

Agency	H.O.M.E. Center
Program	Peer Support Specialist
San Marcos Service Address	direct to people who are unhoused in San Marcos
Requested	\$40,000
Recommended	\$20,000

Application Completeness Check for HSAB	H.O.M.E. Center Peer Support Specialist
Questions	
Are all questions answered?	Yes
Is the application signed? (this is a certification)	Yes
Does the program have measurable outcomes?	Yes
Is the agency a Human Services Agency?	Yes
Is the agency overseen by a Board of Directors?	Yes
Required Attachments	
BUDGETS	
1. Agency budget for current fiscal year	Yes
2. Agency budget proposed for next fiscal year	Yes
3. Program budget for current fiscal year	Yes
4. Program budget proposed for next fiscal year	Yes
5. Budget showing the exact uses of the HSAB funding	Yes
BOARD OF DIRECTORS INFORMATION	
6. Board of Directors membership roster	Yes
7. Board of Directors Meeting Attendance Record for current year	Yes
8. Board of Directors City of Residence	Yes
9. Board of Directors membership criteria	Yes
ORGANIZATION INFORMATION	
10. Organizational chart with names and titles of staff	Yes
11. Current IRS Form 990, pages 1 and 2 (not required for churches)	Yes
12. Non-discrimination policy statement	Yes
Preferred Attachments - 3 Letters of Support	
Letters of support from members of the San Marcos Community	Yes
Attachments if Applicable	
Latest audit or CPA signed review, if applicable	
Policies and Procedures for the proposed Program, if available	Yes
Note: We are not requiring Texas Secretary of State registration	

City of San Marcos Human Services Grants
FY 2025 Application

I. SUMMARY INFORMATION

Please spell out organization name and program name completely, without acronyms.

Applicant Organization: Homeless Outreach Mitigation and Emergency Center

Contact Name: Hannah Durrance Telephone: 512-214-5296

Contact E-Mail Address: hannah.durrance@gmail.com Website: homecentertx.org

Mailing Address: 801 River Road Apt 227 San Marcos TX 78666

San Marcos Service Address for this Program: _____

Who is authorized to execute program documents? (Name, Title) Hannah Durrance, Executive Director

Program Name: H.O.M.E. Center Pathways To HOME

Amount of Funds Requested: \$40,000

What percentage of the cost of this program is requested as funding through this application? 25%

II. QUESTIONS

All questions must be answered. Please type your answers.

OVERVIEW

1. What is the agency's or organization's mission?
"H.O.M.E. Center provides outreach, mitigation, and emergency response in order to reduce houselessness to functional zero in Hays County"
2. Briefly summarize the program for which funding is being requested and the services it provides.

Homeless Outreach Mitigation and Emergency Center strives to provide compassionate and dignified case management and peer support to individuals in Hays County who are currently homeless, or at risk of experiencing homelessness. H.O.M.E. Center provides assistance to residents living in Hays County to alleviate the challenges faced by the unhoused community and at-risk populations with incomes at or below 45% AMI.

The H.O.M.E. Center's Pathway to HOME for U.S. Military Veterans and Households with Disabilities project assists unhoused households with transitioning into permanent housing and addresses the immediate and long-term needs of low-income households. The project conducts comprehensive case management and ensures data-driven service delivery through the Homeless Management Information Systems (HMIS) in partnership with the Texas Homeless Network. The project also includes collaboration with ViaHOPE to serve as a supervisor training site for peer support specialists and provides essential move-in support and financial assistance for long term housing stability.

Staff and volunteers will assist individuals with applying for long-term low-income housing, applying for area resources, ensure households have access to medical care and health insurance that meets their individual needs, operate a phone line to provide referrals, transport households to services needed to obtain and maintain housing goals and assists military veterans with applying for HUDVash housing vouchers and services through the Veterans Administration. The project empowers individuals by assisting them through the process of moving from homelessness into housing stability, financial stability, and self-sufficiency.

H.O.M.E. Center recognizes the need to address the underlying causes that prevent individuals from maintaining stable housing. This project is designed to address the issue of homelessness with a multifaceted approach that puts the humanity of our participants first.

COMMUNITY NEED AND JUSTIFICATION - 20 POINTS

1. Describe in detail the need for this program in San Marcos.

The US Census Bureau has reported, as of 2021, that 13.6% of the population in Hays County, TX (about 30.9k out of 228k people) live below the poverty line. This is higher than the national average of 12.6%. With rising housing costs across the nation, individuals under the poverty line will continue to struggle to pay for housing and other necessities. Projects like Pathways to HOME, using qualitative data collection tools, can mitigate the effects of homelessness on our community and meet transitional needs of low income households who are struggling as poverty rates and housing costs increase throughout Central Texas.

Based on the Federal Poverty Level, an individual would be considered impoverished if they make less than \$14,580 a year, or \$1,215 a month, however, the fair market rent is currently sitting at \$1,519 for a studio apartment ([HealthCare.gov](https://www.healthcare.gov), USHousingData). In 2022, 12.9% of Hays County, Texas's population lived below the poverty line, which is higher than the national average of 12.5%, indicating a large segment of the population unable to afford high housing costs. Data collected in HMIS, by licensed case managers, will give a better understanding of the impact higher housing costs are having on low-income households in the county and will report this data to HUD. Not only does this increase our understanding of this issue, H.O.M.E. Center's limited data collection in HMIS and the Point in Time Count, (H.O.M.E. Center organized and conducted the first count in 2020 and 2021) has led to the release of 55 housing vouchers for low-income and unhoused families in Hays County from the Housing and Urban Development for pandemic relief and homeless U.S. Veterans. More data collection is needed in order to obtain additional support from HUD and the federal government.

According to Texas Homeless Network (THN), as of January 2024, there were an estimated 27,229 individuals experiencing homelessness in the state of Texas (<https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>) The Hays County data reported a total of 210 unsheltered individuals, including 60 unsheltered children, in the county. The majority of those unhoused were surveyed in San Marcos, Texas.

Despite the efforts of the Homeless Coalition of Hays County and Texas Homeless Network to collect a snapshot of the unhoused population, this data is inconsistent with other data collected throughout the year. The data collected from McKinney Vento reports in the school districts indicate more than 300 unhoused children throughout Hays County. Area shelters have reported sheltering higher numbers than those reported, but there is no system for tracking unduplicated services. The count also does not include populations living in motel rooms, with families with children are more likely to be during the count. Therefore, the count provides only a snapshot of what our unsheltered population looks like on any given day. HMIS data collection from the HOME Center project would provide a detailed report that would encapsulate the number, demographics and factors impacting homelessness for accurate reporting.

While the Point in Time Count has successfully provided an overview of the homeless population and their demographics, it does not capture the causes and effects of homelessness on the community or the full scope of the issue. The focus of the Point in Time Count is to record the visible homelessness that exists in an area, but the invisible population includes households that are often living in cars or who have funds for shelter some nights, but not all nights during a given month. It also does not capture at risk of homelessness populations. This demonstrates a lack of consistent data collected. In order to better understand the unhoused and at risk populations in the county, daily documentation of the unhoused and at risk population needs to be recorded and reported to HUD, state policy makers and local municipalities and organizations. One of the primary goals of H.O.M.E.

Center is to provide additional data to ensure the county is responding effectively to the crisis facing our low-income and unhoused community members and the factors contributing to the rising poverty rate in the county.

Income disparity is not the only issue these individuals face. Of the 210 surveyed, 34 individuals had a serious mental illness, or physical disability, preventing them from working, 16 were veterans and 60 were under the age of 18 years. In 2023, 116 H.O.M.E. Center served unsheltered households. Additional funding would ensure more households are receiving referrals and accessing services that will meet their individual needs, including mental health services, veteran's assistance services and receiving health care counseling for unmet medical needs.

According to Texas Homeless Network, communities utilizing HMIS have shown significant decreases in the number of unhoused individuals and have been successful in getting low-income households into services that prevent homelessness. United Way funding would provide case management, HMIS licenses, and funds for operational expenses that this project needs to be sustainable and to appropriately report quality data to Texas Homeless Network and HUD. It is essential that projects like H.O.M.E. Center and the staff that is necessary for effective case management receive funding to support efforts to reach zero functional homelessness in Hays County.

2. Has the need for this program been increasing in recent years?

In 2020, 103 unsheltered households were identified. By 2024, that number had increased to 210 unsheltered households. The number of unhoused and low-income households has steadily increased since 2019 in Hays County, despite statewide numbers of unhoused households decreasing in the past year. Few projects in Hays County have had a primary focus on the unhoused community, and of those currently assisting the unhoused, there are no projects utilizing HMIS.

3. Client Information

Definitions:

Direct Client - individuals or families immediately affected or personally served by the helping agency.

Questions:

- a. Describe the direct clients for this program.
Individuals enrolled in this program are households with disabilities, unhoused veterans and previously unhoused households at risk of losing housing in Hays County.
- b. How is the program marketed to direct clients?
Word of mouth, social media advertising, awareness campaigns, media announcements, webpage and participation in the Homeless Coalition of Hays County.
- c. How do you find these clients?
H.O.M.E. Center staff and volunteers conduct street outreach to discuss our project with unhoused individuals, we accept phone calls for referrals and direct calls from potential clients, we meet with unhoused households at the San Marcos Public Library and advertise
- d. Expected total annual unduplicated direct clients who are City of San Marcos residents:
120 individuals

IMPLEMENTATION - 15 POINTS

1. How exactly will these funds be used?

H.O.M.E. Center intends to pay a portion of a salary for a Mental Health Peer Support Specialist who will conduct home visits, interact with individuals through street outreach, transport clients to medical, mental health and social support services, assist clients with applying for services, provide surveys to clients to document outcomes and document case notes and services provided.

What specific, measurable outcomes or results do you hope to achieve with this program? *Our homeless outreach project utilizes a comprehensive approach to track and measure progress towards achieving our outcomes. We employ a combination of data sources and methods tailored to our specific objectives and the nature of our services. Key indicators and corresponding data collection methods include:*

1. **Housing Stability Determined by HMIS:** Utilizing our Homeless Management Information System (HMIS) and spreadsheets to track the number of households transitioning from temporary motel shelter, area shelters or street outreach into permanent housing. Providing regular updates and reviews of housing status, with documented dates of entry into permanent housing will ensure quality data collection.
2. **Health and Well-being documented through HMIS:** Recording health assessments conducted during intake and at regular intervals will track changes in physical and mental health status through quantitative assessments (e.g., standardized health questionnaires).
3. **Employment and Income tracked with HMIS:** By monitoring job retention rates and financial stability improvements through participant surveys and employment records project success will be determined.
4. **Peer Support and Case Management Hours, Referrals, Resources tracked in HMIS:** By assessing the impact of peer support and case management on housing stability and overall well-being through, data collection, participant feedback through surveys and qualitative interviews program success is determined.
5. **Financial Assistance Impact Tracked in HMIS and by independent CPA:** Conducting financial audits and tracking budget allocations to ensure funds are effectively utilized for housing and support services to ensure funding is managed appropriately.

Data Collection Methods:

- **HMIS and Spreadsheets:** For recording demographics, referrals, and program milestones.
 - **Participant Surveys:** Assessing satisfaction, changes in housing stability, and overall program impact.
 - **Quantitative Assessments:** Pre and post-tests to measure improvements in specific areas like housing stability, health care, mental health care, increased income or services and employment.
2. List the title of each position for which funding is requested and the activities associated with those positions. H.O.M.E. Center intends to pay a portion of a salary for a Mental Health Peer Support Specialist who will conduct home visits, interact with individuals through street outreach, transport clients to medical, mental health and social support services, assist clients with applying for services, provide surveys to clients to document outcomes and document case notes and services provided.
 3. If funding is not available at the requested amount, what is the minimum Human Services Grant funding needed to be able to run this program? \$25,000

IMPACT AND COST EFFECTIVENESS - 25 POINTS

1. Programs can provide value by deeply impacting the lives of a few, with effects that may ripple through generations, or by providing smaller but meaningful impact to a larger group. Describe in detail the impact this program will have on the identified need and on San Marcos residents.

H.O.M.E Center provides case management, mental health peer support and case management that assists households with becoming housing and financially stable.

1. **Short Term Housing Stability Objective:** 70% of participants will secure stable housing within six months of entering the program. Success rates will be measured by case management records and HMIS data entry that will track housing goals, mental health goals, health goals and services received.
2. **Employment and Income objective:** 45% of participants will obtain employment or increase their income by at least 20% within six months. Employment status and income levels will be tracked through case management records and participant self-reports.
3. **Knowledge and Skills Objective:** 75% of participants will demonstrate improved knowledge of available community resources and how to access them within three months. Pre- and post-surveys will assess participants' knowledge of resources and documented evidence of independently obtaining resources.
4. **Long Term Sustained Housing Stability Objective:** 45% of Participants will maintain stable housing for at least one year after entering permanent housing. The **expected outcome is** Long-term housing stability will reduce the risk of returning to homelessness and contribute to overall well-being.

5. **Long Term Sustained Financial Independence Objective:** 35% of participants will achieve financial independence, demonstrated by stable employment and sufficient income or supportive services to cover living expenses. Based on previous years success rates, we expect financial independence will enable participants to maintain housing and improve their quality of life.
 6. **Long Term Improved Mental Health Objective:** 60% of participants will experience sustained improvements in mental health and well-being, reducing the need for emergency mental health services. The expectation is to observe improved mental health that will enhance participants' ability to engage in work, education, and community activities.
2. Discuss the amount of overhead compared to program costs. H.O.M.E. Center overhead is primarily in salary and benefits to provide for peer support, case management and
H.O.M.E. Center has 58% overhead to pay for case management, peer support and educational materials for training staff and providing community outreach.
 3. Provide a brief description of other funding sources, volunteers, or in-kind donations that are expected to be used with this program.
H.O.M.E. Center receives more than \$15,000 in donations of furniture, household items and hygiene supplies annually. The agency has 13 volunteers. We receive funding from various organizations and private citizens.
 4. What has your organization done in the past two years to raise different funding for this program?
Fundraising events, online funding solicitation and grant writing to various foundations

COMMUNITY SUPPORT – 10 POINTS

1. Please submit 3-5 letters of reference that indicate strong local support for the program and the agency's ability to implement it as described in the application.
2. How is the Board of Directors selected?
Experienced candidates submit an application or present at meetings to discuss the reasons they wish to volunteer on the board of directors. Applicants are discussed by current board members who vote on the positions the candidate is best suited for based on experience and qualifications. The board is selected by peers from a diverse range of backgrounds
3. How often does the Board meet?
The board meets monthly and has an annual meeting in January.
4. What actions do Board members take to support the programs of the agency or organization?
Board members review budgets and financial reports, review policies and procedures and plan fundraising activities and outreach projects.
5. How many volunteers does your agency or organization have and how many hours do they spend on the program requesting funding?
There are 13 volunteers with a combined total of 8900 hours committed to the project.

COUNCIL PRIORITIES - 30 POINTS

1. How long has this program served San Marcos residents? (10 points if at least 2 years)

H.O.M.E. Center has served the community of San Marcos for 6 years. It received its 501(c) (3) designation in 2020 and became certified with the Texas Secretary of State's office to conduct itself as a non-profit business entity in 2020

2. Does the agency have an office in San Marcos? (10 points if yes)

H.O.M.E. Center operates in San Marcos, Texas. Staff and volunteers operate primarily in San Marcos in a hybrid work situation

3. Describe how this funding creates an increase in services or an increase in the number of people served. (10 points)

In 2024, H.O.M.E. Center served 65 individuals. With additional funding, H.O.M.E. Center will serve 125 households.

II. FUNDING RESTRICTIONS

By signing this application I certify the following to be true:

1. All Human Services Grant funding will be spent on San Marcos residents, except for school-based programs, in which case it may be spent within the San Marcos Consolidated Independent School District boundary.
2. Funding requested is not more than 50% of the total funding for the agency.
3. Funding will not be used to fund more than 20% of a full time position.
4. Agency has been in existence for at least 2 years. (This can include serving communities other than San Marcos.)

SUBMITTED AND APPROVED BY:

Rachel Hannah Durrance

Signature

7/29/2024

Date

Rachel Hannah Durrance

Printed Name

Director

Title



HUMAN SERVICES ADVISORY BOARD GRANT 2023 FINAL PERFORMANCE REPORT

Agency Name: Homeless Outreach Mitigation and Emergency Center

Program Name: _____

Program Year: 2023

Reporting Period: January – December, 2023 (preferred deadline January 31, 2024)

NOTE ON DEADLINE: This report must be received by October 24, 2024, or your organization's application for 2025 funding for this program will not be considered.

PROGRAM STATUS

Please provide a brief written description of actions taken this period and how they helped achieve your program goals.

H.O.M.E. Center provided a training site for two Cohort I Mental Health Peer Support Specialists who received their peer support certification while working with unhoused populations with disabilities.

The organization partnered with BR3T throughout 2022 and into the early part of 2023 to provide case management for the BR3T motel shelter/housing support project that sheltered over 200 households. The BR3T project provided shelter and case management to unhoused families throughout three counties in Central Texas, including Hays, Blanco, and Caldwell Counties.

The case management provided through H.O.M.E. Center, throughout 2023, included providing a detailed assessment of household needs, goals and services received and obtained. H.O.M.E. Center worked with Texas Homeless Network to try to capture the work being done through the case management system Homeless Management Information Systems through our partnership with Texas Homeless Network. All data was reported to and reviewed by HUD. BR3T provided the funds to pay for the motel shelter, paid for certain case management related services and referred clients to H.O.M.E. Center staff for case management services. The case management under H.O.M.E. Center was comprehensive case management as recommended by HUD for unhoused individuals.

H.O.M.E. Center assisted households to transition into housing stability by assisting with security deposits, utilities deposits, move in support, ongoing comprehensive case management, provided motel assistance for qualifying individuals and provided counseling services, mental health peer support, and provided transportation to apply for area resources. Case managers and peers provided referrals to area agencies specializing in veterans support, housing, mental health services, legal assistance services, criminal justice services, and addiction recovery resources.

As a Housing First Project, H.O.M.E. Center continued to serve those who obtained permanent housing. Households enrolled in the project continued to receive case management, peer support, referrals, transportation assistance and receive in home visits for up to 15 months. Certain households, where disabilities have been determined, can continue to receive services through H.O.M.E. Center if their income remains below 45% AMI and when specific needs related to medical or mental health issues require ongoing supportive services.

This project ensured households obtained permanent housing through housing vouchers, enrollment in transitional projects, providing assistance with rental payments, and providing ongoing comprehensive case management to household to ensure households reached long term housing goals and remained housing. 90% of those enrolled in the project have obtained housing and continue to remain housed.

PROGRAM BENEFICIARIES

For the program that received HSAB funding, please report either number of unduplicated individuals served or number of unduplicated households served.

Check one: _____ Unduplicated Individuals _____ Unduplicated Households

	Jan – Dec, 2023
Total # Served	123
# San Marcos Residents Served	97
% San Marcos Residents	78.9%

PROGRAM EXPENDITURES

For the final report of the year, please provide a bulleted list that briefly summarizes what the HSAB funding was spent on.

- Salary, benefits and training: HMIS user license and training materials
- Financial Assistance to clients including utilities, groceries, rent, and deposits
- Transportation Support to include mileage reimbursement, vehicle repairs and gas
- Office supplies and equipment, including paper, ink, and laptop repairs
- Motel Shelter for unsheltered households receiving emergency or transitional assistance
- Case management related services for clients including ID recovery expenses and fees associated with obtaining ID, social security cards, birth certificates, etc
- Peer related activities: payment for activities related to peer support including entry fees to events and activities, meals, group activities and peer meetings, and other mental health or veteran specific activities

Certification:

I certify that to the best of my knowledge and belief the information reported in this Quarterly Performance Report is factual and accurate.

Rachel Hannah Durrance
Signature

7/29/2024
Date

Rachel Hannah Durrance
Printed name

7/29/2024
Title

Homeless Outreach Mitigation and Emergency Center



	2024 Projected Jan-Dec Annual Budget	Pathway to HOME Jan 2024-Dec 2024 Project Budget
Beginning Balance	9,982.81	1,000
Revenue		
Grants		
Rural Community Health Fund Grant	\$0.00	\$0
Austin Community Foundation Grant	\$6,000.00	\$6,000
Walmart	\$5,000.00	\$5,000
Hays County Commission Grant	\$3,000.00	\$0
Burdine Johnson Foundation	\$5,000.00	\$0
Reimbursement HSABG 2023	\$15,000.00	\$15,000
Electric Union (IBEW 520)	\$3,000.00	\$3,000
City of San Marcos HSABG 2024	\$0.00	\$0
Abundant Grace Foundation	\$0.00	\$0
Mental Health Resources (ViaHope)	\$24,403.00	\$24,403
Private Donations	\$10,000.00	\$5,000
Fundraisers	\$15,000.00	\$5,000
Total Revenue	\$96,385.81	64,403
Expenses		
Salaries & Wages	\$40,000.00	34,000
Taxes		0
State	\$15,000.00	\$800
Federal		0
	\$55,000.00	\$34,800
Administrative		
Technology/Office Equipment	\$1,000.00	0
Licenses and Training	\$1,500.00	\$1,200
Office supplies	\$1,200.00	0
State Filing Fees	\$400.00	0
Storage Unit for Furniture	\$5,000.00	\$5,000
Outreach Activities	\$250.00	\$200

		\$9,350.00	6400
Direct Services to Clients			
Transportation Assistance			
	Auto Repairs	\$2,000.00	\$1,800
	Other Transportation Assistance	\$500.00	\$500
		\$2,500.00	\$2,300
Rental Assistance			
	Security Deposits	\$1,500.00	\$1,500
	Rental Payments	\$1,500.00	\$1,500
	Application Fees	\$100.00	\$75
		\$3,100.00	\$3,075.00
Utilities			
	Utilities Deposits	\$500.00	\$250
	Electric	\$800.00	\$2,000
	Gas	\$300.00	\$34,000
		\$1,600.00	\$36,250.00
Health and Medical (prescriptions & co-pays)			
	Medical Assistance	\$800.00	\$400
	Prescriptions	\$500.00	\$400
	Mental Health Peer Activities	\$1,000.00	\$800
		\$2,300.00	\$1,600
Other Essential Services			
	Clothing	\$1,000.00	\$250
	School Supplies	\$150.00	\$50
	Miscellaneous (tents, backpacks, etc.)	\$200.00	\$200
	Christmas Gifts for Families	\$1,500.00	\$1,500
	Food	\$4,000.00	\$3,000
		\$6,850.00	\$5,000
Motel Shelter Project			
	Short Term Motel Stays	\$6,000.00	3,000
Total Expenses			
		\$86,700.00	\$92,425.00
Total Income			
		\$96,385.81	\$64,403.00
Surplus/Deficit			
		\$9,685.81	\$6,978

Homeless Outreach Mitigation and Emergency Center



	2025 projected Jan-Dec Annual Budget	Pathway to HOME Jan 2025-Dec 2025 Project Budget
Beginning Balance	9,685.81	6,978
Revenue		
Grants		
Rural Community Health Fund Grant	\$10,000.00	\$10,000
Austin Community Foundation Grant	\$6,000.00	\$6,000
Walmart	\$5,000.00	\$5,000
Hays County Commission Grant	\$3,000.00	\$0
Burdine Johnson Foundation	\$5,000.00	\$0
Electric Union (IBEW 520)	\$3,000.00	\$3,000
City of San Marcos HSABG 2025	\$40,000.00	\$40,000
Abundant Grace Foundation	\$0.00	\$0
Mental Health Resources (ViaHope)	\$24,403.00	\$24,403
Private Donations	\$10,000.00	\$5,000
Fundraisers	\$20,000.00	\$20,000
Total Revenue	\$136,088.81	120,381
Expenses		
Salaries & Wages	\$70,000.00	48,000
Taxes		0
State	\$15,000.00	\$800
Federal	\$18,000.00	18000
	\$103,000.00	\$66,800
Administrative		
Technology/Office Equipment	\$1,000.00	0
Licenses and Training	\$1,500.00	\$1,200
Office supplies	\$1,200.00	0
State Filing Fees	\$400.00	0
Storage Unit for Furniture	\$5,000.00	\$5,000
Outreach Activities	\$250.00	\$200
	\$9,350.00	6400

Direct Services to Clients**Transportation Assistance**

Auto Repairs	\$2,000.00	\$1,800
Other Transportation Assistance	\$500.00	\$500
	\$2,500.00	\$2,300

Rental Assistance

Security Deposits	\$1,500.00	\$1,500
Rental Payments	\$1,500.00	\$1,500
Application Fees	\$100.00	\$75
	\$3,100.00	\$3,075.00

Utilities

Utilities Deposits	\$500.00	\$250
Electric	\$800.00	\$2,000
Gas	\$300.00	\$34,000
	\$1,600.00	\$36,250.00

Health and Medical (prescriptions & co-pays)

Medical Assistance	\$800.00	\$400
Prescriptions	\$500.00	\$400
Mental Health Peer Activities	\$1,000.00	\$800
	\$2,300.00	\$1,600

Other Essential Services

Clothing	\$1,000.00	\$250
School Supplies	\$150.00	\$50
Miscellaneous (tents, backpacks, etc.)	\$200.00	\$200
Christmas Gifts for Families	\$1,500.00	\$1,500
Food	\$4,000.00	\$3,000
	\$6,850.00	\$5,000

Motel Shelter Project

Short Term Motel Stays	\$6,000.00	3,000
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Total Expenses

\$134,700.00	\$124,425.00
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Total Income

\$136,088.81	\$120,381.00
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Surplus/Deficit

\$1,388.81	\$6,978
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Organizational Chart				
Position	Name	Phone	email address	Address
President	Joyce Berryman	206-536-0216	joyceberryman@gmail.com	San Marcos
Vice President	Scott Cove	203-417-9114	scove@haysfoodbank.org	San Marcos
Secretary	Kaycee Baker	956-200-3326	kaycee.a.baker@gmail.com	San Marcos
Treasurer	James Summers	512-618-9614	james.summers@homecentertx.com	San Marcos
Committee Chairperson	Anita Ingle	703-565-7510	anita_ingle2002@yahoo.com	San Marcos
Executive Director	Hannah Durrance	512-214-5296	hannah.durrance@homecentertx.com	San Marcos
Peer Support Specialist	Raymond Mudgett	603-630-4749	raymond.mudgett@gmail.com	San Marcos

Meeting Attendance Record 2024

Fiscal Year January 2024-2025

January 17, 2024:

Nina Ramos, President was absent. Scott Cove, Vice President was present. James Summers, treasurer, was present. Hannah Durrance, Executive Director was present.

February 22, 2024

No Quorum:

Meeting discussion held with James Summers, Kaycee Baker, Raymond Mudgett, Hannah Durrance and Scott Cove in attendance to discuss vote for new President after accepting Nina Ramos resignation as President of the Board of Directors

March 21, 2024

Scott Cove, Vice President and James Summers, Treasurer present. Nina Ramos not in attendance. Other attendees included Hannah Durrance, Joyce Berryman, Cecilia Fenton, and Kaycee Baker

April 18, 2024

Board Members Joyce Berryman, President; Scott Cove, Vice President and Kaycee Baker, Secretary were present. Anita Ingle, Hannah Durrance, Diana Lucas, and Yvonne Acosta also attended. James Summers, Treasurer was not in attendance

May 23rd, 2024:

Board members Joyce Berryman, Anita Ingle, Scott Cove, and Kaycee Baker were present. We were also joined by Hannah Durrance, Director, and Houston Small, volunteer. Board member James Summers was not present during the roll call, but joined the meeting at 6:46 pm as we finished discussing item VIII and before we started item IX.

June 22nd, 2024

Joyce Berryman, President James Summers, Vice President; Anita Ingle, Volunteer Coordinating Chairperson, and Kaycee Baker, Secretary were present. Hannah Durrance, director, and Raymond Mudgett, advisor and peer support specialist were also present.

July 27, 2024

Scott Cove, Vice President through May 2028

James Summers, Treasurer through May 2027

Kaycee Baker, Secretary through March 2025

Anita Ingle, Committee Chair for Volunteer and Fundraising

Hannah Durance, Director

Guests: Raymond Mudgett peer support specialist

Governance

H.O.M.E. Center must be governed by an active, responsible, and voluntary governing board to ensure effective governance over the policies and financial resources of the organization. This board is responsible for ensuring the organization is functioning ethically and legally in order to best promote the social, economic, and political empowerment of all individuals and communities to preserve fundamental democratic principles and rights.

- **Experience:** The candidate should have experience in the role or in a similar position.
- **Skills:** The candidate should have skills that are relevant to the board and will add value to the organization. Some skills that are useful for board members include communication, critical thinking, collaboration, budgeting, social work skills and leadership.
- **Connections:** The candidate should have connections in the sector that can benefit the organization.
- **Passion:** The candidate should be passionate about the organization and its growth, the population served. Applicants should be an effective advocate for the organization and those served by the organization.
- **Culture:** The candidate should fit in with the board's and organization's culture
- **Formal qualifications:** The candidate should have formal qualifications in relevant governance topics, such as social work, veterans services, homeless outreach, policy making and/or advocacy
- **General competencies:** The board as a whole should have certain competencies, even if not every individual member demonstrates them. These competencies can include public communication, global understanding, financial review, policy making and visioning.

Tax-Exempt Status

Homeless Outreach, Mitigation and Emergency Center must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code, as well as corresponding provisions of other applicable state, local or foreign laws or regulations.

Code of Ethics

H.O.M.E. Center must follow locally adopted codes of ethics for volunteers and staff that include provisions for ethical management, publicity, fundraising practices and full and fair disclosure.

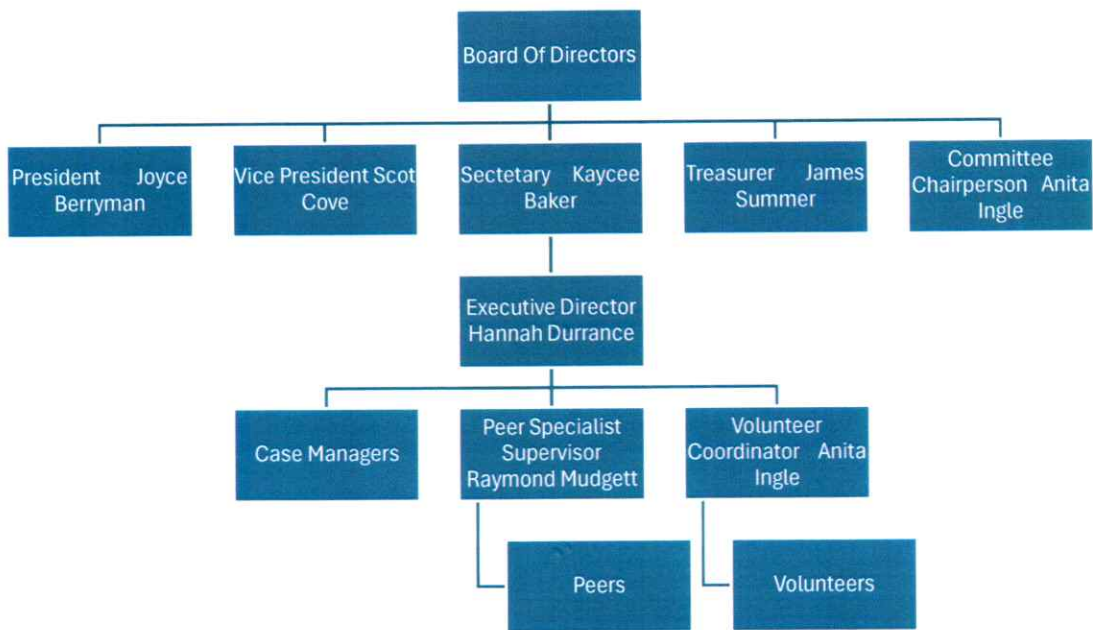
H.O.M.E. Center is committed to acting honestly, truthfully and with integrity in all our transactions.

H.O.M.E. Center is committed to avoiding conflicts of interest.

H.O.M.E. Center is committed to treating every individual with dignity and respect.

H.O.M.E. Center is committed to treating our employees with respect, fairness and good faith and providing conditions of employment that safeguard their rights and welfare.

Home Center Organizational Chart



Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.**Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOMELESS OUTREACH MITIGATION AND EMERGENCY CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 River Road Apt 274 City or town, state or province, country, and ZIP or foreign postal code San Marcos, TX 78666
D Employer identification number 84-1922112	
E Telephone number 512-214-5296	
F Group Exemption Number	
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify):	
I Website: www.homecentertx.org	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other:	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 97,216	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
Revenue	1 Contributions, gifts, grants, and similar amounts received 70,817
	2 Program service revenue including government fees and contracts 0
	3 Membership dues and assessments 0
	4 Investment income 0
	5a Gross amount from sale of assets other than inventory 0
	5b Less: cost or other basis and sales expenses 0
	5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 0
	6 Gaming and fundraising events:
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 0
Expenses	b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 0
	6b Less: direct expenses from gaming and fundraising events 0
	6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 0
	7a Gross sales of inventory, less returns and allowances 0
	7b Less: cost of goods sold 0
	7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 0
	8 Other revenue (describe in Schedule O) <i>See Schedule O, Statement 2</i> 26,399
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 97,216
	10 Grants and similar amounts paid (list in Schedule O) 0
	11 Benefits paid to or for members 0
Net Assets	12 Salaries, other compensation, and employee benefits 50,378
	13 Professional fees and other payments to independent contractors 1,395
	14 Occupancy, rent, utilities, and maintenance 22,714
	15 Printing, publications, postage, and shipping 66
	16 Other expenses (describe in Schedule O) <i>See Schedule O, Statement 3</i> 38,102
	17 Total expenses. Add lines 10 through 16 112,655
	18 Excess or (deficit) for the year (subtract line 17 from line 9) -15,439
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 23,952	
20 Other changes in net assets or fund balances (explain in Schedule O) 0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 8,513	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2023)

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II: ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,748	2,731
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	25,748	2,731
26 Total liabilities (describe in Schedule O)	1,796	3,093
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,952	-362

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)	
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Check if the organization used Schedule O to respond to any question in this Part III ☐

What is the organization's primary exempt purpose? See Schedule O, Statement 4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	housing and homelessness programming		
	(Grants \$ 28,298) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	38,962
29	Emergency services		
	(Grants \$ 26,205) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	16,877
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	55,839

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV)
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: 0; section 4912: 0; section 4955: 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		✓
41 List the states with which a copy of this return is filed: TX		
42a The organization's books are in care of: Rachel Durrance Telephone no. 512-214-5296 Located at: 801 River Road Apt 274, San Marcos, TX 78666 ZIP + 4 78666		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Yes	No
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	Yes	No
42c		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
c Did the organization receive any payments for indoor tanning services during the year?		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		✓
45b		✓

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		<input checked="" type="checkbox"/>
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Rachel Durrance, Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

Tehea Harding

P01371557

Firm's name Financial Resources

Firm's EIN

Firm's address 5720 Mimosa Drive, Indianapolis, IN 46234

Phone no. 317-992-3129

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HOMELESS OUTREACH MITIGATION AND EMERGENCY CENTER

Employer identification number

84-1922112

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	143,863	143,863	230,442	97,216	615,384
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0		0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
6 Total. Add lines 1 through 5	0	143,863	143,863	230,442	97,216	615,384
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0		0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						615,384

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	0	143,863	143,863	230,442	97,216	615,384
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	143,863	143,863	230,442	97,216	615,384

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B—Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C—Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

HOMELESS OUTREACH MITIGATION AND EMERGENCY CENTER

Employer identification number

84-1922112

Form 990-EZ, Part II, Line 26 - payroll and Account payable

Reasonable Cause Explanations

Explanation

Extension was filed and accepted - needed to add a few entries to accounting software and reconcile

DRAFT by efile.form990.org

Other Revenue Structured Explanation

Description	Amount
Misc	129
Refunds	65
in kind donations	26,205
Total:	26,399

DRAFT by elite forms

Other Expenses Structured Explanation

Description	Amount
Program Expenses	37,075
travel	184
supplies	843
Total:	38,102

DRAFT by efile.form990.org

Primary Exempt Purpose

Primary Exempt Purpose

To reach functional zero homelessness in Hays County through outreach, case management, direct aid, and emergency response while maintaining the dignity of the population we serve

DRAFT by efile form 990

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

HOMELESS OUTREACH MITIGATION AND EMERGENCY CENTER

Employer identification number

84-1922112

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

HOMELESS OUTREACH MITIGATION AND EMERGENCY CENTER

84-1922112

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Human Services Advisory Board 600 River Road San Marcos, TX 78666	\$ 15,838	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Via Hope Austin Mental Health Services 600 Rive Road San Marcos, TX 78666	\$ 12,364	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BR3T 600 River Road San Marcos, TX 78666	\$ 10,871	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

84-1922112

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990) (2023)

H.O.M.E. Center is committed to being a good corporate citizen and complying with both the spirit and the letter of the law.

H.O.M.E. Center is committed to acting responsibly toward the communities in which we work and for the benefit of the communities that we serve.

H.O.M.E. Center is committed to being responsible, transparent and accountable for all of our actions.

H.O.M.E. Center is committed to improving the accountability, transparency, ethical conduct and effectiveness of the nonprofit field.

Conflict of Interest Policies

Homeless Outreach Mitigation and Emergency Center is committed to clearly articulated policies to address potential conflicts of interest for board members and staff members.

H.O.M.E. Center realizes that its board members and employees have broad interests and participate in many community, charitable and business activities. The broader the individual's experience, the more valuable the individual is to the organization.

From time to time, however, a board member, or staff member, may serve as an officer, staff member, director, trustee or consultant to an agency that potentially conflicts with the interests of H.O.M.E. Center. Situations also may arise where a board member or staff member's business or personal interests may be affected by a financial decision made by H.O.M.E. Center.

In all such cases, the organization members and staff understand that the potential for conflict of interest needs to be recognized and disclosed, and appropriate steps taken to prevent influence or favoritism by any board member or employee in the organization's financial decisions.

In order to avoid potential conflicts of interest, board members and staff members annually complete a conflict of interest disclosure statement.

It is important to note that while these policies most often are applied to the grantmaking process, they apply equally to all investment and business decisions and related matters.

Equal Opportunity Employer

It is the express policy of H.O.M.E. Center to provide an atmosphere of equality of opportunity for all applicants and employees in all phases of personnel activities, including recruitment, hiring, job assignment, supervision, training, promotions, transfers, compensation, benefits and educational opportunities. H.O.M.E. Center as a non-discriminatory organization does not discriminate regardless of race, religion, color, national origin, sex, disability, veteran's status, age, marital status, or sexual orientation.

Financial Accountability

H.O.M.E. Center must complete annual tax filing as required by federal, state and local laws, by an independent certified public accountant. The financial review and filing must comply with generally accepted auditing standards. In addition, H.O.M.E. Center must have developed comprehensive requirements for completion of financial statements to ensure consistency and transparency system-wide. These requirements are based on industry best practices and comport with generally accepted accounting principles.

Performance Excellence

Every three years, H.O.M.E. Center must conduct a self-evaluation of our policies, financial management, data quality assessments and community impact.

Legal

H.O.M.E. Center must comply with all applicable local, state and federal operating and reporting requirements.

Policy Title: Collaboration Among Staff Members and External Stakeholders Policy

- **Introduction:**

Homeless Outreach Mitigation and Emergency Center recognizes the critical role of collaboration among staff members and external stakeholders in providing comprehensive support to individuals affected by trauma. This policy emphasizes the importance of fostering partnerships and communication channels to enhance service delivery and meet the diverse needs of trauma survivors.

- **Definitions:**

- Define key terms such as collaboration, stakeholders, and trauma survivors to ensure clarity and common understanding throughout the policy.

- **Principles of Collaboration:**

- Establish principles that guide collaboration among staff members and external stakeholders, such as mutual respect, transparency, and shared decision-making.
- Emphasize the organization's commitment to fostering a collaborative culture that values teamwork, cooperation, and collective impact.

- **Internal Collaboration:**

- Outline expectations for collaboration among staff members across different programs, departments, and disciplines within the organization.
- Encourage regular communication, information-sharing, and coordination of efforts to ensure seamless service delivery and continuity of care for trauma survivors.

- **External Collaboration:**

- Highlight the importance of collaborating with external stakeholders, including mental health professionals, community organizations, government agencies, and advocacy groups.
- Identify key partners and stakeholders relevant to the organization's mission and service population.
- Establish mechanisms for building and maintaining partnerships, such as formal agreements, memoranda of understanding (MOUs), and joint initiatives.

- **Roles and Responsibilities:**

- Define the roles and responsibilities of staff members and external stakeholders in fostering collaboration and achieving shared goals.
- Clarify expectations for participation, communication channels, and decision-making processes to facilitate effective collaboration.

- **Communication and Information Sharing:**

- Establish protocols for communication and information sharing among staff members and external stakeholders.

- Specify methods for sharing relevant data, resources, and best practices to inform decision-making and improve service delivery.
- Conflict Resolution:
 - Provide procedures for resolving conflicts or disagreements that may arise during collaboration efforts.
 - Encourage open dialogue, mediation, and consensus-building to address issues and maintain positive working relationships.
- Evaluation and Continuous Improvement:
 - Implement mechanisms for evaluating the effectiveness of collaboration efforts and their impact on service delivery and outcomes.
 - Use feedback from staff members, external stakeholders, and trauma survivors to identify strengths, challenges, and areas for improvement.
- Compliance and Accountability:
 - Ensure compliance with relevant laws, regulations, and ethical standards governing collaboration and confidentiality.
 - Hold staff members and external stakeholders accountable for upholding the principles of collaboration outlined in this policy.
- Review and Revision:
 - Schedule regular reviews of the collaboration policy to ensure its relevance, effectiveness, and alignment with organizational goals and best practices.
 - Encourage input from staff members, external stakeholders, and trauma survivors during the review process.
- Adoption and Implementation:
 - Communicate the collaboration policy to all staff members and external stakeholders, ensuring understanding and adherence.
 - Provide training and support to staff members and external stakeholders to facilitate successful implementation of the policy.

By implementing this policy, H.O.M.E. Center reaffirms its commitment to fostering collaboration among staff members and external stakeholders to enhance service delivery and support for trauma survivors.

HOME Center of Central Texas

A Texas Non-profit Corporation

CONFLICT OF INTEREST POLICY AND AGREEMENT

ARTICLE I PURPOSES

It is important for H.O.M.E. Center directors, officers, volunteers, and staff to be aware that both real and apparent conflicts of interest or dualities of interest sometimes occur in the course of conducting the affairs of the corporation and that the appearance of conflict can be troublesome even if there is in fact no conflict whatsoever. Conflicts occur because the many persons associated with the corporation should be expected to have, and do in fact generally have multiple interests and affiliations and various positions of responsibility within the community. In these situations a person will sometimes owe identical duties of loyalty to two or more corporations. The purpose of the conflict of interest policy is to protect the corporation's tax-exempt interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the corporation or might result in a possible excess benefit transaction. The policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Conflicts are undesirable because they potentially, or eventually, place the interests of others ahead of the corporation's obligations to its charitable purposes and to the public interest. Conflicts are also undesirable because they often reflect adversely upon the person involved and upon the institutions with which they are affiliated, regardless of the actual facts or motivations of the parties. However, the long-range best interests of the corporation do not require the termination of all association with persons who may have real or apparent conflicts that are harmless to all individuals or entities involved.

Each member of the board of directors and the staff of the corporation has a duty of loyalty to the corporation. The duty of loyalty generally requires a director or staff member to prefer the interests of the corporation over the director's/staff's interest or the interests of others. In addition, directors and staff of the corporation shall avoid acts of self-dealing which may adversely affect the tax-exempt status of the corporation or cause there to arise any sanction or penalty by a governmental authority.

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

ARTICLE II **DEFINITIONS**

2.1 Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2.2 Financial Interest

A person has a financial interest if the person has, directly or indirectly, thorough business, investment, or family:

- (a) An ownership or investment interest in any entity with which the corporation has a transaction or arrangement,
- (b) A compensation arrangement with the corporation or with any entity or individual with which the corporation has a transaction or arrangement, or
- (c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial. A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

ARTICLE III **PROCEDURES**

3.1 Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement

3.2 Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3.3 Procedures for Addressing the Conflict of Interest

- (a) An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- (b) The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- (c) After exercising due diligence, the governing board or committee shall determine whether the corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- (d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the corporation's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

3.4 Violations of the Conflicts of Interest Policy

- (a) If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- (b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

ARTICLE IV RECORDS OF PROCEEDINGS

4.1 Minutes

The minutes of the governing board and all committees with board delegated powers shall contain:

- (a) The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- (b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

ARTICLE V

COMPENSATION

5.1 A voting member of the governing board who receives compensation, directly or indirectly, from the corporation for services is precluded from voting on matters pertaining to that member's compensation.

5.2 A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the corporation for services is precluded from voting on matters directly pertaining to that member's compensation, or on program development that may contribute to that member's compensation.

5.3. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the corporation, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

ARTICLE VI

ANNUAL STATEMENTS

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- (a) Has received a copy of the conflicts of interest policy,
- (b) Has read and understands the policy,
- (c) Has agreed to comply with the policy, and
- (e) Understands that the corporation is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE VII

PERIODIC REVIEWS

To ensure the corporation operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining.
- (b) Whether partnerships, joint ventures, and arrangements with management corporations conform to the corporation's written policies, are properly recorded, reflect reasonable investment

or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

ARTICLE VIII
USE OF OUTSIDE EXPERTS

When conducting the periodic reviews as provided for in Article VII, the corporation may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted. Outside advisors must also agree to adhering to the conflict of interest policies and provide notice of any conflict that might exist before reviewing documents for the corporation.

CERTIFICATE OF ADOPTION OF CONFLICT OF INTEREST
POLICY AND AGREEMENT

I do hereby certify that the above stated Conflict of Interest Policy and Agreement for Homeless Outreach Mitigation and Emergency Center were approved and adopted by the board of directors on _____ and constitute a complete copy of the Conflict of Interest Policy of the corporation.

[Secretary's Name], Secretary

Date: _____

Conflict of Interest Policy

Homeless Outreach, Mitigation & Emergency Center

To be signed by all members of the Board of Directors, Members of an Advisory Board, or paid employees who may make decisions pertaining to finances or who may collect funds intended to benefit the organization.

A conflict of interest is defined as an actual or perceived interest by a staff or Board member in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. Officers and members are obligated to always act in the best interest of the organization. This obligation requires that any officer or member, in the performance of organization duties, seek only the furtherance of the organization mission. At all times, officers and board members are prohibited from using their job title or the organization's name or property, for private profit or benefit.

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- A. The officers and members of the organization should neither solicit nor accept gratuities, favors, or anything of monetary value from contractors/vendors. This is not intended to preclude bona-fide organization fund raising-activities.
- B. No officer, or member of the organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:
 - 1. The officer or member;
 - 2. Any member of their immediate family;
 - 3. Their partner;
 - 4. An organization in which any of the above is an officer, director or employee;
 - 5. A person or organization with whom any of the above individuals is negotiating or has an arrangement concerning prospective employment.
- C. **Disclosure**--Any possible conflict of interest shall be disclosed by the person or persons concerned.
- D. **Board Action**--When a conflict of interest is relevant to a matter requiring action by the Board, the interested person(s) shall call it to the attention of the Board and said person(s) shall not vote on the matter. In addition, the person(s) shall not participate in the final decision or related deliberation regarding the matter under consideration. When there is a doubt as to whether a conflict exists, the matter shall be resolved by vote of the Board of Trustees, excluding the person(s) concerning whose situation the doubt has arisen.
- E. **Record of Conflict**--The official minutes of the Board shall reflect that the conflict of interest was disclosed and the interested person(s) did not participate in the final discussion or vote and did not vote on the matter.

Recognition of Bylaws – The signers acknowledge they have read and understand information pertaining to Article IX – **Conflict of Interest and Compensation** of the bylaws of the organization. These bylaws are listed below and by signing this statement, the signer acknowledges that he/she is in agreement with this section of the bylaws and will follow the guidelines of the bylaws.

ARTICLE IX. – Conflict of Interest and Compensation

Section 1: Purpose

The purpose of the conflict of interest policy is to protect this tax-exempt organization's, (Homelessness Outreach, Mitigation and Emergency Center), interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Section 2: Definitions

- a. **Interested Person**
Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
- b. **Financial Interest**
A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
 - 1. An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
 - 2. A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
 - 3. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article IX, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Section 3. Procedures

- a. **Duty to Disclose.** In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.
- b. **Determining Whether a Conflict of Interest Exists.** After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.
- c. **Procedures for Addressing the Conflict of Interest**
 - 1. An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - 2. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

3. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
4. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

d. Violations of the Conflicts of Interest Policy

1. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
2. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

F.

Homeless Outreach, Mitigation, and Emergency Center of Central Texas

Official Agency Title

Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date

Homeless Outreach Mitigation and Emergency Organizational Policies

Governance

H.O.M.E. Center must be governed by an active, responsible, and voluntary governing board to ensure effective governance over the policies and financial resources of the organization. This board is responsible for ensuring the organization is functioning ethically and legally in order to best promote the social, economic, and political empowerment of all individuals and communities to preserve fundamental democratic principles and rights.

- **Experience:** The candidate should have experience in the role or in a similar position.
- **Skills:** The candidate should have skills that are relevant to the board and will add value to the organization. Some skills that are useful for board members include communication, critical thinking, collaboration, budgeting, social work skills and leadership.
- **Connections:** The candidate should have connections in the sector that can benefit the organization.
- **Passion:** The candidate should be passionate about the organization and its growth, the population served. Applicants should be an effective advocate for the organization and those served by the organization.
- **Culture:** The candidate should fit in with the board's and organization's culture
- **Formal qualifications:** The candidate should have formal qualifications in relevant governance topics, such as social work, veterans services, homeless outreach, policy making and/or advocacy
- **General competencies:** The board as a whole should have certain competencies, even if not every individual member demonstrates them. These competencies can include public communication, global understanding, financial review, policy making and visioning.

Tax-Exempt Status

Homeless Outreach, Mitigation and Emergency Center must be tax-exempt under Section 501(c)(3) of the Internal Revenue Code, as well as corresponding provisions of other applicable state, local or foreign laws or regulations.

Code of Ethics

H.O.M.E. Center must follow locally adopted codes of ethics for volunteers and staff that include provisions for ethical management, publicity, fundraising practices and full and fair disclosure.

- H.O.M.E. Center is committed to acting honestly, truthfully and with integrity in all our transactions.
 - H.O.M.E. Center is committed to avoiding conflicts of interest.
 - H.O.M.E. Center is committed to treating every individual with dignity and respect.
 - H.O.M.E. Center is committed to treating our employees with respect, fairness and good faith and providing conditions of employment that safeguard their rights and welfare.
 - H.O.M.E. Center is committed to being a good corporate citizen and complying with both the spirit and the letter of the law.
 - H.O.M.E. Center is committed to acting responsibly toward the communities in which we work and for the benefit of the communities that we serve.
 - H.O.M.E. Center is committed to being responsible, transparent and accountable for all of our actions.
 - H.O.M.E. Center is committed to improving the accountability, transparency, ethical conduct and effectiveness of the nonprofit field.
-

Conflict of Interest Policies

Homeless Outreach Mitigation and Emergency Center is committed to clearly articulated policies to address potential conflicts of interest for board members and staff members.

H.O.M.E. Center realizes that its board members and employees have broad interests and participate in many community, charitable and business activities. The broader the individual's experience, the more valuable the individual is to the organization.

From time to time, however, a board member, or staff member, may serve as an officer, staff member, director, trustee or consultant to an agency that potentially conflicts with the interests of H.O.M.E. Center. Situations also may arise where a board member or staff member's business or personal interests may be affected by a financial decision made by H.O.M.E. Center.

In all such cases, the organization members and staff understand that the potential for conflict of interest needs to be recognized and disclosed, and appropriate steps taken to prevent influence or favoritism by any board member or employee in the organization's financial decisions.

In order to avoid potential conflicts of interest, board members and staff members annually complete a conflict of interest disclosure statement.

It is important to note that while these policies most often are applied to the grantmaking process, they apply equally to all investment and business decisions and related matters.

Equal Opportunity Employer

It is the express policy of H.O.M.E. Center to provide an atmosphere of equality of opportunity for all applicants and employees in all phases of personnel activities, including recruitment, hiring, job assignment, supervision, training, promotions, transfers, compensation, benefits and educational opportunities. H.O.M.E. Center as a non-discriminatory organization does not discriminate regardless of race, religion, color, national origin, sex, disability, veteran's status, age, marital status, or sexual orientation.

Financial Accountability

H.O.M.E. Center must complete annual tax filing as required by federal, state and local laws, by an independent certified public accountant. The financial review and filing must comply with generally accepted auditing standards. In addition, H.O.M.E. Center must have developed comprehensive requirements for completion of financial statements to ensure consistency and transparency system-wide. These requirements are based on industry best practices and comport with generally accepted accounting principles.

Performance Excellence

Every three years, H.O.M.E. Center must conduct a self-evaluation of our policies, financial management, data quality assessments and community impact.

Legal

H.O.M.E. Center must comply with all applicable local, state and federal operating and reporting requirements.

Staff and Volunteer Policies

Case Management Policy

1. Introduction

This policy outlines the principles, procedures, and responsibilities associated with case management for clients and Peers at H.O.M.E. Center. Case management is a collaborative process that assists clients in accessing and coordinating services to meet their individual needs and achieve their goals.

2. Purpose

The purpose of this policy is to ensure that clients receive comprehensive and effective support through a structured case management approach. This policy aims to promote consistency, accountability, and client-centered service delivery.

3. Principles

- **Client-Centered Approach:** We prioritize the needs, preferences, and goals of each client, ensuring that services are tailored to their individual circumstances.
- **Collaboration:** We work collaboratively with clients, as well as with other service providers and stakeholders, to address the multiple aspects of their lives.
- **Empowerment:** We empower clients to actively participate in decision-making processes regarding their care and support, fostering self-determination and autonomy.
- **Confidentiality:** We maintain strict confidentiality regarding client information, adhering to relevant legal and ethical standards.

4. Procedures

4.1 Assessment and Planning

- Upon initial contact, a comprehensive assessment of the client's needs, strengths, and goals will be conducted.
- Based on the assessment, a personalized service plan will be developed in collaboration with the client, outlining specific objectives, actions, and timelines.
- All clients will be provided with a copy of TX-607. This policy ensures confidentiality and security of all client data captured in HMIS in conformity with all current regulations related to privacy and data confidentiality rights.

4.2 Coordination and Referral

- Case managers will coordinate obtaining access to appropriate services and resources, including but not limited to healthcare, housing, employment, and social support.
- Referrals to external agencies or specialists will be made as necessary, with the client's consent and involvement.

4.3 Monitoring and Review

- Regular monitoring of progress towards goals will be conducted, with adjustments made to the service plan as needed.

- Reviews of the client's circumstances and goals will occur at agreed-upon intervals, ensuring that services remain responsive to their evolving needs.

4.4 Advocacy

- Case managers will advocate on behalf of clients to ensure their rights are upheld and their voices are heard within the service system.
- Advocacy efforts may include assisting clients in navigating bureaucratic processes, resolving disputes, or accessing entitlements and benefits.

5. Responsibilities

5.1 Clients

- Clients are responsible for actively participating in the case management process, providing accurate information, and collaborating with their case manager to achieve their goals.

5.2 Case Managers

- Case managers are responsible for conducting thorough assessments, developing and implementing service plans, coordinating services, and advocating for clients' needs.

5.3 Management

- Management is responsible for ensuring that appropriate resources and support are available for effective case management, as well as for monitoring adherence to this policy and promoting continuous improvement.

6. Confidentiality

All information obtained during the course of case management will be treated confidentially, in accordance with Homeless Outreach Mitigation and Emergency Center's confidentiality policy and relevant legal requirements.

7. Review and Revision

This policy will be reviewed annually and revised as necessary to reflect changes in best practices, legislation, or organizational requirements.

8. Compliance

All staff members involved in case management are expected to familiarize themselves with and adhere to this policy. Non-compliance may result in disciplinary action, up to and including termination of employment.

Client complaints or concerns of case management may be directed to the H.O.M.E. Center Director or Board Members.

Staff members or case managers may report concerns regarding client interactions to the director for review.

Any decision that is made by the director can be sent to the HOME Center board for an appeal. The appeal can be presented in writing to the board at the regularly scheduled monthly meeting or on the homecentertx.org page under contact us.

9. Contact Information: For further information or inquiries regarding this policy, please contact (512) 270-8433.

Policy Title: Collaboration Among Staff Members and External Stakeholders Policy

Introduction:

Homeless Outreach Mitigation and Emergency Center recognizes the critical role of collaboration among staff members and external stakeholders in providing comprehensive support to individuals affected by trauma. This policy emphasizes the importance of fostering partnerships and communication channels to enhance service delivery and meet the diverse needs of trauma survivors.

Definitions:

- Define key terms such as collaboration, stakeholders, and trauma survivors to ensure clarity and common understanding throughout the policy.

Principles of Collaboration:

- Establish principles that guide collaboration among staff members and external stakeholders, such as mutual respect, transparency, and shared decision-making.
- Emphasize the organization's commitment to fostering a collaborative culture that values teamwork, cooperation, and collective impact.

Internal Collaboration:

- Outline expectations for collaboration among staff members across different programs, departments, and disciplines within the organization.
- Encourage regular communication, information-sharing, and coordination of efforts to ensure seamless service delivery and continuity of care for trauma survivors.

External Collaboration:

- Highlight the importance of collaborating with external stakeholders, including mental health professionals, community organizations, government agencies, and advocacy groups.
- Identify key partners and stakeholders relevant to the organization's mission and service population.
- Establish mechanisms for building and maintaining partnerships, such as formal agreements, memoranda of understanding (MOUs), and joint initiatives.

Roles and Responsibilities:

- Define the roles and responsibilities of staff members and external stakeholders in fostering collaboration and achieving shared goals.

- Clarify expectations for participation, communication channels, and decision-making processes to facilitate effective collaboration.

Communication and Information Sharing:

- Establish protocols for communication and information sharing among staff members and external stakeholders.
- Specify methods for sharing relevant data, resources, and best practices to inform decision-making and improve service delivery.

Conflict Resolution:

- Provide procedures for resolving conflicts or disagreements that may arise during collaboration efforts.
- Encourage open dialogue, mediation, and consensus-building to address issues and maintain positive working relationships.

Evaluation and Continuous Improvement:

- Implement mechanisms for evaluating the effectiveness of collaboration efforts and their impact on service delivery and outcomes.
- Use feedback from staff members, external stakeholders, and trauma survivors to identify strengths, challenges, and areas for improvement.

Compliance and Accountability:

- Ensure compliance with relevant laws, regulations, and ethical standards governing collaboration and confidentiality.
- Hold staff members and external stakeholders accountable for upholding the principles of collaboration outlined in this policy.

Review and Revision:

- Schedule regular reviews of the collaboration policy to ensure its relevance, effectiveness, and alignment with organizational goals and best practices.
- Encourage input from staff members, external stakeholders, and trauma survivors during the review process.

Adoption and Implementation:

- Communicate the collaboration policy to all staff members and external stakeholders, ensuring understanding and adherence.
- Provide training and support to staff members and external stakeholders to facilitate successful implementation of the policy.

By implementing this policy, H.O.M.E. Center reaffirms its commitment to fostering collaboration among staff members and external stakeholders to enhance service delivery and support for trauma survivors.

Fiscal Management Policy

Policy Statement:

H.O.M.E Center of Central Texas (hereinafter referred to as "the Agency") is committed to maintaining effective fiscal management practices in order to ensure the responsible and transparent use of funds received through grants and donations. This policy outlines the guidelines and procedures for fiscal management within the organization.

1. Financial Accountability:

- a. The Agency will maintain accurate and complete financial records, including but not limited to, income statements, balance sheets, cash flow statements, and general ledgers.
- b. Financial records will be kept in accordance with generally accepted accounting principles (GAAP) and comply with all applicable laws, regulations, and reporting requirements.
- c. The Agency will conduct regular internal audits to verify the accuracy and integrity of financial records and to ensure compliance with policies and procedures.
- d. An external audit will be conducted annually or as required by law to provide an independent review of the Agency's financial statements and internal controls.

2. Budgeting and Financial Planning:

- a. The Agency will develop an annual budget that reflects the anticipated income and expenses for the fiscal year. The budgeting process will be transparent and involve key stakeholders, including the Board of Directors and relevant staff members.
- b. Budget variances will be regularly monitored and reviewed by the appropriate personnel to ensure effective financial planning and control.
- c. Financial decisions will be made in consideration of the Agency's mission, strategic goals, and the availability of funds.

3. Grants and Donations:

- a. The Agency will establish clear policies and procedures for the acceptance, recording, and acknowledgment of grants and donations.
- b. All grants and donations received will be recorded accurately in the financial records, specifying the donor's name, date, amount, and any restrictions or special instructions.
- c. The Agency will comply with any reporting requirements imposed by grantors, ensuring that funds are used in accordance with the grant agreements.
- d. Donors will receive timely acknowledgments and receipts for their contributions, as required by applicable laws and regulations.

4. Expenditure Control and Authorization:

- a. The Agency will implement a system of internal controls to safeguard its assets and prevent unauthorized or improper expenditures.
- b. Expenditures will be authorized in accordance with established budgetary limits and approval processes.
- c. Purchase orders or requisitions will be utilized to document and track expenses, ensuring transparency and accountability in the procurement process.
- d. The Agency will regularly review and reconcile financial transactions to detect and address any discrepancies or irregularities promptly.

5. Cash Management:

- a. The Agency will establish appropriate procedures for the handling, recording, and deposit of cash and checks to maintain proper cash controls.
- b. Bank accounts will be reconciled on a monthly basis, ensuring that all transactions are accurately recorded and discrepancies are identified and resolved.
- c. Petty cash funds, if maintained, will be controlled through a system of receipts, disbursements, and regular reconciliations.

6. Financial Reporting:

- a. The Agency will prepare and distribute regular financial reports to the Board of Directors and other relevant stakeholders, providing a clear overview of the organization's financial position and performance.
- b. Financial reports will include information such as income and expense statements, balance sheets, and cash flow statements, as well as any required grant or donor-specific reporting.
- c. Financial reports will be prepared in a timely manner, allowing for effective decision-making and transparency.

7. Confidentiality and Data Security:

- a. The Agency will establish and maintain appropriate measures to protect the confidentiality, integrity, and security of financial information, in accordance with applicable laws and regulations.
- b. Access to financial records and sensitive financial data will be limited to authorized personnel on a need-to-know basis.

c. The Agency will implement procedures for data backup, disaster recovery, and the prevention of unauthorized access or data breaches.

8. Compliance and Legal Obligations:

a. The Agency will adhere to all applicable federal, state, and local laws and regulations related to fiscal management, accounting, tax reporting, and compliance.

b. The Agency will maintain appropriate records and documentation to support financial transactions and compliance with legal obligations.

c. The Agency will file all required tax returns and financial reports accurately and in a timely manner.

9. Board Oversight:

a. The Board of Directors will provide oversight and governance of the Agency's fiscal management activities, ensuring compliance with policies, laws, and regulations.

b. The Board will review and approve the annual budget, financial reports, and any significant financial decisions or transactions.

c. The Board will appoint an independent audit committee or engage external auditors to conduct annual audits or reviews of the Agency's financial statements and internal controls.

d. The Board will periodically review and update this fiscal management policy to ensure its continued relevance and effectiveness.

This fiscal management policy will serve as a guide for the Agency's staff, volunteers, and Board of Directors in their responsibilities related to financial management and will be regularly reviewed and updated as needed.

Gifts and Donations Policy

Policy Statement:

H.O.M.E Center of Central Texas (Hereinafter referred to as "the Agency") is committed to accepting and utilizing donations to support its mission of providing assistance and support to individuals and families in need. This policy outlines the types of donations that the Agency accepts and the procedures for their handling and distribution.

Types of Donations Accepted:

1. Cash Donations:

The Agency gratefully accepts cash donations, which are a vital source of support for our programs and services. Cash donations can be made in person or through electronic means, such as online transfers or checks. All cash donations received will be promptly recorded and acknowledged by the Agency.

2. In-Kind Donations:

The Agency accepts in-kind donations of household items and clothing only if they have been acquired specifically for an identified client. Due to limited storage space, the Agency cannot accept general in-kind donations. In-kind donations may include essential items such as furniture, kitchenware, bedding, clothing, and other items that meet the specific needs of our clients.

3. Used Cars/Vehicles:

The Agency accepts used cars/vehicles as donations, which will be sold to generate funds to support our programs and services. Donors of cars/vehicles are responsible for ensuring that the necessary legal documentation, such as title transfers, is completed during the donation process.

Donation Acceptance Procedures:

1. Cash Donations:

- a. All cash donations received by the Agency will be recorded in a log book, which includes the donor's name, date, amount, and any special instructions or restrictions.
- b. The person receiving the cash donation is responsible for accurately recording the details in the log book and promptly delivering the donation to the designated individual responsible for financial management.
- c. The Agency will provide an acknowledgment letter or receipt for all cash donations received, as required by applicable laws and regulations.

2. In-Kind Donations:

- a. The Agency will only accept in-kind donations of household items and clothing if they have been acquired specifically for an identified client.
- b. Donors of in-kind donations should contact the Agency in advance to discuss the specific needs and ensure the items align with the current requirements.
- c. Once the in-kind donation has been accepted, the person receiving the donation must record the details in the log book, including the donor's name, date, description of items, and the suggested cash value provided by the donor.
- d. In-kind donations requested for a specific client must be disbursed in a timely fashion to meet the identified client's needs.

3. Used Cars/Vehicles:

- a. Donors of used cars/vehicles should contact the Agency to discuss the donation process and arrange for the necessary documentation.
- b. Once the used car/vehicle donation has been accepted, the person receiving the donation must record the details in the log book, including the donor's name, date, description of the vehicle, and the suggested cash value provided by the donor.

c. The Agency will follow applicable legal procedures to transfer ownership and sell the vehicle to generate funds for its programs and services.

Disposition of Donations:

1. Cash Donations:

a. Cash donations will be utilized to support the Agency's programs and services as determined by the organization's leadership.

b. The allocation of funds will be guided by the Agency's mission and the identified needs of the individuals and families served.

2. In-Kind Donations:

a. In-kind donations that have been acquired specifically for an identified client will be disbursed to the client in a timely fashion.

b. If an in-kind donation cannot be utilized for the initially identified client, the Agency will determine the most appropriate and equitable distribution to other eligible individuals or families.

3. Used Cars/Vehicles:

a. Used cars/vehicles donated to the Agency will be sold if not in working condition to safely provide to a client or to be used for transporting clients

Policies Related to Client Expectations and Program Eligibility

Program Eligibility

a. Household's permanent rental residence is located in Hays County, Texas or they have no permanent rental residence and they are residing in a shelter or other place of public accommodation or unhoused;

b. Household income is at or below eighty percent (80%) of Area Median Income;

c. One or more of the Household members experienced a reduction in Household income; experienced an increase in significant costs; or experienced other financial hardship; and

d. The Household is unhoused, at risk of homelessness or housing instability by providing an eviction notice or past-due utility or rent notice; or attests that unless they receive Household Stability Services or Other Financial Assistance, they would have to move to an unsafe/unhealthy environment like a shared living situation, emergency shelter, or overcrowded living situation.

5. "Household" or "Households" is defined as all persons occupying the same dwelling unit regardless of their relationship to each other. The occupant(s) could consist of a single person, single family, two (2) or more families living together, or any other group of related or unrelated persons who share living arrangements. If the entire Household is in a shelter or other place of public accommodation or unhoused, the Household consists of persons that would live together if the person or persons were in a rental housing unit. Live-in aides are not part of the Household.

6. "Household Stability Services" is a type of assistance that includes a broad range of services that target Households at risk of homelessness and instability that are intended to enable Eligible Households to maintain or obtain housing. Such services may include, among other things, eviction prevention and eviction diversion programs; mediation between landlords and tenants; housing counseling; fair housing counseling; housing entities and organizations (such as housing navigators) programs, or other available rental assistance programs, or help Households find housing; case management related to housing stability; housing-related services for survivors of domestic abuse or human trafficking; legal services or attorney's fees related to eviction proceedings and maintaining housing stability; and specialized services for individuals with disabilities or seniors that support their ability to access or maintain housing.

CAUSE FOR INELIGIBILITY OR REMOVAL

1. Applicants must have incomes at or below 50% AMI for Hays County, Texas service area
2. Applicants must be willing to apply for Local, State, and Federal assistance.
3. Sex offenders within the room.
4. Anyone refusing drug or alcohol treatment.
5. Anyone refusing mental health treatment.
6. Anyone refusing case management or not cooperating with an assigned case manager for housing goals.
7. Anyone not following non-discrimination policy.
8. Anyone not following hotel/motel policy.
9. Anyone exhibiting violent or threatening behavior.
10. Anyone showing behaviors of sexual harrassment.
11. Anyone in possession of or displaying weapons on property.
12. Anyone not agreeing or abiding by shelter policies.
13. Anyone that is unable to physically care for themselves (activities of daily living) or maintain a clean environment.
14. Anyone trespassing or not approved by motel/hotel management.
15. Anyone not reporting a criminal act on the premises (can be reported anonymously).
16. Anyone not reporting possession of an animal and gaining approval by the Program Director.
17. Anyone damaging property at any hotel/motel location.
18. Anyone with an unauthorized overnight visitor between the hours of 8 pm- 8 am.
19. Anyone that does not report arrests during this program.
20. Anyone violating the Drug-free Environment Policy.
21. Anyone violating the Violence, Threats and Assaults Policy.
22. Anyone who violates the Pet Policy.
23. Anyone who violates the Non-Smoking/Non-Vaping Policy.
24. Anyone who violates the Bed Bug Policy.
25. Anyone refusing room inspection or failure to remedy concerns within allotted time.
26. Anyone who violates the Fire and Smoke Detector Policy.



DEPARTMENT OF VETERANS AFFAIRS
Central Texas Veterans Health Care System
1901 Veterans Memorial Drive
Temple, Texas 76504

Carol Griffith
Housing and Community Development Manager
San Marcos, Texas

Dear Ms. Griffith,

I am pleased to communicate my support for the HOME Center to receive the Human Services Grant. The HOME center has been instrumental in partnering with the Department of Veteran Affairs' Housing and Urban Development-Veteran Affairs Supportive Housing (HUD-VASH) Program and the San Marcos Housing Authority to house homeless Veterans. The HOME Center, in large part, led the initiative to get HUD-VASH vouchers in San Marcos and has played a vital role in providing ongoing services to help homeless Veterans secure housing.

The HOME Center has provided essential case management and navigation services to this vulnerable population. Their services to homeless Veterans include but are not limited to: Outreach and engagement, connecting Veterans with VA medical and mental health services, providing transportation, obtaining vital documents, housing searches, and linking with local shelters and resources while they await permanent housing through the HUD-VASH program.

Thank you for your careful consideration of this application. If I can provide any further information, please feel free to contact me 512-823-4446.

Sincerely,

**ANDREW
MILLER**

Digitally signed by
ANDREW MILLER
Date: 2024.07.19
09:18:18 -05'00'

Andrew M. Miller, LCSW
HUD-VASH Program Manager
Central Texas Veterans Healthcare System

TEXAS HOUSE OF REPRESENTATIVES



Erin Zwiener
District 45 · Hays County

July 24th, 2024

Dear Advisory Board Members:

I am writing to express my support for the H.O.M.E. Center's grant application to address critical needs of some of the most vulnerable populations in San Marcos.

The H.O.M.E. Center provides essential services, including case management, peer support, and utilities assistance to our neighbors who are struggling to find reliable housing. Their Pathways to HOME project is especially impactful, offering housing assistance to military veterans through partnerships with the San Marcos Public Housing Authority, Austin Veteran Affairs Center, and Texas Homeless Network. This funding will enhance their ability to serve by employing additional case managers and training mental health peer support specialists.

In 2023, the H.O.M.E. Center assisted over 114 households and secured 24 housing vouchers for homeless veterans, providing comprehensive support to 13 of these veterans. The grant will allow them to expand their services and enhance data collection on unhoused veterans to best target assistance to these communities.

Supporting this application is an investment in our community's well-being, recognizing its potential to make a lasting impact on individuals in need.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Erin Zwiener".

Erin Zwiener
State Representative | District 45
Hays County



Dr. Michelle Cohen
Hays County Commissioner Precinct 2

July 25, 2024

San Marcos Human Services Advisory Board
630 E Hopkins St.
San Marcos, TX 78666

Dear Members of the San Marcos Human Services Advisory Board,

I am writing to express my strong support for the grant application submitted by The H.O.M.E. (Homeless, Outreach, Mitigation Emergency) Center. As Commissioner for Hays County Precinct 2, I have had the distinct pleasure of collaborating with The H.O.M.E. Center on numerous initiatives aimed at supporting our unhoused and low-income residents.

The H.O.M.E. Center has been an indispensable partner in addressing homelessness in Hays County. Since 2019, the organization has shown a steadfast commitment to helping our most vulnerable community members through comprehensive and compassionate services.

The H.O.M.E. Center's efforts have since expanded significantly, addressing critical gaps in services and providing vital support to unhoused individuals and families through street outreach, emergency motel vouchers, and a volunteer-run hotline.

The Center's development of a Housing First Project and its partnership with ViaHOPE to provide peer support for individuals with mental health issues have been particularly impactful. These initiatives have not only provided immediate relief, but have also fostered long-term stability for many residents by ensuring they have access to affordable housing, medical and mental health services, and ongoing case management. This comprehensive approach is essential in breaking the cycle of chronic homelessness and promoting self-sufficiency among those served.



HUMAN SERVICES ADVISORY BOARD GRANT PROGRESS REPORT

Agency Name: Homeless Outreach Mitigation and Emergency Center

Program Name: _____

Program Year: 2023

Please submit one report by October 15, 2023 for the period January 1, 2023 – September 30, 2023.

Project Status

Please provide a written description of actions taken this period to help achieve your program goals.

Home Center staff have assisted 8 veterans with obtaining HUDVash housing vouchers through our partnership with the Veterans Affairs office in Austin and the San Marcos Public Housing Authority. We provided case management to these veterans, which includes assistance with apartment locating, application submissions, utilities and security deposits, application fees, move in support (including purchasing and providing donations of household items) and referrals to area agencies that offer additional support. We have assisted 12 high needs clients who have mental health or medical health needs who have experienced long term or repeated episodes of being unhoused. We have provided transportation, assisted with medical appointment scheduling, getting to appointments and counseling clients on their health needs. Our case managers identify clients who are high risk through an assessment using HMIS to identify their barriers and determine their needs. We have assisted 13 individuals who are part of our street outreach program during the past 9 months, two of whom have been sheltered and four of whom are permanently housed. We also have worked with other families to provide assistance with food, move in support, and case management, including providing referrals to area agencies. We continue to utilize HMIS for our data entry and case management in order to better serve our clients.

Certification:

I certify that to the best of my knowledge and belief the information reported in this Quarterly Progress and Beneficiary Report is factual and accurate.

Rachel H Durrance _____ 10/15/2023
Signature Date
Rachel Hannah Durrance Director
Printed name Title

HUMAN SERVICES ADVISORY BOARD GRANT PROGRESS REPORT

Instructions

- * **Household Demographic report:** Report Households Assisted – Base demographic information on head of household.
- * **Individual Demographic Report:** Report Unduplicated Individuals assisted -
(Unduplicated means that if they were reported in a prior quarter for this program year, they are not counted again, even if they continue to receive services across a reporting period).

-
- All beneficiaries identify as a race.
 - Some people may identify as having an ethnicity, “Hispanic” is an ethnic origin category rather than a race category for HUD purposes.
 - “Annual Household Income” is the total income, from all sources, for all adults age 18 and older in the household.
-

City of San Marcos FY 2023 Income Limits Summary

Effective: April 18, 2022

Percent AMI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$23,200	\$26,500	\$29,800	\$33,100	\$35,750	\$38,400	\$41,910	\$46,630
50%	\$38,650	\$44,150	\$49,650	\$55,150	\$59,600	\$64,000	\$68,400	\$72,800
80%	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500

HUMAN SERVICES ADVISORY BOARD GRANT PROGRESS REPORT

Program Name: _____



HOUSEHOLD (HH) DEMOGRAPHIC REPORT

Measurement Criteria	Number of HOUSEHOLDS Assisted									
	Jan-Mar 1 st Qtr.		Apr-Jun 2 nd Qtr.		Jul-Sep 3 rd Qtr.		Oct-Dec 4 th Qtr.		YTD Total	
	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic c	Hispanic	Not Hispanic	Hispanic
Race:	38	33	19	8	14	7			71	48
White	30	23	15	8	10	6			55	37
Black or African American	6	0	2	0	2	1			10	3
Asian	1	0	0	0	0	0			1	0
American Indian or American Native	0	1	1	0	0	0			1	1
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0			0	0
Other	8	10	1	0	2	0			11	10
# HH with Single Female Head of Household	24		5		7				36	
# HH with a disabled person	32		6		5				43	
# HH with an elderly person (62 or older)	12		9		8				29	
Annual Household Income <i>(See attached Limits)</i>	68		26		21				115	
Extremely Low (30% AMI)	56		20		13				89	
Low (50% AMI)	5		6		8				19	
Moderate (80%)	6		0		0				6	
Over 80%	1		0		0				1	

HUMAN SERVICES ADVISORY BOARD GRANT PROGRESS REPORT

Program Name: _____



INDIVIDUAL DEMOGRAPHIC REPORT

Measurement Criteria	Number of PERSONS Assisted									
	Jan-Mar 1 st Qtr.		Apr-Jun 2 nd Qtr.		Jul-Sep 3 rd Qtr.		Oct-Dec 4 th Qtr.		YTD Total	
	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic	Not Hispanic	Hispanic
Race:	86	133	26	21	20	13			132	167
White	59	74	22	20	15	12			96	106
Black or African American	25	0	5	0	5	1			35	1
Asian	1	0	0	0	0	0			1	0
American Indian or American Native	0	1	0	1	0	0			0	2
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0			0	0
Other	1	58	2	0	0	0			3	58
# individuals in HH with Single Female Head of Household	64		15		16				95	
# disabled individuals	72		13		11				96	
# elderly people (62 or older)	13		14		12				39	
Annual Household Income (See attached Limits)	414		57		33				504	
Extremely Low (30% AMI)	380		31		23				434	
Low (50% AMI)	15		26		10				141	
Moderate (80%)	16		0		0				16	
Over 80%	3		0		0				3	

PROGRAM BUDGET – HOME CENTER

Program Activity	City Funds
Salaries and Benefits; <u>Supplies</u> ; <u>Direct Services to Clients</u> such as transportation, rent, utilities, medical, clothing, etc; and <u>Short Term Motel Stays</u> ; <u>Peer Support Training and Related Activities</u>	
TOTAL	\$40,000

Position	Name	Phone	email address	Address
President	Joyce Berryman	206-536-0216	joyceberryman@gmail.com	San Marcos
Vice President	Scott Cove	203-417-9114	scove@haysfoodbank.org	San Marcos
Secretary	Kaycee Baker	956-200-3326	kaycee.a.baker@gmail.com	San Marcos
Treasurer	James Summers	512-618-9614	james.summers@homecentertx.com	San Marcos
Chairperson	Anita Ingle	703-565-7510	anita_incle2002@yahoo.com	San Marcos
Project Director	Hannah Durrance	512-214-5296	hannah.durrance@homecentertx.com	San Marcos

HOME CENTER

NON-DISCRIMINATION POLICY

Policy

WHEREAS, HOME Center recognizes that treating all persons with respect and dignity is a fundamental core; and

WHEREAS, HOME Center acknowledges people, their values as well as their strength, diversity, and participation in all of the corporation's activities and functions involving volunteers, staff, and community institutions.

NOW, THEREFORE, BE IT RESOLVED THAT HOME Center, will not tolerate any discrimination concerning race, ethnicity, religious creed, age, marital status, familial status, national origin, ancestry, sex, mental ability, lawful source of income, sexual orientation, citizenship, gender identity, or physical disability, in respect to provisions of service, employment, or engagement of volunteers.

The foregoing resolution is hereby considered valid and effective as of the incorporation of the HOME Center.



Policy #: CTX6-2022

Policy: Effective Date: First day of Entrance

Policy: Non-Discrimination Policy

Purpose: Advise Clients of Non-Discrimination Expectations

CLIENT NON-DISCRIMINATION POLICY

At H.O.M.E. Center, we value all clients, staff, partners, and individuals, and we welcome the variety of knowledge and cultures they bring to our program. We have a strict non-discrimination policy. We believe everyone should be treated equally regardless of race, sex, gender identification, sexual orientation, national origin, native language, religion, age, disability, marital status, citizenship, genetic information, pregnancy, or any other characteristic protected by law. If you feel that you have been discriminated against, please let the Program Manager know as soon as possible.

Every complaint will be appropriately investigated.

Client Signature:

Date

Client's Printed Name

H.O.M.E. Center Representative

Date

Griffith, Carol

From: Hannah Durrance <hannah.durrance@homecentertx.com>
Sent: Thursday, September 19, 2024 2:15 PM
To: Griffith, Carol
Subject: [EXTERNAL] Correction to our budget HSABG
Attachments: Projected budget 2024-2025.xlsx

When I was struggling to send the budget for our application, I accidentally submitted a budget that had an error in it. I am attaching the correct budget.

Thank you

Hannah Durrance

CAUTION: This email is from an EXTERNAL source. Links or attachments may be dangerous. Click the Report Phishing button above if you think this email is malicious .

HOME Center Projected Budget 2024-2025

	Approved Projected 2025 Projected	
	Jan-Dec 2024	Jan-Dec
	Annual Budget	Annual Budget
Beginning Balance	\$ 9,982.81	\$ 5,000.00
<u>Revenue</u>		
<i>Grants</i>		
City of San Marcos HSABG 2025		\$ 40,000.00
Rural Community Health Fund Grant	\$ 5,000.00	\$ 5,000.00
Austin Community Foundation Grant	\$ 3,000.00	\$ 3,000.00
Walmart	\$ 5,000.00	\$ 5,000.00
Hays County Commission Grant	\$ 3,000.00	\$ 3,000.00
Burdine Johnson Foundation	\$ 5,000.00	\$ 8,000.00
City of San Marcos HSABG 2023	\$ -	\$ -
Electric Union (IBEW 520)	\$ 3,000.00	\$ 3,000.00
Mental Health Resources (ViaHope)	\$ 24,403.00	\$ 38,000.00
Capital Area Housing Finance Corporation	\$ 10,000.00	\$ 10,000.00
United Way of Hays County		\$ 10,000.00
Private Donations	\$ 10,000.00	\$ 10,000.00
Fundraisers	\$ 15,000.00	\$ 20,000.00
Total Revenue	\$ 93,385.81	\$ 160,000.00
<u>Expenses</u>		
<i>Salaries & Wages</i>	\$ 50,000.00	\$ 90,000.00
<i>Taxes</i>		
State		
Federal	\$ 15,000.00	\$ 18,000.00
Unemployment	\$ 3,000.00	\$ 4,000.00
	\$ 68,000.00	\$ 112,000.00
<u>Administrative</u>		
Technology/Office Equipment	\$ 3,000.00	\$ 3,000.00
Licenses and Training	\$ 1,500.00	\$ 1,500.00
Office supplies	\$ 1,200.00	\$ 1,200.00
State Filing Fees	\$ 400.00	\$ 400.00
Storage Unit for Furniture	\$ 5,000.00	\$ 5,000.00
Outreach Activities	\$ 250.00	\$ 250.00
	\$ 11,350.00	\$ 11,350.00
Direct Services to Clients		
<i>Transportation Assistance</i>		
Auto Repairs	\$ 2,000.00	\$ 2,000.00

Other Transportation Assistance	\$	500.00	\$	500.00
	\$	2,500.00	\$	2,500.00

Rental Assistance

Security Deposits	\$	800.00	\$	800.00
Rental Payments	\$	1,500.00	\$	1,500.00
Application Fees	\$	300.00	\$	300.00
	\$	2,600.00	\$	2,600.00

Utilities

<i>Utilities Deposits</i>	\$	500.00	\$	500.00
Electric	\$	2,000.00	\$	2,000.00
Gas	\$	300.00	\$	300.00
	\$	2,800.00	\$	2,800.00

Health and Medical (prescriptions & co-pays)

Medical Assistance	\$	800.00	\$	800.00
Prescriptions	\$	500.00	\$	500.00
Mental Health Peer Activities	\$	1,000.00	\$	1,000.00
	\$	2,300.00	\$	2,300.00

Other Essential Services

<i>Clothing</i>	\$	1,000.00	\$	1,000.00
<i>School Supplies</i>	\$	150.00	\$	150.00
<i>Miscellaneous (tents, backpacks, etc.)</i>	\$	200.00	\$	200.00
<i>Christmas Gifts for Families</i>	\$	1,500.00	\$	1,500.00
<i>Food</i>	\$	4,000.00	\$	4,000.00
	\$	6,850.00	\$	6,850.00

Motel Shelter Project

Short Term Motel Stays	\$	8,000.00	\$	8,000.00
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Total Expenses	\$	104,400.00	\$	148,400.00
Total Revenue	\$	93,385.81	\$	160,000.00
Surplus/Deficit	\$	(11,014.19)	\$	11,600.00