

F. Required Documents

Case Id: 10698

Name: The Dream Team Foundation, Inc. - 2020/21

Address: *No Address Assigned

Completed by dreamteam09@bellsouth.net on 11/22/2019 1:01 PM

F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

The Dream Team Foundation_Code of Conduct.pdf

Submit a copy of the agency's latest 990 Form as submitted to the Internal Revenue Service. *Required

The Dream Team Foundation Inc - 990_2018.pdf

Organization By-Laws *Required

The Dream Team Foundation_Bylaws.pdf

Articles of Incorporation *Required

The Dream Foundation Inc - Articles of Inc.pdf

Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) *Required

The Dream Foundation Inc - Handbook.pdf

IRS 501(c)3 Designation Letter *Required

The Dream Team Foundation Inc_Determination Letter.tif

Audited financial statements or a third-party review *Required

The Dream Team Foundation_Audited Financial Statements.pdf

North Carolina Secretary of State - Current and Active Status (<https://www.sosnc.gov/search/index/corp>)

***Required**

The Dream Team Foundation.pdf

Other

***No files uploaded*

G. Community Development Only

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G. Community Development Only

** Complete this section only if you are requesting funds for a Community Development project (for CDBG, HOME and/or ESG funding).**

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

1. In the right-hand column below, indicate the number of participants to be served by the proposed project/program within each income category during the year. Click [here](#) to see Winston-Salem income limits by household size.

Ranges of Income	# to be served
0 to 30% of median	0
31% to 50% of median	0
51% to 80% of median	0
Greater than 80% of median	0

2. Describe policies, procedures, and criteria for determining who is eligible. Describe the procedures for screening, eligibility determination, intake, assessment and orientation of participants

3. Explain how services will assist participants in reaching objectives of the proposed project/program. Describe the policies or procedures for follow-up after participants leave the proposed project/program.

H. Construction/Rehab Only

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H. Construction/Rehab Only

** Complete this section only if you are requesting funds for a Housing Construction or Rehabilitation project.**
If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

1. Describe the proposed project, including any plans. If the project is approved, we will need a detailed work write-up.

2. Provide a projected timeline for the proposed work.

3. Describe how the project will be managed, including the contractor procurement process.

4. Describe the target market, including any special populations to be served.

5. Describe the services or program you plan to provide.

6. Describe the property management plan.

7. List the development team members.

8. Describe the financial capability of the sponsor/owner organization, including submission of the organization's operating budgets, agency audits, and Form 990s for the prior three years, unless already submitted to the City.

9. Listing of projects undertaken by principals over the past ten years, identifying project name and address, type of project, and number of units; please note any projects for which local government funding was received.

Project Name	Address	Type of Project	No. Units	Govmt Funding
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Documentation

Market study or other analysis to verify the need for the project.

**No files uploaded

Development costs that include a detailed sources and uses statement of all funds, including the requested loan from the City, in electronic format, preferably a spreadsheet.

***No files uploaded*

Operating pro forma that includes rent and operating cost assumptions and all estimated loan payments, in electronic format.

***No files uploaded*

Operating Budget

***No files uploaded*

Form 990

***No files uploaded*

I. Emergency Shelter Only

Completed by dreamteam09@bellsouth.net on 11/22/2019 1:02 PM

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Name: The Dream Team Foundation, Inc. - 2020/21

Address: *No Address Assigned

I. Emergency Shelter Only

** Complete this section only if you are requesting funds for an Emergency Shelter project. **

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

Emergency Shelter: Essential Services

Activity	Total Budget (\$)
Case Management	\$0.00
Child Care	\$0.00
Education Services	\$0.00
Employment Assistance	\$0.00
Job Training	\$0.00
Outpatient Health Services	\$0.00
Transportation	\$0.00
Legal Services	\$0.00
Services to Special Population	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$0.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$0.00
Utilities	\$0.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$0.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

J. Rapid Rehousing and HMIS Only

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Address: *No Address Assigned

J. Rapid Rehousing and HMIS Only

** Complete this section only if you are requesting funds for a Rapid Rehousing project.**

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

Rapid Rehousing Financial Assistance

Activity	Total Budget (\$)
Rent Assistance	\$0.00
Rental Application Fees	\$0.00
Security Deposits	\$0.00
Last Month's Rent	\$0.00
Utility Deposits	\$0.00
Utility Payments	\$0.00
Moving Cost Assistance	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

Rapid Rehousing Services

Activity	Total Budget (\$)
Case Management	\$0.00
Housing Search and Placement	\$0.00
Mediation	\$0.00
Legal Services	\$0.00
Credit Repair	\$0.00
Counseling	\$0.00
Information and Referral	\$0.00
Monitoring/Evaluation of Progress	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

HMIS/Data Collection Budget

HMIS Activity	City ESG Request	State ESG Request
Staff Costs	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
User Fees	\$0.00	\$0.00
	\$0.00	\$0.00

Submit

Completed by dreamteam09@bellsouth.net on 11/22/2019 1:03 PM

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Submit

I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Taleona Mayfield

Electronically signed by dreamteam09@bellsouth.net on 11/22/2019 1:03 PM