

A. Organization & Contact Information

Case Id: 10618
Name: Bethesda Center- Intensive Case Mgmt -
Address: *No Address Assigned

Completed by rsmith@bethesdacenter.org on 11/22/2019 9:14 AM

A. Organization & Contact Information

The Request for Proposals and additional materials to assist with completing the application can be found on the City's webpage for [Community Agencies](#)

A.1. Organization Name

Bethesda Center for the Homeless

A.2. Project/Program

Bethesda Center Intensive Case Management

A.3. FY 2020-21 Funding Request Amount

\$160,000.00

A.4. Agency's Total Operating Budget

\$1,187,567.00

A.5. Mailing Address

930 N. Patterson Ave. Winston-Salem, NC 27101

A.6. Project/Program Location Address

930 N. Patterson Ave. Winston-Salem, NC 27101

A.7. Organization Website

Bethesda Center for the Homeless

A.8. Year 501(c)(3) status obtained

1989

A.9. Organization Fiscal Year

July 1-June 30

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Derwin L. Montgomery/Executive Director

A.13. Email

dmontgomery@bethesdacenter.org

A.14. Phone

(336) 722-9951

CONTACT

A.15. Name, Title

Rochelle Smith/Associate Director

A.16. Email

rsmith@bethesdacenter.org

A.17. Phone

(336) 722-9951

BOARD CHAIR

A.18. Name

Linda Jackson-Barnes

A.19. Term Expiration

07/31/2020

A.20. Email

lindajb@cityofws.org

A.21. Phone

(336) 747-7372

B. Project Overview

Completed by rsmith@bethesdacenter.org on 11/21/2019 10:36 AM

Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

Address: *No Address Assigned

B. Project Overview

Please provide the following information

APPROACH (7 POINTS)

B.1. Provide a concise description of the proposed project/program, indicating specifically how City funds will be used. Briefly, what are the goals/objectives of the project/program?

Bethesda Center for the Homeless (BCH) respectfully requests a grant from the City of Winston Salem in the amount of \$160,000 to support the Housing Collaborative (HC) program that provides intensive case management to the homeless population. On any given night in Forsyth County, there are over 500 homeless individuals in the community (sheltered and unsheltered). BCH strives to partner with the community to eradicate that number. Through intensive case management services during the fiscal year 2017-2018, BCH housed 113 individuals. In the fiscal year of 2018-2019, 126 individuals were placed in permanent stable housing. We continue to have a positive impact on the homeless community by providing supportive services and housing.

One of our goals is to provide stable and permanent housing to the homeless families and individuals that we serve. In order to serve our guests, we will not only focus on permanent housing but also provide supportive services that are necessary for stability. Though the use of the evidence-based practice, Critical Time Intervention (CTI), individuals will receive intensive case management. CTI requires an intensive progressive engagement approach to case management. This means that homeless individuals will have a minimum of one face to face contact per week based upon their individual needs. Intensive case management will remain in place for a year and step down case management will occur in the second year. We have found that second year to be fruitful for stability as the case manager remains as a viable contact for the now housed individual. The HC program will provide financial assistance and coordination of wrap around mainstream services that will support the individual or family transitioning from homelessness. Mainstream services include but not limited to: medical, mental health, substance use, food stamps, disability benefits, identification, clothing, and transportation and other services as identified in their individuals' service plan.

This program will serve homeless families and individuals in Forsyth County. Through a viable relationship with Housing Authority of Winston Salem, homeless families and individuals are prioritized for housing in Sunrise Towers, Piedmont Park, and Cleveland Homes. Homeless families are supported in Piedmont Park and Cleveland Homes, the head of the household must have a disabling condition. Chronically homeless individuals are prioritized for Sunrise Towers, single units. The federal definition for a chronically homeless person is, 'an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least 4 episodes of homelessness in the past 3 years'. The 4 episodes must equal a year.

B.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?

BCH will continue to promote the program during shelter and case management orientation that occurs weekly at the shelter. BCH will also continue to communicate with local shelters, promoting the program and updating availability to accept referrals. BCH also will accept referrals through community advocates as well as word of mouth. Individuals will be assessed to address service needs as well as supportive needs. The service plan assists and supports the homeless individual(s) through goal setting in an effort to have a beneficial outcome from services received. Intensive case management is the driving force for a beneficial outcome by walking closely providing a holistic approach to service needs for the individual.

B.3. How many participants on average will be served at any one time? What is the maximum number that can be served at any one time? What is the unduplicated total number of participants to be served during the program year?

The program will be able to serve 30-35 households at any given time but this also depends on the complexity of the household needs. Household sizes can vary, unduplicated participants during a program year served would be 70 homeless individuals totaled. This number can increase due to family size referrals that have recently been larger than normal. For example, currently, we are working with two single-parent households that have 8 children each.

NEED (7 POINTS)

B.4. Describe the population(s) to be served. Describe the key demographic and economic characteristics of the clients to be served.

HC program participants must be 18 years and older for Sunrise Towers. Homeless families can be inclusive of children where age is not a factor, the head of the household must be 18 years or older. Program participants will also have a documented diagnosis such as mental health, substance use, physical, chronic health condition, or learning disability. Populations will be served based on a housing-first approach, no preconditions to receiving housing and supportive services. The majority of individuals will have little to no income. According to the 2019 Federal poverty guidelines, 99% of our guests fell below the poverty threshold (\$12,490).

B.5. Describe the unmet need that the proposed project/program seeks to address. Why does the population described above need the proposed assistance? Include data supporting the need.

This program will address the housing and supportive needs of the homeless. Our night shelter provides services to 100 homeless individuals (60 men and 40 women) daily. Our day shelter can provide services up to 100 homeless individuals per day. On a day to day basis, our doors can see up to 200 homeless individuals daily through our day and night shelter. Unfortunately, we are dealing with a housing crisis and it affects our homeless population drastically as they are without financial resources and supportive services to meet their needs. Through this program, we are able to house individuals into stable housing at three identified properties in Forsyth County. Our homeless individuals are prioritized first as BCH and the community recognizes the need to help this vulnerable population.

COLLABORATION (6 POINTS)

B.6. Describe any specific collaborative relationships with other organizations (public or private) and how they will impact the project/program. How will collaboration contribute to the planning, implementation, operation, oversight, and performance measurement of the proposed project/program?

BCH has collaborative relationships with Housing Authority of Winston Salem who provides housing opportunities at Sunrise Towers, Piedmont Park, and Cleveland Homes. Wake Forest Baptist Medical Clinic (medical services provided onsite at BCH) is able to provide necessary medical care without any preconditions. Homeless individuals are able to get prescriptions and medical needs and referrals as needed. BCH also has a working relationship with Community Intake Center, Continuum of Care, and memberships with the NC Coalition to end Homelessness.

BCH has also built collaborative partnerships with community providers (public, private, and nonprofits) for the purpose of addressing the unmet needs of the homeless. The Case Managers directly connect guests with partners who are essential in reducing barriers to the housing such as: Forsyth County Department of Social Services (Medicaid & Food Stamps), Walmart (eye exams/glasses), Daymark, Monarch and Insight (mental health, substance use, and grief counseling), Goodwill Industries (workforce development) and several community churches that support the mission of BCH. BCH finds that the collaborative approach provides a network of support for the homeless individual. These relationships are essential in addressing the needs of our guests.

C. Strategy and Performance

Completed by rsmith@bethesdacenter.org on 11/21/2019 11:46 AM

Case Id: 10618

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C. Strategy and Performance

Please provide the following information

STRATEGY (5 POINTS)

C.1. The City of Winston-Salem adopted the [2017-2021 Strategic Plan \(2019 Update\)](#) as a guiding document to establish community priorities based on the vision, mission, and values set forward by the Mayor and City Council. Indicate which of the City's strategic focus areas your program aligns with best (select one):

Livable Neighborhoods

C.2. Select the service area(s) that your project/program relates to:

- Housing/Homelessness
- Economic Development
- Construction Rehabilitation
- Poverty Reduction
- Arts and Culture
- Youth
- Public Safety
- Transportation
- Other

PERFORMANCE (15 POINTS)

C.3. Explain the plan for monitoring and evaluating the project/program. Also include the steps that will be taken if original goals provided in C.5. are not achieved.

BCH has a proven successful track record with long term housing placements, 94% have maintained their housing during the past fiscal year 2018/2019. We are constantly meeting and engaging our participants 'where they are' in an effort to support and promote long term stability. Many of the homeless participants have health challenges, mental health challenges, and substance use disorders. In order for BCH to be successful providers, we ensure that the case managers participate in mandatory training. These trainings enhance their skillset making them more than qualified to work with the participants. BCH will monitor programming through intake and goal setting for the individual. We also utilize the Homeless Management Information System (HMIS) where data trends and performance measurements can be monitored through the ongoing reporting system. If goals are not achieved, program adjustments can be reviewed and recommended to ensure that guests are successful and stable.

C.4. Describe the system to be used to track participant and program data. List any key reports and their frequency that will be used to capture project/program performance.

BCH will use Homeless Management Information Systems (HMIS) to track goals, trends, and performance measures. Charts will be used for each guest which will have goal plans and case notes indicating progress. Weekly and monthly monitoring will be available. Reports can capture the individuals served, goals, and resources so that performance measures can be gaged to determine program efficacy.

C.5. Use the chart below to show how your agency measures program effectiveness. List goals, activities, and performance measures you will use to evaluate services, facilities, and programs that will be funded by the City. Performance measures can be quantitative and/or narrative.

- Include at least three goals and performance measures.

- One of the performance measures must include the unduplicated number of participants served.

Stated Program Goals	Program Activities in Support of Goals	FY 18-19 Previous Year Results	FY 19-20 Current Year Projected Results	FY 20-21 Next Year Anticipated Results
Case Manager will enroll households into Housing Collaborative to coordinate immediate housing.	Number of guests enrolled into the program and moved to permanent housing	126	115	115
Case Manager will work with households to provide supportive services such as assessments, referrals, and goal setting.	Guest will have access to a case manager to lead this process	100%	95%	95%
Case Manager will work with households to maintain stable housing for 6 months.	Guest that remain housed 6 months	98%	95%	95%
Case Manager will work with households to maintain stable housing for 12 months.	Guests that remain housed 12 months	94%	95%	90%

C.6. FY 18-19 Program Accomplishments

BCH has continued to meet the needs of the homeless population through supportive services and case management. The case manager works closely with homeless individuals as he or she transitions to housing. Increasing the length of

time that a CM remains with the individual once they have been housed has proven to provide long term stability, as our rate of stability housed has reached well over 90% after 6 months to a 1 year in housing.

C.7. FY 20-21 Key Objectives

Case Managers will assist guests through emergency and supportive services

D. Organizational Capacity

Completed by rsmith@bethesdacenter.org on 11/21/2019 1:07 PM

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D. Organizational Capacity

Please provide the following information

MISSION (5 POINTS)

D.1. Provide an overview of the organization. Include the organization's mission statement and the major services, programs, and activities provided. How does the proposed project/program help advance the mission of your organization?

BCH mission statement is "We create opportunities daily through emergency and supportive services, empowering individuals to live stable lives".

BCH has been in operation since 1987. BCH is a leading provider of shelter and supportive services to the homeless in Forsyth County for several years now. BCH is in operation 24 hours per day, 365 days per year. BCH provides a day shelter, night shelter, supportive services. Through our day shelter, anyone homeless in the community can have access to restrooms/showers, laundry, mail, telephone, computer lab, employment skill-building, clothing, and community referrals for identification and clothing. Through our night shelter, we are able to provide a safe refuge for 60 men and 40 women in the homeless community. Our supportive services enable any homeless individuals that walk through our doors for day or night services to have access to a CM that will assist in helping the homeless individual secure stability.

BCH also has a medical clinic on site. Many of this population do not have necessary medical care and have utilized emergency services for their medical care. With the use of this free clinic onsite, their needs are met without utilizing emergency services that ultimately impacts taxpayers to meet their healthcare needs. The proposed program directly advances the mission of creating opportunities daily which empower our guest to live stable lives.

FUNCTION (5 POINTS)

D.2. How long has your organization been in operation?

BCH was founded in 1987, serving as a day shelter for the homeless. After one year in operation, BCH opened as a night shelter for men and women in the community.

D.3. How does your organization benefit and serve the City of Winston-Salem and its citizens?

BCH benefits the City of Winston Salem and the citizens by committing to serve the underserved, the homeless population. We are committed to improving and having a positive impact to the system of care for the homeless population. BCH has provided a safe refuge for over 30 years for thousands of men and women who find themselves without shelter. Without our shelter and supportive services, the number of homeless in the streets would continue to grow. BCH provides 100 beds per night (60 men and 40 women) and many nights we are at capacity. We continue to increase our programming to meet the needs holistically for this population. Our numbers of individuals stably housed has continued to increase over the past fiscal years. For fiscal year 2016/2017, we stably housed 102

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individuals. For fiscal year 2017/2018, we stably housed 113 individuals. For fiscal year 2018/2019, we stably housed 126 individuals. BCH wants to continue to contribute to the reduction of the homeless and street population. Year after year we have increased our housed which serves the City of Winston Salem tremendously.

STRUCTURE (5 POINTS)

D.4. In the chart below, list key personnel involved in the proposed project/program.

Position Title	Activities/Inputs	Total Work Hours Per Week	% of hours proposed to be funded
Case Manager	Assess and link homeless individuals to permanent housing. Identify barriers and goal setting through one on one sessions.	40	100.00 %

D.5. List all executive staff and their compensation (other than per diem).

Executive Staff Name	Title/Role	Compensation	% of Hours Proposed to be Funded
Derwin L. Montgomery, Rochelle Smith, Fontella Buchanon	Executive Team	\$184,100.00	0.00 %

D.6. Attach an organizational chart

Organizational Chart *Required

Organizational Flow Chart.pdf

D.7. Please complete the Diversity of Employment and the Employment Profile below. See the [Request for Proposals \(RFP\)](#) for definitions of position types used in the Employment Profile.

Describe the hiring process and how it is structured to provide the most diverse candidate pool.

Open positions are posted to various sites online, as well as the company website.

Candidates with qualifications that fit the position are contacted by the department supervisor for an interview. Once interviews have been completed, the most qualified applicant will receive an offer for employment with the company; predicated on favorable pre-employment drug screen and background check results.

Please enter the total number of Full-Time Positions and Employees you have in the table below

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers	1	1		1	2	1
Professionals	1			1	3	
Technicians						
Office/Clerical					3	
Laborers/Service Workers		3				

Please enter the total number of Temporary/Part-Time Positions (FTE) and Employees you have in the table below

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers						
Professionals						
Technicians						
Office/Clerical						
Laborers/Service Workers		1			3	

D.8.



Attach a list of all Board Members AND compensation (other than per diem) *Required

BM List 2019.xlsx

D.9. Number of full Board meetings held during the last twelve months

9

D.10. Number of Board's Executive Committee meetings held during the last twelve months

0

ABILITY (5 POINTS)

D.11. Describe the implementation or operational plan to get the proposed project/program up and running in a timely manner. Describe any key contingencies on which the startup depends. Please upload any maps, milestones, etc. to "F. Required Documents."

BCH currently operates this highly successful programming and providing stability to our homeless in the community. Continued funding would allow uninterrupted services for homeless men and women in our community.

D.12. How do your policies and procedures (including marketing, outreach, eligibility determination and appeals) ensure fair and equal access to the benefits of the program to all persons who seek to participate?

The program and services of BCH are marketed through our strategic partnerships and community resource guides. In addition, the agency also relies on word of mouth. The homeless men and women served are more likely to engage in our programs and services if others report they are utilizing their shelter.

An outreach initiative is included in this program. The initiative expands services beyond our walls into the community where homeless individuals who are in need of services can now be connected to much-needed resources.

E. Cost Effectiveness

Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

Address: *No Address Assigned

Completed by bwasham@bethesdacenter.org on 11/21/2019 2:18 PM

E. Cost Effectiveness

Please provide the following information

BUDGET AND FUNDING (10 POINTS)

E.1. Please complete the table to show the organization's operating budget.

Expenditures by Program	Budgeted FY 19-20	Projected Actuals FY 19-20	Proposed Budget FY 20-21
Program Services	\$897,567.00	\$897,567.00	\$897,567.00
Fundraising	\$50,000.00	\$50,000.00	\$50,000.00
Management and General	\$240,000.00	\$240,000.00	\$24,000.00
	\$1,187,567.00	\$1,187,567.00	\$971,567.00

Expenditures by Category	Budgeted FY 19-20	Projected Actuals FY 19-20	Proposed Budget FY 20-21
Employee Salaries and Wages	\$640,129.00	\$640,129.00	\$640,129.00
Employee Benefits	\$40,000.00	\$40,000.00	\$40,000.00
Facility Rent and Utilities	\$48,132.00	\$48,132.00	\$48,132.00
Training and Conference Registration	\$15,000.00	\$15,000.00	\$15,000.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$10,500.00	\$10,500.00	\$10,500.00
Grants to Individuals and Organizations	\$0.00	\$0.00	\$0.00
Contracted Fundraising Services	\$0.00	\$0.00	\$0.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$15,000.00	\$15,000.00	\$15,000.00
Other Operating Expenditures	\$418,806.00	\$418,806.00	\$418,806.00
Capital Outlay	\$0.00	\$0.00	\$0.00
	\$1,187,567.00	\$1,187,567.00	\$1,187,567.00

Revenues by Category	Budgeted FY 19-20	Projected Actuals FY 19-20	Proposed Budget FY 20-21
City of Winston-Salem	\$192,689.00	\$192,689.00	\$192,689.00
Forsyth County	\$0.00	\$0.00	\$0.00
State of North Carolina	\$191,759.00	\$191,759.00	\$191,759.00
Federal Government	\$43,311.00	\$43,311.00	\$43,311.00
Admissions/Program Revenues/Sales	\$0.00	\$0.00	\$0.00
Memberships	\$0.00	\$0.00	\$0.00

Donations	\$575,451.00	\$575,451.00	\$575,451.00
Foundation Grants	\$215,739.00	\$215,739.00	\$215,739.00
Interest and Investment Income	\$0.00	\$0.00	\$0.00
Parent Organization	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
	\$1,218,949.00	\$1,218,949.00	\$1,218,949.00

Describe any amounts listed under "Other Operating Expenditures" or "Other Revenues." Provide details on any specific federal government revenue sources.

No Other revenues.

Other Operating Expenditures:

Client Services \$ 38,000.00; Food Beverages \$ 6,500.00; Bank and Services Chrgs. \$ 3,017.22; Equipment \$ 6,000.00; Insurance \$ 30,222.00; Contract labor \$ 5,000.00; License & Permits \$ 1,500.00; Marketing and Advertising \$ 50,000.00; Postage & delivery \$ 5,000.00; Printing & Reproductions \$ 9,000.00; Repairs and Maintenance \$ 175,914.34; Telephone \$ 13,204.72; Cable & Internet \$ 6,491.08; Office Supplies \$ 10,000.00; Dues & Subscriptions \$ 2,500.00; Payroll Taxes \$ 56,457.00: with a Total of Other Operating Expenditures of \$ 418,806.36

E.2. Has the City of Winston-Salem provided funding in the past? If so, provide a funding history of the most recent five years of City contributions in the table below.

Year	Funding Source	Funding Amount
2018	SPC5	\$39,520.00
2018	BC PSH BONUS	\$25,764.00
2018	COC BC-PH-CM	\$58,038.00
2018	ESG Day & Men's Night Shelter	\$44,766.00
2018	ESG Day and Men's Bonus	\$44,012.00
2018	ESG Women's Night Shelter	\$32,689.00
2018	City Intensive Case Management	\$160,000.00
2017	State ESG Day Shelter	\$19,837.00
2017	State ESG Night Shelter	\$24,175.00
2017	City ESG Women's Night Shelter	\$32,689.00
2017	City Intensive Case Management	\$160,000.00
2017	ESG Bonus Grant Day Shelter	\$19,837.00
2017	ESG Bonus Grant Night	\$24,175.00
2017	CoC Permanent Housing	\$58,038.00
2016	State ESG Day	\$25,474.00

2016	State ESG Night Shelter	\$20,903.00
2016	City ESG Women's Night Shelter	\$32,689.00
2016	City Intensivr Case Management	\$160,000.00
2016	CoC Permanent Housing	\$58,038.00
2015	State ESG Day	\$20,903.00
2015	City ESG Men's Night Shelter	\$25,474.00
2015	City ESG Women's Night Shelter	\$33,300.00
2015	CoC Transitional Case Management	\$18,355.00
2015	CoC SHP Case Management	\$19,436.00
2015	CoC perm Housing	\$58,038.00
2015	HMIS	\$930.00
2015	CDBG	\$40,392.00
2014	City ESG Women's Night Shelter	\$40,392.00
2014	City ESG Day Shelter	\$20,903.00
2014	City ESG Men's Shelter	\$25,474.00
2014	CoC Perm Housing	\$58,038.00
2014	CoC Transitional Housing	\$18,355.00
2014	Winter Overflow	\$10,000.00

E.3. Please complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/program.

Activity	Funding Requested from City	Funds from Other Sources	Other Funds Source
Personnel Expenses	\$0.00	\$187,000.00	Private Funds, FEMA, Individual, Church and Business Contributions
Utility Expenses	\$24,340.00	\$0.00	
Insurance Expenses	\$15,388.00	\$0.00	
Other: Client expenses, Maintenance & Repairs, Staff Training, Security,	\$20,272.00	\$94,032.00	Private Funds, FEMA, Individual, Church and Business Contributions

Print/Copy, Office Supplies			
	\$60,000.00	\$281,032.00	

E.4. If this year's request is different in any way (amount, activities, etc.) from a prior year's request, explain how and why. If you are a new applicant, please describe how you would adjust your project/program if your funding request is not funded at the full amount.

This year's funding request is not different.

SUSTAINABILITY (7 POINTS)

E.5. Describe the plan to sustain the project/program funding in future years. Include information about other funding sources to leverage City funds requested.

The Intensive Case Management Program is an integral part of BCH's mission to create opportunities daily through emergency and supportive services empowering individuals to live stable lives. Funding from the Winston-Salem Foundation and from individual and corporate donations supplement the state and local funding we receive to sustain our programs. BCH continues to seek other funding sources to ensure the sustainability of this program.

BARRIERS (3 POINTS)

E.6. Describe any potential barriers to the project implementation and how you plan to overcome them.

BCH has a proven track record of successful housing outcomes. Over the past few years, housing stability remains on an average at the 95% percentile. We do not anticipate any barriers to the completion of this project at this time.

AVERAGE COST (5 POINTS)

E.7. Use the table below to show the average amount of City funds requested per beneficiary to be served during the year and the average total cost of the service per beneficiary to be served during the year (including all funding sources)

Proposed funds from the City for this project:	\$ 160,000
Number proposed to be served for the year:	760
Average City funds per beneficiary:	\$ 78.95
Proposed funds from all sources:	\$ 341,032
Number proposed to be served for the year:	760
Average total funds per beneficiary:	\$ 448.73

F. Required Documents

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F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

Conflict of Interest.pdf

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

Bethesda Center for Homeless 2017 990 Public Disclosure Copy.pdf

Organization By-Laws *Required

BY LAWS.pdf

Articles of Incorporation *Required

Articles of Incorporation.pdf

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

Accounting and Financial Policies and Procedures.docx

Policies and Procedures Manual Introduction.pdf

Policies and Procedure Manual.pdf

IRS 501(c)3 Designation Letter *Required

501c3.pdf

Audited financial statements or a third-party review ***Required**

Audit 18.final.pdf

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

***Required**

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Other

***No files uploaded*

G. Community Development Only

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Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

Address: *No Address Assigned

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

Printed By: Hope Ann Walsch on 1/27/2020

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 bwasham@bethesdacenter.org on 11/21/2019 3:02 PM

Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

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

Completed by rsmith@bethesdacenter.org on 11/22/2019 9:17 AM

Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

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 rsmith@bethesdacenter.org on 11/22/2019 9:27 AM

Case Id: 10618

Name: Bethesda Center- Intensive Case Mgmt -

Address: *No Address Assigned

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.

Rochelle Smith

Electronically signed by rsmith@bethesdacenter.org on 11/22/2019 9:27 AM