain why it should be awarded funding:

Having another house in which we can provide care and wrap around services for homeless families will expand our services and provide for the needs of homeless families in Merced.

Appendix B: CIP Projects (maximum length for Questions B.1 to B.6: one page)[1]

B.1. *Have the constructions plans and drawings been completed?*	☐	Yes	☐	No
If no, indicate the anticipated date of completion:				

B.2. *Will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:*	☐	Yes	☐	No

B.3. *Summarize the organization's relevant experience on similar federally funded projects:*

B.4. *Address the mitigation of any issues identified on the "Project Site Information section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:*	☐	Yes	☐	No

B.5. *How will the completed work be maintained for at least five years after the termination of the agreement with the City of Merced?*

B.6. *Has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:*	☐	Yes	☐	No

[1] For Appendix B only – If legally necessary responses cannot be provided within the page-count constraints, then please provide brief summaries of the responses above and reference and attach outside documentation.

Project Site Information (maximum length for Questions B.7 to B.15 is two pages)

B.7. *Is the facility agency-owned, City-owned, or privately owned?*			
☐	*Agency-owned*		
	Property owner(s):		
	Is there currently a lien on the property?	☐ Yes	☐ No
☐	*City-owned*		
	City Department:		
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)		
	Is there currently a lien on the property?	☐ Yes	☐ No
☐	*Privately owned*		
	Property owner(s):		
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date)		
	Is there currently a lien on the property?	☐ Yes	☐ No
☐	*Other*		
	Provide a brief explanation:		

B. 8 *For building/structures constructed prior to December 31, 1978:*				
Has a lead hazard inspection report been issued for the facility?	☐	Yes	☐	No
Has the facility been abated for lead paint?	☐	Yes	☐	No
Will children occupy the facility?	☐	Yes	☐	No
Provide Year Built:				

B.9. *Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?*	☐	Yes	☐	No
If yes, describe below:				

B.10. *Is the building/structure located on a Historic Site?*	☐	Yes	☐	No
Is the building/structure in a Flood Zone?	☐	Yes	☐	No
Is the building/structure in a Flood Plain?	☐	Yes	☐	No
Does your agency have flood insurance?	☐	Yes	☐	No
Will demolition be required?	☐	Yes	☐	No

B.11. *List and describe any known hazards (e.g., asbestos, storage tanks –underground/above ground):*

B.12. *Will the project result in an expansion of an existing facility?*			☐	Yes	☐	No
If yes, specify the size in square feet:	*Existing size:*		*Addition size:*			

B.13. *The questions below ask about zoning. If zoning information is not known, contact the City of Merced's Development Services Department at (209) 385-6858 to request assistance.*			
What is the project structure type?			
☐ Residential	☐ Commercial	☐ Public facility	☐ Public right-of-way
What is the current zoning of the project site?			
Is the project site zoned correctly for the proposed activity?		☐ Yes	☐ No

B.14. *Does the project require temporary/permanent relocation of occupants?*	☐ Yes	☐ No
If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2019/20 CDBG funds.]		

B. 15. *Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.*

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Appendix C: Funding Sources and Detailed Budget

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: *(check one)*	☒ Public Service	Complete Appendices C-1 & C-2
	☐ Economic Development	
	☐ Capital Improvement Project (CIP)	
	☐ Administrative	

- All project categories must complete the following:
  - Appendix C-1: List of All Funding Sources for the Project
  - Appendix C-2: CDBG Detailed Project Budget
- Provide Last 2 Years of Financial Audits (attach separately)

NOTE! If you are filling out this application in your web browser, make sure to right-click on the links, then copy them into a new page. Otherwise, you may lose all your progress.

Appendix D: Implementation (Maximum length is one page)

Provide a listing of the specific tasks or activities needed to implement the proposed project. Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Identify a realtor		July 2019
2	Find a house	Insure compliance with HUD requirements	7/19 - 2/20
3	Purchase home	Comply with all City and HUD requirements	2/20 - 5/20

Appendix E: Results of Prior Year Projects (maximum length: one page per project/year)

If your agency received federal funds in Fiscal Year 2016, 2017, or 2018, complete one copy of this appendix for each project for each year funded.

E.1. *Agency name:*	Merced Rescue Mission
E.2. *Project name:*	Hope for Families

E.3. *Year of funding:*	☐ *Fiscal Year 2016/17*	☒ *Fiscal Year 2017/18*	☐ *Fiscal Year 2018/19*

E.4. *Indicate the source of the federal funding awarded to the prior project:*			
☒ CDBG	☐ HOPWA	☐ ESG	☐ HOME
☐ CDBG-R	☐ HPRP	☐ NSP	☐ Other *(Indicate below)*:

E.5. *Amount awarded:*	$250,000	E.6. *Amount spent to date:*	$250,000
E.7. *Amount reprogrammed to date:*			

E.8. *Indicate below the outcomes anticipated (refer to the original application for the project, if possible):*	
(1)	Provide a homeless family with permanent supportive housing while providing service coordination
(2)	
(3)	

E.9. *Indicate below the outcomes achieved:*	
(1)	Provided a homeless family with housing while providing case management through service coordination
(2)	
(3)	

E.10. *If any anticipated outcomes were NOT achieved, specify which ones and explain why below:*

(Maximum length per project: one page)

E.1. *Agency name*	

E.2. *Project name*	

E.3. *Year of funding:*	☐	*Fiscal Year 2016/17*	☐	*Fiscal Year 2017/18*	☐ *Fiscal Year 2018/19*

E.4. *Indicate the source of the federal funding awarded to the prior project:*			
☐ CDBG	☐ HOPWA	☐ ESG	☐ HOME
☐ CDBG-R	☐ HPRP	☐ NSP	☐ Other *(Indicate below)*:

E.5. *Amount awarded:*		E.6. *Amount spent to date:*	
E.7. *Amount reprogrammed to date:*			

E.8. *Indicate below the outcomes anticipated (refer to the original application for the project, if possible):*	
(1)	
(2)	
(3)	

E.9. *Indicate below the outcomes achieved:*	
(1)	
(2)	
(3)	

E.10. *If any anticipated outcomes were NOT achieved, specify which ones and explain why below:*

(Maximum length per project: one page)

E.1. *Agency name*	

E.2. *Project name*	

E.3. *Year of funding:*	☐ *Fiscal Year 2016/17*	☐ *Fiscal Year 2017/18*	☐ *Fiscal Year 2018/19*

E.4. *Indicate the source of the federal funding awarded to the prior project:*			
☐ CDBG	☐ HOPWA	☐ ESG	☐ HOME
☐ CDBG-R	☐ HPRP	☐ NSP	☐ Other *(Indicate below)*:

E.5. *Amount awarded:*		E.6. *Amount spent to date:*	
E.7. *Amount reprogrammed to date:*			

E.8. *Indicate below the outcomes anticipated (refer to the original application for the project, if possible):*	
(1)	
(2)	
(3)	

E.9. *Indicate below the outcomes achieved:*	
(1)	
(2)	
(3)	

E.10. *If any anticipated outcomes were NOT achieved, specify which ones and explain why below:*

Appendix F: Roster of Board Members

Provide a roster of the members of your agency's Board of Directors:

Name	Board Position	Member of Target Clientele	Resides in Project Area
Mark Mayo	Board Chair	☐	☒
Paul Cauwels	Vice Chair	☐	☒
Bettie Stephens	Treasurer	☐	☒
Jay Alterman	Secretary	☐	☒
Kerri Nieuwkoop-Yanez	Board Member	☐	☒
Bruce Metcalf	Board Member / Exec. Director	☐	☐
		☐	☐
		☐	☐
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		☐	☐

APPENDIX C-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
FISCAL YEAR 2019 APPLICATION

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

Step (1): Enter the FY 2019/20 CDBG application funding request amount for this application;
Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

TOTAL PROJECT COST*	$250,000

* Note!: Please enter Total Project Cost as a negative amount (-0.00) if using the fill-in form

List Other Sources Below: (Step 2)	AMOUNT SECURED
HOME	
ESG	
HOPWA	
CDBG-R	
CDBG	
NSP	
HPRP	
Other Federal Stimulus Funds	
Other Federal Funds	
State Funds	
County Funds	
Local Funds	
Private Funds	
Agency Funds	
Other (Please Explain)	
TOTAL AMOUNT SECURED	$ 0.00

TOTAL UNFUNDED PROJECT BALANCE	$ 0.00

APPENDIX C-2
FY 2019 CDBG PROJECT
DETAILED BUDGET

AGENCY: Merced Rescue Mission
PROJECT: Hope for Families

MISCELLANEOUS PROJECT COSTS:

ADMINISTRATIVE COSTS	
SUPPLIES	
POSTAGE	
CONSULTANT SERVICES	
MAINTENANCE/REPAIR	
PUBLICATION/PRINTING	
TRANSPORTATION	
RENT	
EQUIPMENT RENTAL	
INSURANCE	
UTILITIES	
TELEPHONE	
OTHER EXPENSES (SPECIFY):	

CIP REQUESTS ONLY:

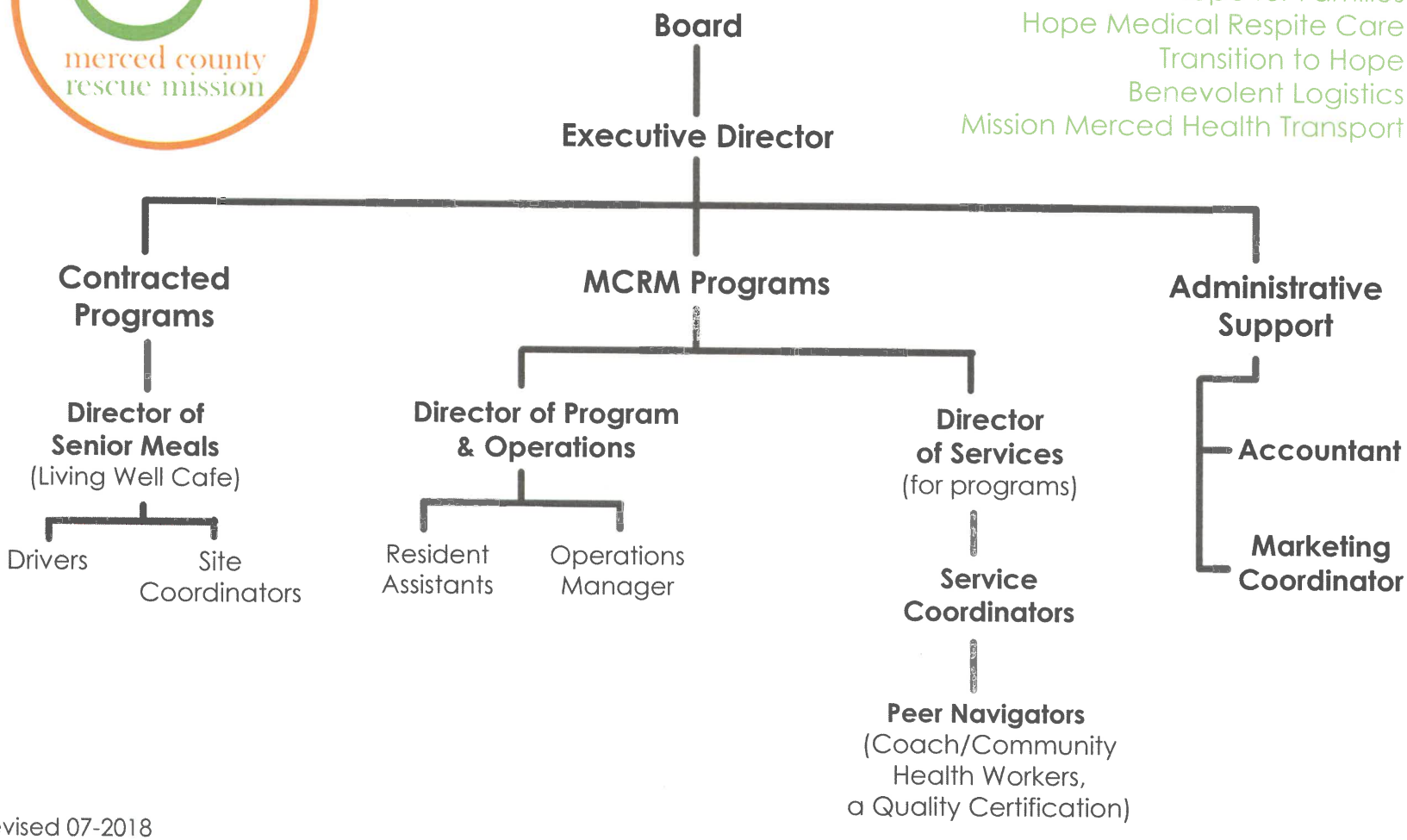
LEAD-BASED PAINT ASSESSMENT/ABATEMENT	
CONSTRUCTION/RENOVATION	
CONSULTANT/PROFESSIONAL SERVICES	
CONSTRUCTION MANAGEMENT	$250,000
OTHER EXPENSES (SPECIFY):	

TOTAL CDBG PROJECT BUDGET $ $ 0.00

merced county rescue mission

Programs

Hope for Men
Hope for Women
Hope for Families
Hope Medical Respite Care
Transition to Hope
Benevolent Logistics
Mission Merced Health Transport



Revised 07-2018

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kristin Larsen, CISR, CLIC	
Winton Ireland Strom & Green License# 0596517 P.O. Box 3277 Turlock CA 95381	PHONE (A/C, No, Ext): (209) 667-0995	FAX (A/C, No): (209) 667-7142
	E-MAIL ADDRESS: klarsen@wisg.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Nonprofits Insurance Alliance of California, Inc.	11845
INSURER B : GuideOne Mutual Insurance Co.	15032
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Merced Rescue Mission, PO Box 3319, Merced CA 95344

COVERAGES **CERTIFICATE NUMBER:** 19-20 GL/AL/DO/MB/18WC **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Social Services Professional GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		201903133NPO	01/01/2019	01/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liquor Liability	$ 1,000,000 $ 500,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			01784343	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 1,000,000 $ $ $ $
A	[ ] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			201903133UMB	01/01/2019	01/01/2020	EACH OCCURRENCE AGGREGATE [ ]	$ 1,000,000 $ 1,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		001430955	09/01/2018	09/01/2019	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Directors & Officers Liability			201903133DONPO	01/01/2019	01/01/2020	Limit:	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Merced, its Officers, Officials, Employees, Agents, Representatives, and Volunteers are included as Additional Insured with respect to General Liability per policy endorsement CG2026 0413. Insurance is Primary and Non-Contributory per policy endorsement. 30 Day Notice of Cancellation will be given, except 10 Day notice for non-payment of premium.

CERTIFICATE HOLDER

City of Merced
2222 M Street
Merced CA 95340

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Klarsen

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COMMERCIAL LINES COMMON POLICY DECLARATIONS

PRODUCER:

Winton-Ireland Insurance Agency, Inc.
P.O. Box 3277
Turlock, CA 95381

POLICY NUMBER: **2019-03133**
RENEWAL OF NUMBER: 2018-03133

NAME OF INSURED AND MAILING ADDRESS:

Merced Rescue Mission
P.O. Box 3319
Merced, CA 95344

POLICY PERIOD: FROM **01/01/2019** TO **01/01/2020**
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Rescue mission for the homeless

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THESE PREMIUMS MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE	$3,362
COMMERCIAL AUTO LIABILITY COVERAGE PART	Not Covered
COMMERCIAL AUTO PHYSICAL DAMAGE COVERAGE PART	Not Covered
IMPROPER SEXUAL CONDUCT AND PHYSICAL ABUSE COVERAGE PART	Not Covered
SOCIAL SERVICE PROFESSIONAL COVERAGE PART	$800
COMMERCIAL LIQUOR LIABILITY COVERAGE PART	INCLUDED
TERRORISM COVERAGE (Certified Acts)	Not Covered
TOTAL:	**$4,162**

FORM(S) AND ENDORSEMENT(S) MADE A PART OF THIS POLICY AT TIME OF ISSUE:*

CG 00 01 04 13	CG 00 33 04 13	CG 20 10 04 13	CG 20 12 04 13	CG 20 18 04 13	CG 20 20 11 85	CG 20 21 07 98
CG 20 26 04 13	CG 20 34 04 13	CG 20 37 04 13	CG 21 01 11 85	CG 21 09 06 15	CG 21 16 s 04 13	CG 21 47 12 07
CG 21 73 01 15	CG 24 07 01 96	CG 25 04 05 09	CG 77 94 04 93	IL 00 17 11 98	IL 02 70 09 12	NIAC-E11 07 92
NIAC-E12 05 92	NIAC-E15 01 17	NIAC-E22 08 95	NIAC-E25 12 15	NIAC-E26 11 17	NIAC-E28 01 99	NIAC-E29 12 09
NIAC-E3 01 17	NIAC-E33 01 17	NIAC-E34 09 18	NIAC-E42 01 17	NIAC-E44 04 07	NIAC-E5 07 15	NIAC-E56 01 17
NIAC-E59 02 12	NIAC-E60 07 12	NIAC-E61 11 17	NIAC-E67 08 17	NIAC-E70 12 15	NIAC-E72 01 17	NIAC-E74 03 14
NIAC-GL-NPO	NIAC-LL-NPO	NIAC-NPO-001 09 17	NIAC-X1 06 18	SCHEDULE G 01 80	SCHEDULE L 01 80	

***OMITS APPLICABLE FORMS AND ENDORSEMENTS IF SHOWN IN SPECIFIC COVERAGE PART / COVERAGE FORM DECLARATIONS.**

COUNTERSIGNED: 01/03/2019 BY Pamela C. Ro.

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

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COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

PRODUCER:

Winton-Ireland Insurance Agency, Inc.
P.O. Box 3277
Turlock, CA 95381

POLICY NUMBER: **2019-03133**

RENEWAL OF NUMBER: 2018-03133

NAME OF INSURED AND MAILING ADDRESS:

Merced Rescue Mission
P.O. Box 3319
Merced, CA 95344

POLICY PERIOD: FROM 01/01/2019 TO 01/01/2020
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Rescue mission for the homeless

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	$2,000,000
PERSONAL AND ADVERTISING INJURY LIMIT	$1,000,000
EACH OCCURRENCE LIMIT	$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	$500,000 any one premises
MEDICAL EXPENSE LIMIT	$20,000 any one person

ADDITIONAL COVERAGES:

CLASSIFICATION(S) SEE ATTACHED SUPPLEMENTAL DECLARATIONS SCHEDULE G

PREMIUM **$4,162**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS POLICY ARE INCLUDED IN COMMERCIAL LINES COMMMON POLICY DECLARATIONS

COUNTERSIGNED: 01/03/2019 BY _____

(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

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COMMERCIAL GENERAL LIABILITY EXTENSION OF DECLARATIONS

POLICY NUMBER: 2019-03133-NPO

NAME OF INSURED: Merced Rescue Mission

PREMISES CODE/CLASS	*LOC	PREMIUM BASIS	RATE	*ADVANCED PREMIUM
67017/Mission, Settlement or Halfway Houses - not church or office buildings - includes products and/or completed operations	13	1,980	70.811	$140
67017/Mission, Settlement or Halfway Houses - not church or office buildings - includes products and/or completed operations	14	2,023	70.811	$143
67017/Mission, Settlement or Halfway Houses - not church or office buildings - includes products and/or completed operations	15	2,374	70.811	$168
67017/Mission, Settlement or Halfway Houses - not church or office buildings - includes products and/or completed operations	16	2,535	70.811	$179
61227/Buildings or Premises - office - NFP	17	1,800	167.234	$301

ADDITIONAL COVERAGES

Activities/Field Trips:

Event #	# of people		Description	
1	N/A		ACE Overcomers Program (semi-weekly classes)	$50
2	N/A		8 Field Trips	$200
3	400	September	Homeless Connect	$75
4	560	February	Homeless Summit	$150
5	10		Garden Project	$50
6	500	May	Oasis Dinner	Incl.

Increased Aggregate $85

*See Common Declarations for Total Advanced Premium and Schedule 'L' for locations.

COUNTERSIGNED: 1/3/2019 BY Pamela C. Ro.

(AUTHORIZED REPRESENTATIVE)

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COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS

Schedule L

Page 1

POLICY NUMBER: 2019-03133-NPO

NAME OF INSURED: Merced Rescue Mission

PREMISES LOC/BLDG	DESIGNATED PREMISES ADDRESS, CITY, STATE, ZIP	ADDITIONAL INSUREDS AND OTHER INTERESTS
1	3834 Solstice Ave. Merced, CA 95348	
2	851 W. 23rd Street Merced, CA 95340	
3	9167 Stanford Avenue Planada, CA 95365	
4	931 Center Ave. Dos Palos, CA 93620	
5	420 Main Street Livingston, CA 95334	
6	7091 W. Walnut Avenue Winton, CA 95388	
7	2550 Linden St. Atwater, CA 95301	
8	830 6th Street Los Banos, CA 93635	
9	900 N Street Merced, CA 95341	
10	2212 Cherry Ave. Merced, CA 95340	
11	1151 Crescent Drive Merced, CA 95348	

COUNTERSIGNED: 01/03/2019 BY Pamela C. Ro.

(AUTHORIZED REPRESENTATIVE)

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SOCIAL SERVICE PROFESSIONAL COVERAGE FORM DECLARATIONS

PRODUCER:
Winton-Ireland Insurance Agency, Inc.
P.O. Box 3277
Turlock, CA 95381

POLICY NUMBER: **2019-03133**
RENEWAL OF NUMBER: 2018-03133

NAME OF INSURED AND MAILING ADDRESS:

Merced Rescue Mission

P.O. Box 3319
Merced, CA 95344

POLICY PERIOD: FROM 1/1/2019 TO 1/1/2020
AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

BUSINESS DESCRIPTION: Rescue mission for the homeless

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE COVERAGE AS STATED IN THIS POLICY.

LIMITS OF COVERAGE:		PREMIUM
SOCIAL SERVICE PROFESSIONAL AGGREGATE LIMIT	$1,000,000	$800
SOCIAL SERVICE PROFESSIONAL EACH EVENT LIMIT	$1,000,000	
TOTAL PREMIUM:		**$800**

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUANCE:
NIAC-E02 01 17, NIAC-E32 01 17,

COUNTERSIGNED: BY Pamela C. Ro.
(AUTHORIZED REPRESENTATIVE)

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

NIAC-SSP

Internal Revenue Service

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Date: April 16, 2007

Person to Contact:
Stephanie Swartzbaugh 31-07594
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
77-0284849

MERCED RESCUE MISSION
% DR HERBERT OPALEK
1921 CANAL ST
MERCED CA 95340-3725

Dear Sir or Madam:

This is in response to your request of April 16, 2007, regarding your organization's tax-exempt status.

In March 1996 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

ATE OF CALIFORNIA
FRANCHISE TAX BOARD
P.O. BOX 1286
RANCHO CORDOVA, CA. 95741-1286

May 30, 1991

In reply refer to
340:G :BC

MERCED RESCUE MISSION
P. O. BX 228
MERCED CA 95340

Purpose	:	RELIGIOUS
Code Section	:	23701d
Form of Organization	:	Corporation
Accounting Period Ending	:	June 30
Organization Number	:	

You are exempt from state franchise or income tax under the section of the Revenue and Taxation Code indicated above.

This decision is based on information you submitted and assumes that your present operations continue unchanged or conform to those proposed in your application. Any change in operation, character, or purpose of the organization must be reported immediately to this office so that we may determine the effect on your exempt status. Any change of name or address also must be reported.

In the event of a change in relevant statutory, administrative, judicial case law, a change in federal interpretation of federal law in cases where our opinion is based upon such an interpretation, or a change in the material facts or circumstances relating to your application upon which this opinion is based, this opinion may no longer be applicable. It is your responsibility to be aware of these changes should they occur. This paragraph constitutes written advice, other than a chief counsel ruling, within the meaning of Revenue and Taxation Code Section 21012 (a)(2).

You may be required to file Form 199 (Exempt Organization Annual Information Return) on or before the 15th day of the 5th month (4 1/2 months) after the close of your accounting period. See annual instructions with forms for requirements.

You are not required to file state franchise or income tax returns unless you have income subject to the unrelated business income tax under Section 23731 of the Code. In this event, you are required to file Form 109 (Exempt Organization Business Income Tax Return) by the 15th day of the 5th month (4 1/2 months) after the close of your annual accounting period.

BY-LAWS OF MERCED COUNTY RESCUE MISSION

July 2006

ARTICLE I: NAME

The name of this corporation is Merced County Rescue Mission Inc. [MCRM]

ARTICLE II: TYPE OF ENTITY

MCRM is a non-profit (501 C3) organization supported by free will offerings of interested individuals, churches, foundations, and organizations.

ARTICLE III: LOCATION

The principal office of the Corporation is located within the City of Merced, California. The principal area of ministry is Merced County. Expansion and/or growth of the Mission are at the Discretion of the Board of Directors in consultation with the Chief Executive Officer.

ARTICLE IV: PURPOSE

The purpose of this organization is to promote and practice the life changing Gospel of Christ Jesus, through His love, in charitable service to the poor and indigent; the least, lost, and the last of our City and County. MCRM's secondary – but equally important objective – is to equip those in our charge with the necessary skills and knowledge to live a Biblically-based Christian life, to rise upon dependency on welfare and handouts, and to become taxpaying and contributing members of society. The MCRM policy is that Disciples and Transients Guests and food pantry guests receive all of our services without any charge.

ARTICLE V: FISCAL YEAR

The fiscal year of the corporation is July1 to June 30th.

ARTICLE VI: MEMBERSHIP

The Board membership shall consist of persons who receive Jesus Christ as Savior, accept Him as Lord of their lives, take the Bible as their only rule of faith and practice, and join together to faithfully fulfill the constitution, by-laws, amendments, and objectives for which God called this Mission into being. Upon being received into the membership he (she) will be expected to become involved in a committee, preferably within the range of his (her) spiritual gift.

If and when the time may come in which a member of the Board feels he (she) can no longer conscientiously submit to, and actively co-operate with, the guidance set forth by the Chief Executive Officer and the will of the Board-at-large, he (she) should notify them of his (her) decision and work graciously toward a solution complimentary to everyone, whether it be resignation of membership or reduction of responsibilities. Upon request, persons in good standing may have a letter sent, commending them to another local expression of the Lord's Body.

The Board of Directors shall be elected and thereafter fill all vacancies expanding to a maximum of eleven (11) members. The Chief Executive Officer is a voting member of the board, subject to removal for cause (not up for annual election). The election of Board officers shall be held at the annual meeting of the Board of Directors to be held on the first Thursday after the first Sunday in July of each calendar year. Newly elected officers shall be installed at the close of the meeting. Three months of consecutive absence from the regular meetings, and after thorough investigation by the Board as to the reasons for absence, constitutes a resignation. Vacancies are to be filled by election at any regular meeting or by a special meeting to be called at any time by the Board Chairperson with concurrence of the Executive Committee. The vote of the majority of the Board shall constitute a quorum for conducting regular business. The office of any Director may be declared vacant at any regular meeting upon vote or written consent of two-thirds of the members of the Board.

ARTICLE VII: OFFICERS

The officers of the Board shall consist of Chairperson, Chief Executive Officer, Treasurer, and Secretary. The positions of Treasurer and Secretary may be combined at the option of the Board of Directors.

ARTICLE VIII: DUTIES OF OFFICERS AND DIRECTORS

The *BOARD OF DIRECTORS* shall transact all business in connection with the financial, special, public, or religious policy of the work, receiving reports from each Officer of the Board and the Chairman of Ad Hoc and Standing Committees. The Board of Directors may, at its unanimous discretion, ordain persons to the pastorate as deemed appropriate.

The *EXECUTIVE COMMITTEE* shall consist of the Chairperson, Chief Executive Officer, Secretary, and Treasurer. The Executive Committee shall designate the Chairperson and members of all Standing Committees. The Executive Committee shall meet at such times as is deemed necessary, and shall present, at monthly meetings of the Board of Directors, an outline of matters requiring the consideration and judgment of the Board of Directors. The Executive Committee shall act on all routine matters and shall summarize its transactions at regular meetings of the Board of Directors.

The *BOARD CHAIRPERSON* shall be responsible for the maintenance and discharge of all duties incumbent on a titular Presiding Officer of a volunteer Board of Directors as established by Board vote and parliamentary custom. A primary duty of the Board Chairperson is the day-to-day liaison with the Chief Executive Officer/Executive Director and shall be the primary instrument of the Board in holding the Chief Executive Officer accountable for his position. The Board Chairman is to be an ex-officio member of all Committees.

The *SECRETARY* shall keep a record of all meetings. At each regular meeting, the minutes of the previous meeting shall be properly presented.

The *TREASURER* shall keep safely all monies belonging to the Mission, using such banking institution(s) as the Board of Directors shall designate. Monthly reports of finance are to be given to the Board of Directors at each stated meeting. In the absence

of the Treasurer the Executive Director and those authorized by the Board of Directors are authorized to sign checks up to Three Thousand Dollars. An annual certified audit shall be made by a Public Accounting Firm

The sole paid member of the Board shall be the Chief Executive Officer.

The duties of the *Chief Executive Officer/ Executive Director* shall be, under the direction of the Board of Directors, the sole person responsible for the operational areas of the mission comprised of the ministerial, administrative, food service, financial, public relations, physical plant, and personnel areas. The Chief Executive Officer is to be an ex-officio member of all committees. The CEO may be dismissed for appropriate cause by a three/quarters public vote of the Board of Directors after the Executive Committee has met in closed session [not in the presence of the Executive Director]. Appropriate cause is deemed to be either malfeasance and/or deviation from the Christian Lifestyle.

ALL COMMITTEES shall, through their Chairperson, make final reports and shall report progress at each regular meeting of the work designated for their attention. Committee Chairpersons may, at the discretion o£ the Executive Committee, be invited to participate in meetings of the Executive Committee.

The *STANDING COMMITTEES* shall be the Building and Maintenance Committee, the Financial Committee, and the Development Committee and such others as the Board of Directors may establish.

AD HOC COMMITTEES may be appointed at any time by the Chairperson in consultation with the Executive Director.

ARTICLE IX: BOOKS AND PAPERS

All books and papers pertinent to the Mission shall be kept in the Executive Offices and shall, at all times during business hours, be open to the inspection of any member of the Board of Directors

ARTICLE X: MANNER OF ELECTION AND VOTING

The ballots cast at election of Officers of the Board of Directors shall have thereon the names of the persons nominated by the voters - both those selected by any duly appointed Ad Hoc Nominating Committee and those nominated from the floor prior to the balloting. Tellers shall be appointed by the Chairperson from those Directors whose names do not appear on the ballot. The person receiving the highest number of votes for each office shall be declared by the President to be elected, and such declaration shall be entered into the minutes of the meeting.

ARTICLE XI: INSTALLATION OF OFFICERS

At the close of each annual meeting, after the election of Officers of the Board for the ensuing year, the Articles of Incorporation, the By-Laws, and the statement of faith shall be read aloud by the newly elected Secretary or his/her representative and thereafter the newly elected Chairperson of the Board shall take the subscribing signature of each new Director to the Articles of Incorporation, the By-Laws, and the statement of Faith in token of his/her ratification and approval thereof. For purposes of this article, "each new

Director" shall be taken to mean each Director newly elected to the Board since the preceding annual meeting.

ARTICLE XII: CUSTODY OF BY-LAWS

These By-Laws shall always remain in the possession of the Secretary of Merced County Rescue Mission. Upon election to the Board, every new Director shall be given a copy, and he/she shall be expected to ratify the Secretary's copy at the next annual meeting.

ARTICLE XIII: AMENDMENTS

These By-Laws may be amended at any annual meeting of the Board of Directors, or at any regular meeting by a two-thirds (2/3) majority vote of the Directors, one full month's notice having been given in advance in writing, to each Director.

ARTICLE XIV: DISSOLUTION

The MCRM can only use its funds to accomplish the objectives and purposes specified in the Articles of Incorporation and Bylaws. No part of said funds can be distributed to the clients, staff, or Directors of the Ministry. On dissolution of the Ministry, any remaining funds or property are to be distributed to one or more qualified Christian charitable organizations as selected by the Board of Directors.