



Casa Esperanza Homeless Center

Offering hope and help every day!

8-Month Progress Report: Casa Esperanza Medical Respite Program

St. Francis Foundation Grant - July 2014-Feb 2015 Overview

To: Debby Cloud

From: Joe Tumbler, Jessica Wishan

March 4, 2015

The past year has been a remarkable one for Casa Esperanza and its Medical Respite Program, neither of which would have been possible without the generous support of the St Francis Foundation.

Medical Respite Care Progress/Overview

Homelessness exacerbates health problems, complicates treatment, and disrupts the continuity of care in health and social services. People experiencing homelessness encounter high rates of physical and mental illness, increased mortality, and often times, frequent hospitalizations and emergency room visits. Homeless individuals are 3-4 times more likely to die prematurely than their housed counterparts. A homeless individual's lack of a stable home environment diminishes the long-term effectiveness of hospital care. But, Casa Esperanza provides a solution to this problem – by providing basic recuperative care and “enabling services” allowing the client to recover under oversight of a Registered Nurse and Certified Nursing Assistants while receiving non-clinical social services that improve the skills necessary to live independently. At, Casa, we have:

- Dedicated 20 beds (20% of our capacity) to the Medical Respite Program.
- In partnership with Parish Nursing and Cottage Hospital, we provide oversight and care to those medically fragile individuals referred by Cottage Hospital, Public Health, or our own staff who are unable to fully care for themselves.
 - All of these clients are well below the poverty line and none have a place to go to recuperate safely.
- In addition to providing basic necessities, food, and personal hygiene assistance, we also provide Certified Nursing Assistants to oversee the recovery plan developed by Jan Fadden, the Parish Nurse assigned to Casa Esperanza.
- We provide Certified Nursing Assistants (CNAs) for those evening, swing shift and weekend hours when a Parish Nurse is not on the premises.
 - We oversee and log clients taking their medications throughout each day.

Enhancing Healthcare Coordination & Partnerships

The partnership with Cottage Hospital and Parish Nursing has strengthened considerably during the year:

- We have built a stronger relationship with Cottage Hospital to streamline the criteria for referrals and acceptance of Cottage discharges and emergency room patients to Casa Esperanza.
- We have worked closer with our on-site Parish Nurse to allow Casa to accept a broader range of clients from all sources to better align health care delivery with client needs to help reduce system-wide health care costs.
- We have had staff training by a representative of Doctors Without Walls on understanding and determining when to send a client to the Emergency Room. The goal is to minimize unnecessary and expensive emergency room visits.

Staffing & Cost Overview

If the remaining four months of the year continue as they have since the start of this grant period, we expect our Medical Respite program to cost \$475,000 annually.

- Casa Esperanza uses CNAs to staff the facility when Parish Nursing is not on duty. The “all-in” Budgeted costs for these staff are \$23.70 per hour.
- In addition, we use Nursecore to fill in when CNA staff call out sick or on vacation.
 - We estimate our CNA and related Nursecore costs to be \$111,074 fiscal year to date.
 - Nursecore costs, YTD through February, is \$9111.
- As we began the fiscal year, Cottage Hospital had an arrangement with us in which they provided Casa with a grant in the maximum amount of \$125,000, which was distributed based on bed nights used by Cottage at a rate of \$39 per night.
- In conversations with Cottage Hospital, they have graciously agreed to reimburse us at our actual cost-levels for bed nights they use.
 - Because of this, our re-imbusement rates increased from \$39 per night to \$62.39 (based on current year’s budget) and have made this payment retroactive to May 1st, 2014.
 - We are holding this rate through year-end 2015, even though our bed night costs will increase with the 2015-16 budget.
 - In the past 13 months, the “billed” Cottage beds have accounted only slightly more than one-third of our available medical bed capacity, hence the ongoing private support of the Medical Respite Program is critical in order for us to continue with our current program.
 - Our goal with Cottage is to streamline our working relationship so we can accept more clients from them.

Monthly Occupancy for Medical Respite Program

We are refining our bed night tracking systems, but wanted to share (as indicative of our client activity) the bed nights for clients that are “tracked” on Cottage Hospital beds.

	Cottage reported Bed Census	Non-Cottage Medical Census	Total Medical Census	Cottage % Occupancy	Non-Cottage Medical % Occupancy	Total Medical % Occupancy
Jan-14	318	236	554	103%	76%	89%
Feb-14	317	229	546	113%	82%	98%
Mar-14	302	252	554	97%	81%	89%
Apr-14	329	130	459	110%	43%	77%
May-14	265	255	520	85%	82%	84%
Jun-14	207	331	538	69%	110%	90%
Jul-14	311	184	495	100%	59%	80%
Aug-14	276	282	558	89%	91%	90%
Sep-14	231	323	554	77%	108%	92%
Oct-14	212	312	524	68%	101%	85%
Nov-14	265	429	694	88%	143%	116%
Dec-14	345	271	616	111%	87%	99%
Jan-15	351	304	655	113%	98%	106%
Actual Bed Nights	3729	3538	7267			
Available Bed Nights	3950	3950	7900			
% Occupancy	94%	90%	92%			

Length of Stay for Bed Nights

	Length of Stay in days	# of Incidences	% of Total
	1	65	19%
	2-3	74	22%
	4-6	63	16%
	7-10	55	16%
	11-15	32	10%
	16-25	27	8%
	>26	18	5%
	Total	334	
	Unduplicated clients	209	

Analysis: This distribution of length of stay does not reflect unduplicated clients, but from the above, 23% of our clients have lengths of stay greater than 10 days. We expect to expand our tracking to include our overall Medical Respite Bed program.

Client Success Story: Medical Respite Program



After 20 years of being chronically homeless, Casa Esperanza helped “Pirate” find permanent housing and end his homelessness for good. ***Pirate originally came through the doors of Casa Esperanza through the Medical Respite Program.*** Today, he returns to Casa regularly to check in with his Casa case manager to help support his continued sobriety, continuity in health care, and ensure his housing stability.

At 61, he improved his wellness, eliminated his addictions, and was given a chance to start life over again – and this is why Casa Esperanza, with support from the St. Francis Foundation, brings this community so much **hope**.

Organizational Improvements

Since we ran into financial difficulties and began our restructuring in September, 2013, Casa has:

- Installed strict financial discipline; reduced our spending by almost \$1 million per year
- Discontinued our drop-in day center and our open lunch program to save money
- Become a sobriety-based residential program, focusing on our goal-oriented “Homelessness to Housing” pilot project, as well as our Medical Respite Program
- Operated at a modest \$28K operating surplus for FY 2013-14 (our reported profit was \$1.15 million, which included the forgiveness of \$1.12M of debt and interest.)
- Retired an additional \$1M of debt from the City and County in accordance with terms of the original financing of the construction of our building
- Implemented a program to retire all existing Casa non-mortgage debt in a program that will allow all future contributions to Casa to go to current and future programs
- Successfully passed a comprehensive operational review conducted by both City and County staff, which resulted in \$125,000 of discretionary funding from the City, and \$120,000 of discretionary funding from the County
- Received approval from the City Planning Commission for our two year review of our Conditional Use Permit, which included accolades from neighbors about the progress we have made in becoming a good neighbor
- Recruited and experienced Managing Director who has considerable experience managing homeless services and housing programs
- Reached agreement in principle with PATH (People Assisting the Homeless) to merge with Casa Esperanza, hopefully before June 30, 2015. PATH has extensive experience operating a wide variety of homeless services, housing programs and medical respite programs. In summary, this merger is best described as a partnership in which PATH’s expertise will enhance Casa’s existing capabilities. PATH has pledged that all funds raised in Santa Barbara will be used for Santa Barbara programs. As part of this transaction, Casa must remain self-funding, so our need to raise support in Santa Barbara is still critical.

Reflection & Summary

In sum, the past year has been one of enormous progress for Casa and the Medical Respite Program and we are incredibly grateful for your ongoing support. We hope to be able to continue improving the program as we move forward to better serve the neediest of the community while we help optimize systemic health care costs. We have raised more than \$100,000 in private support to fund the program -- to leverage the meaningful contributions made by Cottage Hospital and St Francis. We hope to be able to make similar progress going forward and thank you again for your tremendous support!

With gratitude,

Joseph Tumbler
Interim Executive Director

Jessica Wishan
Managing Director, Casa Esperanza

The Foundation Roundtable: Common Grant Application

Cover Sheet

Foundation you are applying to: St. Francis Foundation
Legal Name of Applicant Organization: Casa Esperanza Homeless Center
Project Name (if applicable): Medical Respite Program
Funds will pay for: Medical Respite Beds
Full Mailing Address: PO Box 24116, Santa Barbara, CA 93121
Location(s) if different from above: 816 Cacique Street, Santa Barbara, CA 93103
Executive Director: Joseph Tumbler
Phone: 805-884-0171 Fax: 805-965-3871
Email: jwishan@casa-esperanza.org Website: www.casa-esperanza.org
Contact Person & Title: Jessica Wishan, Managing Dir. Phone: 805-884-0712

Tax-exempt Status:(Most foundations require 501(c)(3) status. You must check this requirement before applying.)

501(c)(3) Granted Tax I.D. Number: 77-0502754 Other: _____

Type of Request: Check with individual foundations to determine the types of accepted grant requests.

General Support Program Support Seed Funding Research
Capital Endowment Multi-Year Other: _____

This Grant Request: \$ 150,000 Total Project Budget: \$ 504,670

Grant Period from: 07/01/15 To: 06/30/16

Total Organizational Budget for Current Year: \$ 1,980,234 Fiscal year begins: 07/01/15

Summarize the organization's mission statement (two to three sentences):

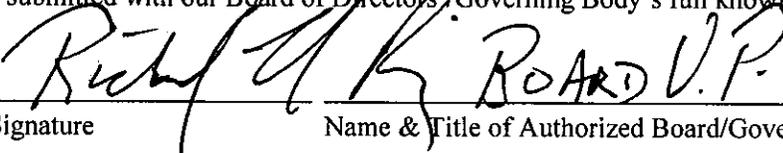
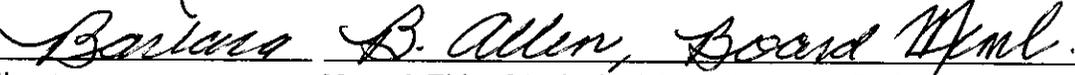
The mission of the Casa Esperanza Homeless Center is to help homeless individuals and families achieve their maximum level of self-sufficiency and to help as many as possible to access the services they need to transition from homelessness to housing.

Summarize your grant request (two to three sentences):

Casa Esperanza requests \$150,000 for its 7,300 bed night Medical Respite program, which costs \$504,670 (\$151,538 is the cost of required CNA staffing). Cottage Hospital is expected to cover \$200,000 of the costs. We need to raise \$305,000 from other sources of which St. Francis plays a pivotal role.

Proposal Authorization

We certify that the information in this application is to the best of our knowledge true and accurate and is submitted with our Board of Directors/Governing Body's full knowledge and endorsement:

	<u>BOARD V.P.</u>	<u>3/3/15</u>
Signature	Name & Title of Authorized Board/Governing Body Representative	Date
	<u>Barbara B. Allen, Board Mnl.</u>	<u>3/2/15</u>
Signature	Name & Title of Authorized Board/Governing Body Representative	Date

1. Your organization's history and accomplishments.

Since its inception in 1999, Casa Esperanza Homeless Center's mission is to assist homeless individuals achieve their maximum level of self-sufficiency, by helping as many people as possible access the services they need to transition from homelessness to housing. Casa Esperanza is the only shelter from Los Angeles to San Luis Obispo that operates 24/7, every day of the year; we believe a marriage of coordinated housing, services and health care is the most effective approach to comprehensively end homelessness. During the months of December-March, we increase our capacity from 100 beds to 200 beds to accommodate a winter shelter program. Casa Esperanza also owns and operates The Community Kitchen which supplies up to 144,000 meals for residents annually. The Community Kitchen also serves as a food distribution facility to other non-profits, collecting more than 600 vans full of donated food and re-distributing 2/3 of it to local programs/agencies.

Casa Esperanza has re-designed its financial and operational structure in the last two years. Financial progress includes: formation of a finance committee and implementation of a three part financial rescue plan which stabilized Casa's finances; Reduction of debt by more than \$2MM; Restoration of fiscal discipline; Hiring a CPA Finance Director and moving financial functions in house.

Program & Operating changes include: Hiring a new managing director; Closing the drop in day center; Shifting programmatic focus to outcomes (quality over quantity); Reduction in local nuisance police activity in the neighborhood, while crime increased in other areas of the city; Serving only Santa Barbara residents in our homeless to housing programs; and significantly improving neighborhood relations with local Milpas Area Task Force.

Importantly, Casa Esperanza is working towards a merger with PATH (People Assisting the Homeless), a nonprofit homeless services agency which has 30 years of experience and 22 operating centers in Southern California. This partnership will help strengthen the infrastructure, resources, programs and oversight of Casa Esperanza to help better manage the organization and achieve better outcomes

2. Your current programs and activities. Include the constituency you serve, with specific demographic information. How are they actively involved in your organization and/or how do they benefit from your organization's work?

Casa Esperanza Homeless Center targets a population that is "literally homeless," low income and often with disabling health conditions. Approximately 55% of those we serve struggle with substance/alcohol use or mental health concerns or a combination of both. Persons seeking assistance are accepted at Casa Esperanza if they are local residents, are willing to comply with house rules, remain drug and alcohol free, and adhere to a defined "good neighbor" policy. Our Medical Respite Program serves the medically fragile who have no other place to go to recover from an illness or after discharge from Cottage Hospital.

3. Your organization's relationships – both formal and informal – with other organizations working to meet the same need. In what way does your work differ from that of other organizations?

With the support of community partners, Casa Esperanza provides 18+ workshops each week, supports 5+ onsite healthcare partners, and actively works with more than 30 community agencies to provide screenings and referrals to ensure a continuum of care for homeless services. A partial list of partners includes: Santa Barbara County Public Health, County Alcohol, Drugs & Mental Health Services Department, County Department of Probation, Cottage Health Systems, The City of Santa Barbara Housing Authority, Restorative Policing and Restorative Court, Common Ground, Legal Aid, Transition House (under an MOU), Good Samaritan, the Rescue Mission, Council on Alcoholism & Drug Abuse and many others.

FUNDING

1. What need or problem does your project work to address?

Homelessness exacerbates health problems, complicates treatment, and disrupts the continuity of care in health and social services. People experiencing homelessness encounter high rates of physical and mental illness, increased mortality, and often times, frequent hospitalizations and emergency room visits. Homeless individuals are 3-4 times more likely to die prematurely than their housed counterparts. A homeless individual's lack of a stable home environment diminishes the long-term effectiveness of hospital care. Casa Esperanza provides a solution to this problem – by providing basic recuperative care and “enabling services” allowing the client to recover under oversight of a Registered Nurse and Certified Nursing Assistants while receiving non-clinical social services that improve the skills necessary to live independently.

Studies of 10 national medical respite programs have shown that respite care reduced hospital re-admissions which ultimately resulted in cost avoidance for extended hospital stays – Casa’s model exists as both a life-saving program that is also cost-effective for taxpayers and hospitals. Part of this model is helping all clients get access to health insurance through County Public Health, and helping them acquire a primary care physician, with whom they can establish an ongoing relationship and ultimately help to reduce unnecessary returns to the emergency room.

2. In a short paragraph, tell us your project’s (or organization’s) goals and the specific outcomes you project for the grant period (i.e. numbers served, behavior or attitudes changed, capital project completed, etc.).

During the course of one year, through Casa Esperanza’s Medical Respite Program, we expect to provide necessary recuperative care for **425+ clients**, for up to **7,300 bed nights**. Of these, Cottage will refer **200** clients who will spend up to 3650 bed nights. The remainder are referred by Pubic Health, our own case managers or those that stay longer than allowed by the Cottage Hospital. Outcomes include: Significant system savings in the form of early discharge; lower readmission; and lower emergency room use.

There are significant qualitative outcomes in overall health improvements and development of self-care skills As cited by the National Healthcare for the Homeless Council, Medical Respite Care is defined as acute and post-acute medical care for homeless persons who are too ill or frail to recover on the streets, but whose illness is not severe enough to remain in a hospital. We believe we accelerate recovery times, and enhance quality of client life in addition to reduction of use of community health care resources.

Describe your project or the capital items requested, including:

A. Whether the project is new, ongoing or an expansion

With many thanks to the support of the St. Francis Foundation, this is an ongoing project. The other key partners include Parish Nursing and Cottage Hospital (and enrollment and healthcare insurance and primary healthcare provided by County Public Health), the medical respite care program at Casa Espeeanza continues to exist.

B. Target audience, including specific demographic information

Casa Esperanza Homeless Center targets a population that is "literally homeless," low income and often with disabling health conditions. Approximately one half of the clients served through the respite care program are discharged directly from Cottage Hospital because they are homeless, need time and care to fully recuperate and have nowhere else to go but back to the streets. Casa Esperanza’s 20 medical respite beds are available to the homeless when they are sick on the streets, when they are released from the hospital and when medical

conditions require residential care. This is the only comprehensive program of its kind and clients benefit from the proximity of a County Public Health Clinic located onsite at Casa Esperanza Homeless Center.

C. Activities/strategies that will be used to meet your stated outcomes

The program includes: A thorough intake assessment of client needs and ongoing client monitoring by a Parish Nurse as well as Casa’s staff who are licensed (CNA) medical assistants. The respite care program provides clients with the services determined at intake and as modified during their stay. Importantly, it also teaches clients how to better care for themselves and become self-sufficient and/or recuperate in a healthy way that leads to long-term health and self-care. Staff provides resources and coaching regarding proper nutrition, bathing, personal hygiene and other necessities that promote wellness and accelerate recuperation. Recuperative care at Casa Esperanza helps clients find acceptable follow-up living arrangements after their recuperation is complete, and introduces clients to other service providers to help them plan and meet long term goals. We also provide the very basic services including necessary food, shelter, and personal hygiene items to improve the quality of their lives during recuperation.

D. General timeline for the main objectives of your project

The medical respite program already exists, and operates 24/7, all year long. While our overall program occupancy in the past 13 months has averaged 92%, we provide a vital overflow capability to the medically fragile and the community. Almost 77% of the time, at least one of our medical respite programs (Cottage or non-Cottage) is operating are greater than 100% capacity.

3. If this is a request for General Support, what are your organization’s most pressing needs?

This is not a request for General Support, but rather a program-specific request to support the Medical Respite Program at Casa Esperanza Homeless Center. We dedicate 20 beds, or 20% of our capacity for medical respite and our staff believe that these beds will be fully utilized going forward. Our request of St Francis Foundation is \$150,000, or 30% of our operating budget (which is less than the \$182,000 granted last year). While Cottage Hospital has increased their purchased services contract, we still need to raise more than an additional \$135,000 from other private sources to pay program costs. We recognize this is a significant request of the St. Francis Foundation, and believe our missions are perfectly aligned, as we are serving the healthcare needs of Santa Barbara residents, focusing entirely on those in greatest need -- and without other care options.

In addition, our medical respite program costs as follows:

Fiscal Year	2014-15	2015-16
Total Program Budgeted Cost	\$455,436	\$504,670
Cost of “CNA’s”	\$126,471	\$151,538

Occupancy (Jan 14- thru Jan 15)

Cottage Billed beds	75% (3945 out of 3950)
Total bed	92% (7267 out of 7900)

Our bed night rate for Cottage hospital is \$69.13 based on our 2015-16 budget and assuming full occupancy. Given that they pay for only 34% of the beds nights in the program, we have a lot of unrecovered costs to make up from private donations and St. Francis Foundation plays a critical role in this regard. While Cottage has gone a very long way in supporting us (and provided fully for the night reimbursement rate we asked of them) at current occupancy rates, we need to raise \$\$285,000 from private sources to fully pay for the medical respite program.

4. How do you plan to evaluate the effectiveness or impact of the project?

Our goal is to safely and quickly transition every client we serve so they are able to care for themselves, and improve their quality of life. This is measurable, and the oversight of our program by Parish Nursing gives independent evaluation of the program and its effectiveness. Much of the success and outcomes of the recuperative care program is demonstrated through qualitative progress (health improvements and self-care) rather than quantitative outcomes.

Benchmark indicators of success include but are not limited to:

- Enrollment in healthcare benefits
- Establishment of a primary care physician along with follow up care with Public Health after hospital discharge
- Proper and needed usage of prescribed medications
- Satisfaction with healthcare partners including Cottage Hospital and Parish Nursing
- Effective communications and coordination with emergency services partners
- Satisfaction from clients/Cottage patient discharges during stay at Casa Esperanza
- Qualitatively, improved health and self-sufficiency in clients, greater happiness, and sustaining sobriety and healthy living
- Estimated decrease in public costs (Kaiser Foundation California State Health Facts in 2008 site an average nightly hospital stay at average hospital adjusted expenses per inpatient stay is \$2,279) compared to Casa Esperanza which is \$69 per night.

5. Summarize the skills and relevant experience of key staff/volunteers essential to the project's success. If other organizations are collaborating on this project, note which ones and in what ways.

Jessica Wishan is the newly hired managing director at Casa Esperanza Homeless Center and recently opened a homeless facility in San Diego that included an 8,000 square foot federally qualified health center on-site. She strategically spearheaded care management between cross-sector providers including shelter operators, social workers, outreach workers, and medical care givers/clinicians to effectively combine healthcare and housing in one location. One of her priorities is improving, and building upon, the operational relationship between Casa Esperanza, Cottage Hospital, Parish Nursing and Public Health with the intention of improving communications, implementing new systems, and providing-- overall-- a more seamless partnership.

Other staff for the respite care program include: Jan Fadden, Parish Nurse/Respite Medical Coordinator, graciously supported by the St Francis Foundation. In addition to Jan who oversees the program, Bobby Lok is an EMT and serves as Casa's Wellness Manager. We consult with Jan Fadden who advises on the adequacy of our staffing and our ability to meet program objectives, and she is comfortable that we have the proper capabilities in place. Other CNAs employed by Casa Esperanza include: Maria Ibarra, Tina Aragon, Garrett van der Water, and Laura McElhinney-Wilkinson.

6. If full funding is not available, what is the contingency plan for securing additional support and/or how can you modify your proposal?

We will make every effort possible to secure funding to support our medical respite program from additional private sources. Direct Certified Nursing Assistants (CNAs) are our largest cost component, constituting 30% of our budget (\$152,000). This program is central to our core mission, so it merits support from Casa's general funds. Casa Esperanza continues to diversify its funding sources through private and public funders, as well as through in-kind support from volunteers and donations from the community. However, given that our budget leaves very little flexibility, we would probably be confronted with the difficult decision of cutting back service levels in order to balance our budget should additional funding not be obtainable.

The Foundation Roundtable: Common Grant Application

Project Budget

Note: Check with each foundation to see if this form is required.

Organization Name: Casa Esperanza Homeless Center
 Name of Project (if different): Medical Respite Program
 Budget dates for grant period: 07/01/2015-06/30/16

NOTE - Do not use commas as thousand separators in any of the numerical fields

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Total Project (\$)	Pending (\$)	Secured (\$)	Notes
County of SB Grants				
City of SB Grants				
Foundations	400000	200000	200000	Cottage Hospital
Contributions	104670	104670		
Other				
TOTAL INCOME	504670	304670	200000	

List the In-Kind (non-cash) contributions: _____

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, capital items, etc.

Item	Total Project (\$)	This Request (\$)	Notes
Salaries & Benefits	355440	105645	Total direct CNA expenses are \$151,538.
Facilities, Utilities/M	67176	19966	Allocation to this grant based on proportion
Internet, Telephone	4875	1449	of requested St. Francis Fdn grant to total
Supplies	10600	3152	Medical Respite Program costs.
Postage, Shipping/	8000	2378	
Professional Fees	9800	2913	
Insurance	20840	6194	
Equip Rental/Maint	950	282	
Client Expenses	3416	1015	
Food	5000	1486	
Office-Other	18573	5520	
TOTAL EXPENSES	504670	150000	

The Foundation Roundtable: Common Grant Application
Organization Financial Summary

Note: Check with each foundation to see if this form is required.

Organization Name: Casa Esperanza Homeless Center Fiscal Year Dates: FYE 06/30

INCOME

Possible categories: Government grants, foundation grants, individuals, business support, events, fees for service, etc.

Source	Prior Year's Actual	Projected Annual Budget (\$)	YTD Actual (\$) as of [01/31/15]
County of SB Grants	435946	683036	277569
City of SB Grants	226196	294500	180323
County of SB - Mortgage Forgiveness	0	0	500000
City of SB-Mortgage Forgiveness	0	0	500000
Foundations	485417	550000	380023
Contributions	886913	378000	279518
Debt Forgiveness	1126206	75000	43750
Other	9160		21635
TOTAL INCOME	3169838	1980536	2182818

List the In-Kind (non-cash) contributions: _____

EXPENSES

Possible categories: Salaries, professional fees, rent and utilities, travel, publicity/outreach, events, etc.

Item	Prior Year's Actual	Annual Budget (\$)	YTD Actual (\$) as of [01/31/15]
Salaries, Benefits, PR Taxes & Fees	1103241	1234043	561177
Facilities, Utilities, Maintenance	339524	335879	204286
Internet, Telephone, Fax	26000	24375	14870
Supplies	51092	53000	26263
Postage/Shipping/Printing	20207	40000	7146
Professional Fees	109148	49000	21324
Insurance	54257	104200	48186
Equipment Rental/Maintenance	5062	4750	2311
Client Expenses	111734	17081	16168
Food	20128	25000	12318
Office-Other	174968	92906	130867
TOTAL EXPENSE	2015361	1980234	1044916
NET PROFIT OR LOSS	1154477	302	1137902

Total Capital Expenses			
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i.e., computers, vehicles, building improvements, etc.:

Notes:

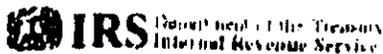
Fiscal year ended 06/30/14 includes debt and interest forgiveness of \$1,126,206. Operating surplus \$28,271.

The Foundation Roundtable: Common Grant Application

Organization Balance Sheet Summary

Note: Check with each foundation to see if this form is required.

ASSETS	MOST CURRENT (\$) as of [01/31/15]	PRIOR YEAR CLOSE (\$)
Current Assets		
Cash and Equivalents	214385	203421
Accounts Receivable	215550	127528
Prepaid Expenses	26895	13091
Inventory		
Grants/Pledges Receivable	22372	22372
Other	20158	10830
Fixed Assets (Net)		
Property	4120798	4198487
Buildings		
Equipment		
Investments		
Endowments		
Other		
TOTAL ASSETS	4620158	4575729
LIABILITIES		
Current Liabilities		
Accounts Payable	31198	46225
Accrued Expenses	58505	76219
Long Term Debt (Current Portion)	82296	194358
Short Term Debt		
Other	50000	4675
Long Term Debt (over a year)		
Loan	2389870	3384278
Other		
TOTAL LIABILITIES	2611869	3705755
Net Assets		
Unrestricted	1991721	714830
Temporarily Restricted	16568	155144
Permanently Restricted		
TOTAL LIABILITIES AND NET ASSETS	4620158	4575729



OGDEN UT 84201-8046

In reply refer to: 0424137478
Aug. 30, 2004 LTR 252C
77-0502754 000000 00 000
Input Op: 0424140463 03299
BODC: TE

CASA ESPERANZA HOMELESS CENTER
X HATCH AND PARENT ATTN D L MARTIN
PO BOX 24116
SANTA BARBARA CA 93121-4116165

Taxpayer Identification Number: 77-0502754

Dear Taxpayer:

Thank you for the inquiry dated Mar. 18, 2004.

We have changed your business name as requested. The number shown above is valid for use on all tax documents. For your convenience, we have ordered corrected Forms 8109, Federal Tax Deposit Coupons, for you to make your deposits. You should receive them in five to six weeks. REMINDER - Your new business name should also be used if you deposit electronically. You can make Electronic Funds Transfer (EFT) payments using the government's Electronic Federal Tax Payment System (EFTPS) through a financial agent designated to process tax payments.

If you have any questions, please call us toll free at 1-877-829-5500 between the hours of 8:00 a.m. and 6:30 p.m., Eastern Time.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

THE COALITION TO PROVIDE SHELTER

a public charity for return filing purposes during your entire advance ruling period, you should file Form 990 for each year in your advance ruling period that you exceed the \$25,000 filing threshold even if your sources of support do not satisfy the public support test specified in the heading of this letter.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete. So, please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, we will assign a number to you and advise you of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

In accordance with section 508(a) of the Code, the effective date of this determination letter is February 4, 1999.

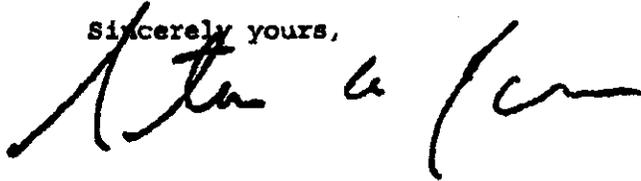
If we said in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help us resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

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If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Alan A. [unclear]", written in a cursive style.

District Director

Enclosure(s):
Form 872-C