



520 E. Cascade Ave. Sisters, OR 97759 Phone: 541-541-6022 [www.ci.sisters.or](http://www.ci.sisters.or)

## Emergency Shelter Site

## Application - HB3395

File #: \_\_\_\_\_

### PROJECT INFORMATION

Project Name: Sisters Shelter
Brief Description (narrative to be attached as <b>Attachment A</b> ): The Sisters Shelter will provide shelter and resources for people experiencing homelessness in the Sisters Community. See attachment for a more detailed description of services to be provided.

### PROPERTY DESCRIPTION & OWNER INFORMATION

Tax Map/Parcel # 15004-CB-02800

(REQUIRED – 13 characters, ex. 151320BA00100; provide separate sheet for multiple)

Property Address: 192 W. Barclay Dr.			No Address (describe general area): <b>RECEIVED</b>  AUG 15 2023
City: Sisters	State: OR	Zip: 97759	
Property Owner Name: Desert Wind Holdings LLC			
Mailing Address: PO Box 2418			<b>CITY OF SISTERS</b>
City: Sisters	State: OR	Zip: 97759	Phone: 253-861-7199
E-mail Address: Kelly@velocityrigs.com			

### APPLICANT AND AGENT INFORMATION

Organization Name: Sisters Cold Weather Shelter			
Mailing Address: PO Box 1782			
City: Sisters	State: OR	Zip: 97759	Phone: 503-703-2614
Email Address: Sisterscoldweathershelter@gmail.com			Fax: NA
<b>Additional Contact Information</b>			
Agent for Applicant Name: Luis Blanchard, Board President			Primary Contact
Organization Name: Sisters Cold Weather Shelter			
Mailing Address: PO Box 1782			
City: Sisters	State: OR	Zip: 97759	Phone: 503-703-2614
Email Address: LBlanchard@msn.com			

## REQUIRED NARRATIVE – ATTACHMENT

Pursuant to Oregon House Bill 2006, “emergency shelter” means a building or cluster of buildings that provides shelter on a temporary basis for individuals and families who lack permanent housing.

A local government shall approve an application for the development or use of land for an emergency shelter, as defined in section 2 of HB 2006, if the emergency shelter meets the criteria outlined in section 3. Please refer to HB 2006 section 3 when completing the narrative portion of this application.

**Include as Attachment B**, a narrative addressing how the proposed emergency shelter meets or exceeds the criteria outlined in HB 2006, using each of the items below as section subheadings:

### HB 2006, Section 3:

- (1) - Sleeping and Restroom Facilities
  - Compliance with Applicable Building Codes
  - Located inside Urban Growth Boundary
  - Statewide Land Use Compliance Natural Hazards or Disasters
  - Transportation Access to Medical and Commercial Services
  - No Unreasonable Risk to Public Health or Safety

- (2) Emergency Shelter Operations

- *(If entering into a partnership with an entity as described in Section 3(2)(c), please include any related agreements as Attachment F.)*

- (3) Other provisions provided at no cost to clients

- (4) Services provided for a fee of no more than \$300 per month per client

### Example Narrative section with subheading:

#### **SLEEPING AND RESTROOM FACILITIES**

*Shelter XX will initially include 20 Pallet Shelters and Conestoga Huts, supported by temporary and/or mobile restrooms. Permanent restrooms facilities will be developed 6-18 months after operations begin, with an anticipated 20 additional shelter units within 36 months.*

**SUBMIT THE FOLLOWING WITH THIS APPLICATION**

The following information and material must be submitted by the applicant. Please note: additional information may be required. **Submit all required documentation and application to the City of Sisters**

**Application.** The application must be signed by the owner(s) and shall include the information requested on this form. If the owner does not sign the application, then a letter of authorization must be signed by the owner for the agent.

**Attachment A.** Project Description

**Attachment B.** Narrative outlining adherence to HB 3395 requirements.

**Attachment C.** Title Report or Proof of Ownership, including legal description of property.

**Attachment D.** Map showing site location and surrounding properties.

**Attachment E.** Site Plan showing existing and planned buildings, roads, parking, landscaped areas, curbs, utilities, and property boundaries.

**Attachment F.** IRS determination letter or other proof of status as it relates to Section 3(2).

**Attachment G.** Emergency Shelter Operations agreement (as needed).

**By signing this application, the undersigned certifies that they have read and understand this permit can be revoked at any time by the City's Community Development Department.**

Kelly Farrington  
Property Owner Printed Name

[Signature]  
Property Owner Signature

8/15/23  
Date

LUIS BLANCHARD  
Applicant/Agent Printed Name

[Signature]  
Applicant/Agent Signature

8/15/2023  
Date

**If, this application and accompanying documentation signed by the Community Development Department will serve as land use authorization. Questions, call 541-523-5211.**

**CDD Use Only:**

**Approved**

**Denied**

Community Development Department / Title

Date

The Sisters Cold Weather Shelter intends to operate an emergency shelter and resource center that will provide essential and lifesaving services for our unhoused neighbors. The facility will be run in a manner that is safe and respectful of all guests, neighbors, and community members.

Emergency Shelter:

- **Winter operations** are envisioned as in previous years November through March, 6 pm to 7am.
- Volunteers will provide a warm meal and monitor from 6pm to 10pm.
- Paid staff will monitor from 10pm to 7am.
- Guests will be required to adhere to a strict code of conduct that includes behaving in a respectful manner, refraining from drug and alcohol use while on the premises and not loitering near the building or in the neighborhood before and after open hours. They will also not be allowed to leave the premises and re-enter once they arrive for the evening.
- Separate sleeping areas will be provided for men, women, and families.
- Smoking will be allowed in a designated outdoor area only.
- **Summer operations** are envisioned on an as-needed basis. The shelter will be open during the day for any community member who needs respite from extreme heat or smoke. The shelter will also operate overnight when dangerous levels of smoke are present.

Resource Center:

- The center will provide essential services such as showers and laundry. It will also partner with county and other agencies to provide mental health, addiction and housing resources.
- Paid staff and volunteers will operate the center for limited hours each week. Specific times have not yet been decided.
- All guests will be required to adhere to a code of conduct similar to the winter shelter.

Any changes to operations will be communicated on the Sisters Cold Weather Shelter website and Facebook page. An email newsletter is also being planned for future communications. To be included on the distribution list please email [sisterscoldweathershelter@gmail.com](mailto:sisterscoldweathershelter@gmail.com)

The Sisters Cold Weather Shelter is a 501c3 nonprofit organization EIN # 32-0635347;  
PO Box 1782, Sisters, OR 97759

The proposed Sisters Shelter at 192 W Barclay Drive meets the criteria for an emergency shelter as outlined in HB 3395:

**(1)**

**a. Sleeping and Restroom Facilities**

The proposed shelter location has ample room for up to 20 sleeping pads or cots. There is also separate space to accommodate families with children if needed. There are two restroom facilities and one shower. The Sisters Cold Weather Shelter (SCWS) intends to construct at least one additional ADA shower and bathroom in the future.

**b. Compliance with Applicable Building Codes**

SCWS is working with the Deschutes County Building Department and the State Fire Marshal to ensure that all essential codes are met for shelter operations.

**c. Located inside Urban Growth Boundary**

The site is located inside the city limits of Sisters.

**d. Statewide Land Use Compliance Natural Hazards or Disasters**

192 N. Barclay Drive is not in an area designated under the statewide land use planning goal related to natural hazards or disasters.

**e. Transportation Access to Medical and Commercial Services**

192 N. Barclay Drive is located within one mile of medical and commercial services. This includes EMTs located at the Sisters-Camp Serman Fire Department.

**f. No Unreasonable Risk to Public Health or Safety**

SCWS will not pose any unreasonable risk to public health and safety. Community members who access the shelter resources will be required to agree to established rules for ensuring a safe and sanitary site for guests, staff, and the surrounding neighborhood. SCWS staff and volunteers will ensure that rules are upheld, and a safe and sanitary site is maintained. In many years of shelter operations there has never been an incident that posed a threat to public health or safety. We expect this to be the case moving forward.

**(2) Emergency Shelter Operations**

The facility will be operated by SCWS which has six seasons of experience operating a winter shelter. The shelter started in 2017 under the umbrella of Shepherd's House Ministries (SHM) (**Attachment G**). On August 12, 2020 SCWS received its own 501c3 designation (**Attachment F**). SCWS continues to enjoy technical assistance and support from SHM as well as NeighborImpact. We expect additional technical assistance from the Central Oregon Intergovernmental Council to execute the terms of the Executive Order grant award.

**(3) Other Provisions Provide at No Cost to Clients**

In addition to shelter, SCWS intends to offer access to showers, laundry, meals, and personal storage at no cost. Case management, housing navigation service, mental health and addiction treatment resources will also be offered. Referrals will be made when appropriate.

**(4) Services provide for a fee of no more than \$300 per Month per Client**

Currently SCWS does not anticipate any fee for services. If this changes in the future, SCWS will abide by the \$300 / month limit as described in HB 2006.

## REAL PROPERTY TAX STATEMENT

JULY 1, 2022 TO JUNE 30, 2023

DESCHUTES COUNTY, OREGON - 1300 NW WALL ST STE 203, BEND, OR 97703

TAX ACCOUNT: 179566

DESERT WIND HOLDINGS LLC  
PO BOX 2418  
SISTERS OR 97759

## TAX BY DISTRICT

SCHOOL DISTRICT #6	1,663.32
SCHOOL #6 LOCAL OPTION	323.10
C O C C	251.72
HIGH DESERT ESD	39.12
<b>EDUCATION TOTAL:</b>	<b>2,277.26</b>
DESCHUTES COUNTY	494.30
COUNTY LIBRARY	223.15
COUNTYWIDE LAW ENFORCEMENT	426.02
COUNTY EXTENSION/4H	9.09
9-1-1	146.82
CITY OF SISTERS	1,071.79
SISTERS DOWNTOWN URBAN RENEWAL	324.31
SISTERS/CAMP SHERMAN FIRE DIST	1,125.34
SISTERS PARK & RECREATION DIST	89.26
SISTERS PARK & REC LOCAL OPTION	64.62
<b>GENERAL GOVT TOTAL:</b>	<b>3,974.70</b>
COUNTY LIBRARY BOND	145.35
SISTERS/CAMP SHERMAN BOND	71.43
SCHOOL #6 BOND 2016	158.23
SCHOOL #6 BOND 2021	384.88
C O C C BOND	33.04
<b>BONDS - OTHER TOTAL:</b>	<b>792.93</b>

## PROPERTY DESCRIPTION

CODE: 6001 MAP: 151004-CB-02800 CLASS: 301

SITUS ADDRESS: 192 W BARCLAY DR SISTERS

LEGAL: MOUNTAIN VIEW INDUSTRIAL PARK 1 8

VALUES:	LAST YEAR	THIS YEAR
REAL MARKET (RMV)		
LAND	306,410	306,410
STRUCTURES	401,780	401,780
TOTAL RMV	708,190	708,190
MAXIMUM ASSESSED VALUE	418,260	430,800
TOTAL ASSESSED VALUE	418,260	430,800
VETERAN'S EXEMPTION	0	0
NET TAXABLE:	418,260	430,800
TOTAL PROPERTY TAX:	6,905.77	7,044.89

Full Payment with 3% Discount \$6,833.54

Discount is lost after due date and interest may apply

## PAYMENT OPTIONS:

- \* Online [www.deschutes.org/tax](http://www.deschutes.org/tax)
- \* By Mail to Deschutes County Tax, PO Box 7559  
Bend OR 97708-7559
- \* Drop Box located at 1300 NW Wall Street, Bend  
or 411 SW 9th Street, Redmond
- \* In Person 1300 NW Wall Street, Ste 203, Bend (2nd Floor)

TAX QUESTIONS (541) 388-6540  
ASSESSMENT QUESTIONS (541) 388-6508  
For Property Information: [dial.deschutes.org](http://dial.deschutes.org)

Please include this coupon with payment. Please do not staple, paper clip or tape your payment.

## Payment Due November 15, 2022

## Please select payment option

- Full Payment (3% Discount) \$6,833.54  
No Additional Payment Due
- Two-Thirds Payment (2% Discount) \$4,602.66  
Next Payment Due 05/15/23
- One-Third Payment (No Discount) \$2,348.30  
Next Payment Due 02/15/23

AMOUNT ENCLOSED

\$

Please make checks payable  
to Deschutes County Tax Collector

TAX ACCOUNT: 179566

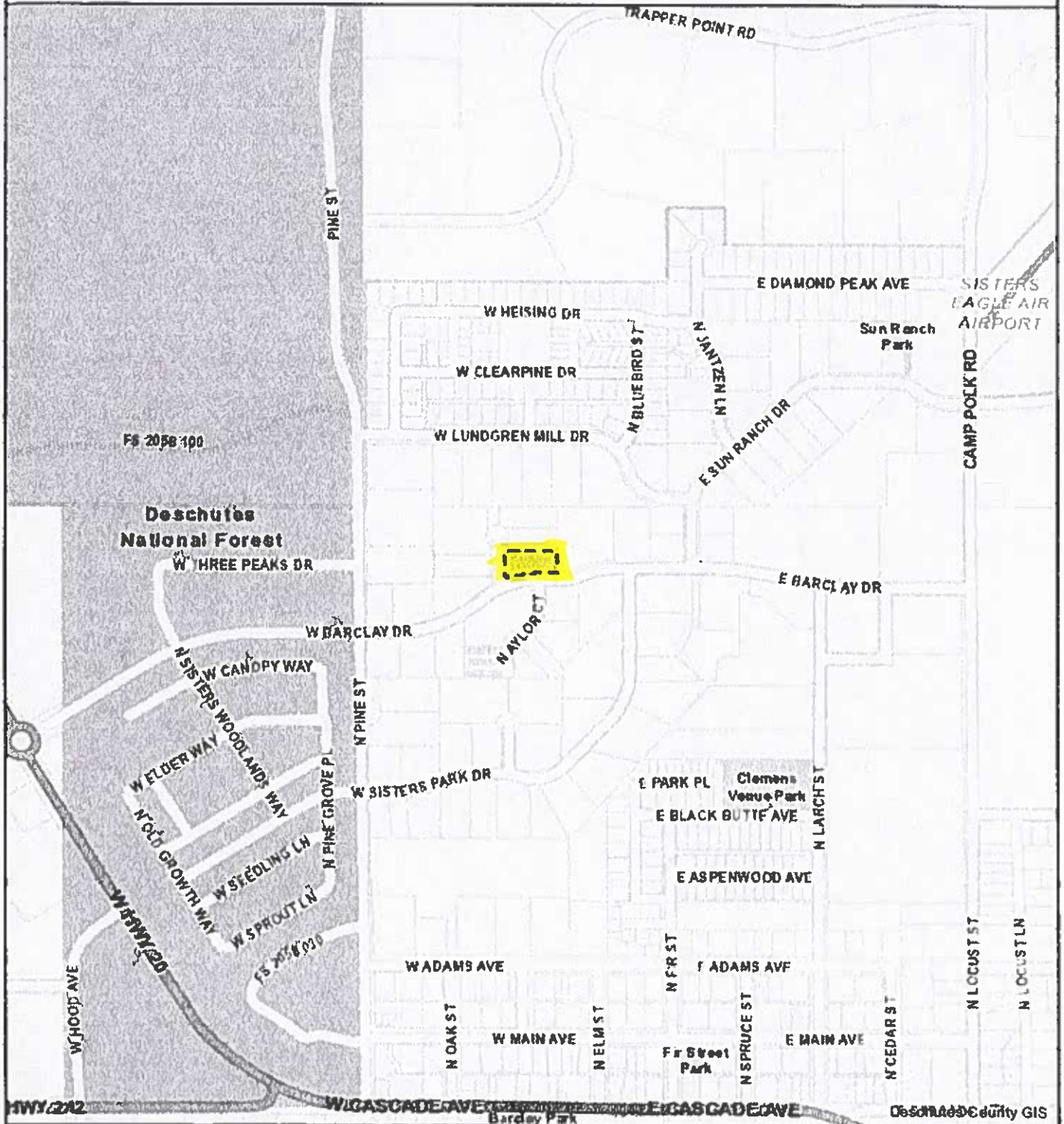
DESERT WIND HOLDINGS LLC  
PO BOX 2418  
SISTERS OR 97759

- Change my Mailing Address  
(Mailing address change form on reverse)

Deschutes County Tax Collector  
PO Box 7559  
Bend OR 97708-7559

09100001795660000234830000046026600006833547

# Deschutes County Property Information - Dial Road Map

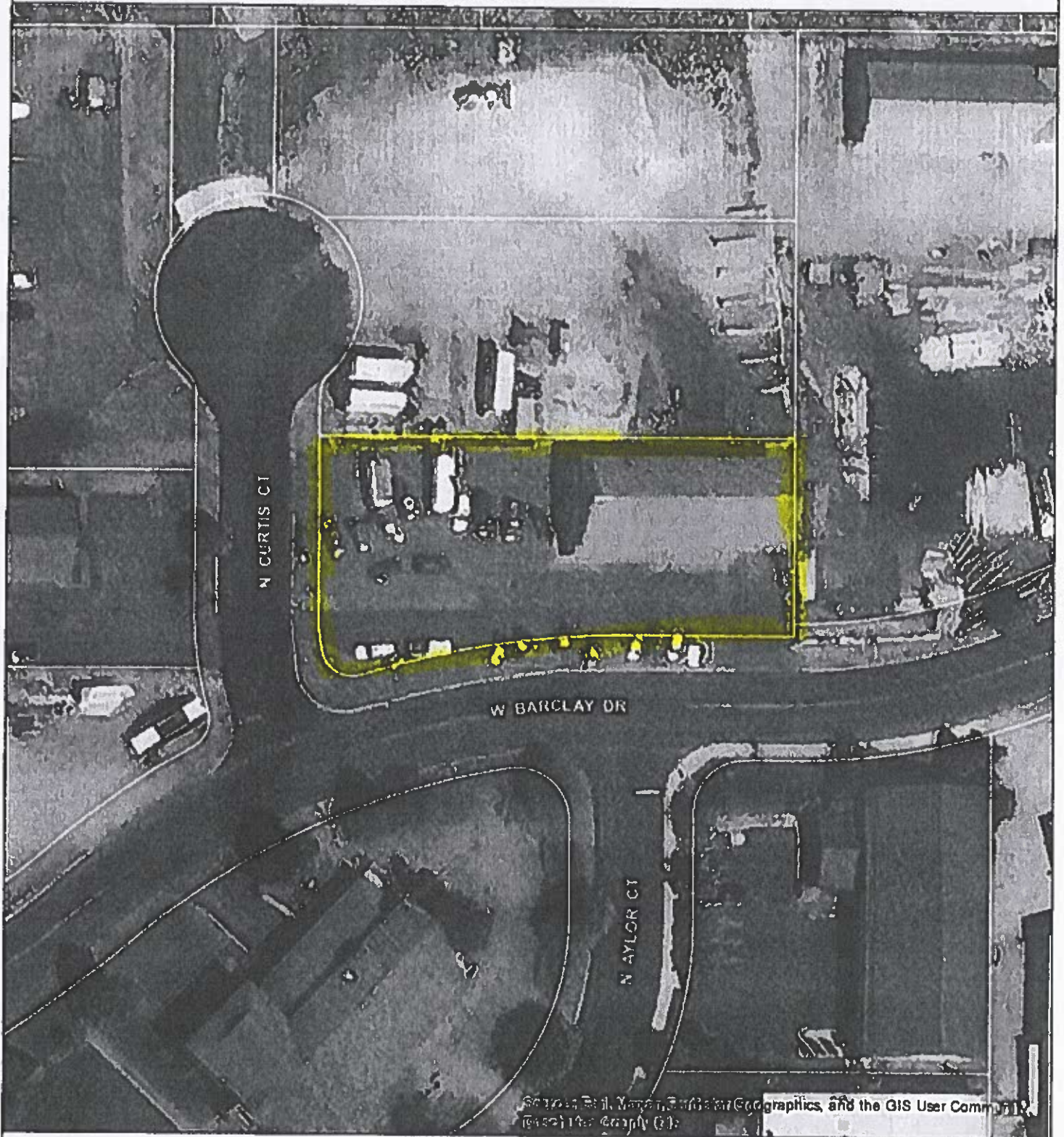


Map and Taxlot: 151004CB02800



# Deschutes County Property Information - Dial

## Overview Map



Map and Taxlot: 151009BA07800







Department of the Treasury  
Internal Revenue Service  
Tax Exempt and Government Entities  
P.O. Box 2508  
Cincinnati, OH 45201

SISTERS COLD WEATHER SHELTER  
C/O JOHN O MILLER  
770 S MAPLE ST  
SISTERS, OR 97759-9420

Date:  
01/22/2021  
Employer ID number:  
32-0635347  
Person to contact:  
Name: Customer Service  
ID number: 31954  
Telephone: (877) 829-5500  
Accounting period ending:  
December 31  
Public charity status:  
170(b)(1)(A)(vi)  
Form 990 / 990-EZ / 990-N required:  
Yes  
Effective date of exemption:  
August 12, 2020  
Contribution deductibility:  
Yes  
Addendum applies:  
No  
DLN:  
26053707006040

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

*Stephen A. Martin*

Stephen A. Martin  
Director, Exempt Organizations  
Rulings and Agreements



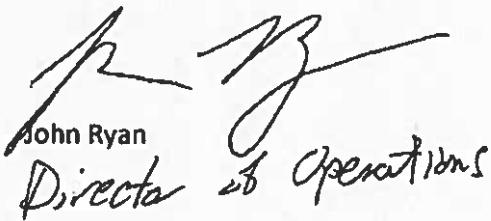
# Shepherd's House Ministries

Hello Luis,

We have searched our records and can confirm that Shepherd's House Ministries acted as the fiscal agent for SCWS during 2018 - 2020, prior to SCWS' formation of a 501(C) (3).

We wish you and the Sisters' community, in general, the best in your efforts to reach a positive resolution.

Thank you,

  
John Ryan  
Director of Operations

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Shepherd's House Ministries is a 501(c)(3) organization | Tax ID 75-3207723

PO Box 5484  
Bend, OR 97708  
541-388-2096

shministries.org  
@shepherdshouseministries

Grace Changes  
**Everything.**

**Shepherd's House Ministries**  
**Statement of Activity**  
 July 1, 2017 - March 5, 2021

	<b>Total</b>
<b>Revenue</b>	
4000 Revenue	
4010 Contributions	85,947.16
<b>Total 4000 Revenue</b>	<b>\$ 85,947.16</b>
4200 Grants	
4210 Corporate/business	1,280.00
4220 Private Foundations	10,000.00
4230 Government Agency Grants	20,000.00
<b>Total 4200 Grants</b>	<b>\$ 31,280.00</b>
4901 Cash paid to new SCWS 501(c)(3)	-16,440.68
<b>Total Revenue</b>	<b>\$ 100,786.48</b>
<b>GROSS REVENUE</b>	<b>\$ 100,786.48</b>
<b>Expenditures</b>	
7100 Direct Support	
7140 Personal Items & Supplies	44.85
7150 Prescriptions & Medication	5.97
7170 Support for Individuals	263.89
7190 Benevolence	195.00
<b>Total 7100 Direct Support</b>	<b>\$ 509.71</b>
7200 Payroll, Taxes and Benefits	
7210 Salaries & Wages	82,562.56
7220 Payroll Taxes	8,026.24
7230 Workers Comp Insurance	655.71
<b>Total 7200 Payroll, Taxes and Benefits</b>	<b>\$ 91,244.51</b>
7700 Non Personnel Expenses	
7710 Office Supplies	65.18
7750 Marketing & Promotion	18.00
7760 Postage	148.60
7770 Printing	11.95
<b>Total 7700 Non Personnel Expenses</b>	<b>\$ 243.73</b>
7800 Supplies	
7810 Food	2,068.39
7820 Kitchen Supplies	113.39
7830 Janitorial Supplies	418.88
7850 Other Supplies	423.68
<b>Total 7800 Supplies</b>	<b>\$ 3,024.34</b>
8200 Facilities & Equipment	
8210 Rent	-5.00
8230 Utilities	
8234 Telephone/Internet	160.00
<b>Total 8230 Utilities</b>	<b>\$ 160.00</b>

8240 Building Repair & Maintenance		146.95
<b>Total 8200 Facilities &amp; Equipment</b>	<b>\$</b>	<b>301.95</b>
<b>8300 Travel and Meeting Expenses</b>		
8310 Meals (Non-Resident)		187.97
8330 Transportation		23.98
<b>Total 8300 Travel and Meeting Expenses</b>	<b>\$</b>	<b>211.95</b>
<b>8500 Other Expense</b>		
8520 Insurance - D&O and other		103.96
8570 Volunteer Expenses		319.00
8595 Miscellaneous Expenses		7,893.61
<b>Total 8500 Other Expense</b>	<b>\$</b>	<b>8,316.57</b>
<b>Total Expenditures</b>	<b>\$</b>	<b>103,852.76</b>
<b>NET OPERATING REVENUE OVER EXPENSES</b>	<b>-\$</b>	<b>3,066.28</b>
<b>NET REVENUE OVER EXPENSES</b>	<b>-\$</b>	<b>3,066.28</b>