

A. Organization & Contact Information

Case Id: 10758
Name: NABVETS 57 - 2020/21
Address: *No Address Assigned

Completed by go.nabvets57@gmail.com on 11/20/2019 12:16 PM

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

NABVETS 57

A.2. Project/Program

Veteran's service organization

A.3. FY 2020-21 Funding Request Amount

\$10,000.00

A.4. Agency's Total Operating Budget

\$10,000.00

A.5. Mailing Address

1530 Martin Street Suite 205 A Winston-Salem, NC 27103

A.6. Project/Program Location Address

1530 Martin Street Suite 205 A Winston-Salem, NC 27103

A.7. Organization Website

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

2013

A.9. Organization Fiscal Year

FY-2020-2021

A.10. Federal Tax ID Number

90-0433908

A.11. Federal DUNS Number

Not applicable

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Corinthian Fields Jr/ Veteran - USAF - VSO

A.13. Email

go.nabvets57@gmail.com

A.14. Phone

(336) 602-1812

CONTACT

A.15. Name, Title

Joy Samuel, Secretary - Civilian

A.16. Email

go.nabvets57@gmail.com

A.17. Phone

(336) 602-1812

BOARD CHAIR

A.18. Name

Chrisma Brock

A.19. Term Expiration

03/30/2023

A.20. Email

go.nabvets57@gmail.com

A.21. Phone

(336) 602-1812

B. Project Overview

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Case Id: 10758

Name: NABVETS 57 - 2020/21

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?

The purpose of NABVETS is to improve the social, educational, economic, health and well being of all veterans. On an ongoing basis NABVETS will provide strategic advocacy on behalf of all its membership with congress, the Federal Administration, state Administration and other agencies and organizations. The Winston-Salem NABVETS CHAPTER #0057 will be consistent in the holistic approach to the mission of NABVETS. NABVETS Chapter #0057 will collaborate with local agencies and organizations to deliver quality service to veterans; assist in filing of claims, disseminate up to date information of legislative reforms, outreach to the homeless and low income veterans, advocate on behalf of the veterans on a local, state and federal level and treat all veterans with the respect and dignity they deserve. NABVETS efficiently and effectively provides case management services and claims processing on behalf of all Veterans that come into our office or referred. We assist veterans with filing for disability claims, pension reimbursements, discharge upgrades, Veteran Appeals, homelessness, unemployment and other needs that might arise with the veterans. Our three certified volunteer Veterans Service Officers provide the best quality services available with the certified training received ongoing from the local Federal Veteran Affairs Office.

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

NABVETS provides training for the unemployed veterans and support for many of our homeless and medically disabled veterans. NABVETS also assist in all veterans in the processing and upgrading for their claims. We have four certified VSO counselors who write the veterans claims that we service. NABVETS is also located in the Regional VA administrative office room 167 and 1530 Martin Street suite 205 A at 336-602-1812.

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?

25% of visitors are from outside the City; Recover 60% of operating costs from visitor revenue. Number of clients counselled 101. Number of Cases total with the volunteers - 68.

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.

Veterans throughout the Winston-Salem, Forsyth County area of all ethnicity and all socio-economic groups.

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.

NABVETS seeks to continue with bridging the gap regarding processing veteran's claims and upgrades for their benefits. NABVETS is assisting the Regional Veteran Affairs office with assisting our local veterans with processing

their claims. NABVETS chapter #0057 continues to address an ongoing need with veteran's benefits across areas the local, state, and national regions. NABVETS continue to help the local veterans with employment training and assistance with medical and mental health assistance and addressing their social needs through collaborations with our local Winston-Salem agencies and entities.

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?

NABVETS continue to collaborate with local and Therapeutic entities in order to continue with helping improving the quality of life for our local Veterans and their families. NABVETS maintains successful partnerships and collaborations with local community entities, mental health agencies, Urban league, Good will industries, and other veteran organizations, and Veteran Affairs Office. These collaborations continue to help to keep our veterans connected in our community and this impact helps to foster positive growth in the lives of the veterans that we continue to serve.

C. Strategy and Performance

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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):

Service Excellence

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.

NABVETS tracks the constituents/veterans through the sign sheets and files sent by the Federal Veterans Administration. NABVETS provides programs that assist veterans with completion and processing of their claims. NABVETS operates a non-profit organization which helps to enhance the quality of life and increase employability of veterans through coordination, collaboration, and facilitation with Urban League, Good Will Industries and other local entities and the Regional Veterans Administration Office. NABVETS will still be able to continue to write veterans service claims because we are a nationally certified organization approved through the Veterans Administration to process and advocate claims for veterans. We have three certified veterans service officer which would continue to sustain this program.

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.

D. Organizational Capacity

Case Id: 10758

Name: NABVETS 57 - 2020/21

Address: *No Address Assigned

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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?

The purpose of NABVETS is to improve the social, educational, economic, health and well being of all veterans. On an ongoing basis NABVETS will provide strategic advocacy on behalf of all its membership with congress, the Federal Administration, state Administration and other agencies and organizations. The Winston-Salem NABVETS CHAPTER #0057 will be consistent in the holistic approach to the mission of NABVETS. NABVETS Chapter #0057 will collaborate with local agencies and organizations to deliver quality service to veterans; assist in filing of claims, disseminate up to date information of legislative reforms, outreach to the homeless and low income veterans, advocate on behalf of the veterans on a local, state and federal level and treat all veterans with the respect and dignity they deserve. NABVETS efficiently and effectively provides case management services and claims processing on behalf of all Veterans that come into our office or referred. We assist veterans with filing for disability claims, pension reimbursements, discharge upgrades, Veteran Appeals, homelessness, unemployment and other needs that might arise with the veterans. Our three certified volunteer Veterans Service Officers provide the best quality services available with the certified training received ongoing from the local Federal Veteran Affairs Office.

FUNCTION (5 POINTS)

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

NABVETS was founded in 1972. The Winston-Salem NABVETS Chapter #0057 has successfully been in operation since December 02, 2008 for a total of 10 years.

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

NABVETS provides training for the unemployed veterans and support for many of our homeless and medically disabled veterans. NABVETS also assist in all veterans in the processing and upgrading for their claims. We have four certified VSO counselors who write the veterans claims that we service. NABVETS is also located in the Regional VA administrative office room 167.

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 |
|----------------|------------------------------------|---------------------------|----------------------------------|
| Office Manager | Maintain office needs and function | 25 | 80.00 % |

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 |
|----------------------|------------|--------------|----------------------------------|
| Corinthian Fields Jr | Commander | \$0.00 | 0.00 % |
| | | \$0.00 | 0.00 % |

D.6. Attach an organizational chart

Organizational Chart *Required

Org. chart.docx

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.

NA

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 | | | | | | |
| Professionals | | | | | | |
| Technicians | | | | | | |
| Office/Clerical | | | | | | |
| Laborers/Service Workers | | | | | | |
| | | | | | | |

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 | | | | | | |
| | | | | | | |

D.8.

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

Org. chart.docx

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

12

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

12

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."

NABVETS Chapter #0057 in Winston-Salem has successfully been in operation for eight years. We continue to maintain operational functioning by providing ongoing services to veterans regarding their claims to the Veterans Administration and receiving updated training from the Regional Federal Veterans Affairs Office. NABVETS maintains successful partnerships and collaborations with local community entities, mental health agencies, Urban league, Good will industries, and other veteran organizations, and the Regional Veteran Affairs Office.

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?

NABVETS is a local recognized and National Organization that is authorized by the Secretary of Veterans Affairs in the preparation and prosecution of claims under laws administered by the Department of Veterans Affairs. NABVETS is under the prosecution of claims for VA benefits (38 U.S.C 5902). We have 4 certified volunteer VSO Counselors on the Winston-Salem NABVETS Chapter Staff, which will provide strategic advocacy on behalf of its membership and veterans being served with Congress, the Federal Administration, State Administration and other local agencies and organizations. NABVETS has eight years of management of VSO counselors and volunteers and successfully implementing and administering the proposed project and program regarding veterans claims, veteran homelessness, benefits, coordinating, and linking veterans ongoing to other local entities and programs that provide for their needs.

E. Cost Effectiveness

Case Id: 10758

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Address: *No Address Assigned

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 | \$10,000.00 | \$10,000.00 | \$10,000.00 |
| Fundraising | \$0.00 | \$0.00 | \$0.00 |
| Management and General | \$0.00 | \$0.00 | \$0.00 |
| | \$10,000.00 | \$10,000.00 | \$10,000.00 |

| Expenditures by Category | Budgeted FY 19-20 | Projected Actuals FY 19-20 | Proposed Budget FY 20-21 |
|---|-------------------|----------------------------|--------------------------|
| Employee Salaries and Wages | \$0.00 | \$0.00 | \$0.00 |
| Employee Benefits | \$0.00 | \$0.00 | \$0.00 |
| Facility Rent and Utilities | \$0.00 | \$6,000.00 | \$6,000.00 |
| Training and Conference Registration | \$0.00 | \$2,300.00 | \$2,100.00 |
| Membership and Dues | \$0.00 | \$300.00 | \$400.00 |
| Travel and Transportation | \$0.00 | \$900.00 | \$900.00 |
| 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 | \$0.00 | \$0.00 | \$0.00 |
| Other Operating Expenditures | \$0.00 | \$600.00 | \$600.00 |
| Capital Outlay | \$0.00 | \$0.00 | \$0.00 |
| | \$0.00 | \$10,100.00 | \$10,000.00 |

| Revenues by Category | Budgeted FY 19-20 | Projected Actuals FY 19-20 | Proposed Budget FY 20-21 |
|-----------------------------------|-------------------|----------------------------|--------------------------|
| City of Winston-Salem | \$0.00 | \$10,000.00 | \$10,000.00 |
| Forsyth County | \$0.00 | \$0.00 | \$0.00 |
| State of North Carolina | \$0.00 | \$0.00 | \$0.00 |
| Federal Government | \$0.00 | \$0.00 | \$0.00 |
| Admissions/Program Revenues/Sales | \$0.00 | \$0.00 | \$0.00 |
| Memberships | \$0.00 | \$0.00 | \$0.00 |
| Donations | \$0.00 | \$0.00 | \$0.00 |

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| | | | |
|--------------------------------|---------------|--------------------|--------------------|
| Foundation Grants | \$0.00 | \$0.00 | \$0.00 |
| 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 |
| | \$0.00 | \$10,000.00 | \$10,000.00 |

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

NA

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 |
|------|----------------|----------------|
| 2015 | WS Grant | \$10,000.00 |
| 2016 | WS Grant | \$10,000.00 |
| 2017 | WS Grant | \$10,000.00 |
| 2018 | WS Grant | \$10,000.00 |
| 2019 | WS Grant | \$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 |
|----------|-----------------------------|--------------------------|--------------------|
| | \$10,000.00 | \$0.00 | 0 |
| | \$10,000.00 | \$0.00 | |

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.

NA

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.

Through NABVETS fund raising and membership drives and other programs such as our Annual Honors Day Program as well as others programs will continue to assist in sustaining the NABVETS project/program. NABVETS will have annual fund raising through membership drives in order to continue helping with sustaining our operations. There are no concrete projections as to the amount or duration of their commitment.

BARRIERS (3 POINTS)

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

The only potential barriers faced by NABVETS would be having limited funding and or not receiving this grant. The impact would not allow us to be able to operate our local Winston-Salem office which is vital with the continuation of servicing our veterans. NABVETS serves as one of the liaisons that continues to assist the Regional Veterans Affairs Administration Office with processing claims and benefits, and service upgrades to our local veterans. NABVETS will continue to host fundraising events and sponsorship in order to continue with assisting with our operations.

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: | \$10,000 |
|--|----------|
| Number proposed to be served for the year: | 101 |
| Average City funds per beneficiary: | 34 |
| Proposed funds from all sources: | \$10,000 |
| Number proposed to be served for the year: | 101 |
| Average total funds per beneficiary: | 34 |

F. Required Documents

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Case Id: 10758

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Address: *No Address Assigned

F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

NABVETS - Agency Contract FY20.pdf

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

IRS_990 form.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

Org. chart.docx

IRS 501(c)3 Designation Letter *Required

IRS letter.pdf

IRS_990 form.pdf

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

Audit IRS.pdf

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

***Required**

NCSS.pdf

Other

***No files uploaded*

G. Community Development Only

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Case Id: 10758

Name: NABVETS 57 - 2020/21

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 | 30 |
| 31% to 50% of median | 40 |
| 51% to 80% of median | 60 |
| Greater than 80% of median | 82 |

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

Any veteran that served with honorable discharge

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.

Through NABVETS assisting our local veterans with processing their claims in order to receive their benefits this will help the veterans obtain their personal goals and ultimately enhance their quality of life. Once a veteran's claim is processed the Veterans Administration Affairs office maintains updates. As the veteran claims progresses NABVETS is notified and the veterans are notified also of their status and all updates either electronically and/or by mail whichever is their preference.

H. Construction/Rehab Only

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Case Id: 10758

Name: NABVETS 57 - 2020/21

Address: *No Address Assigned

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.

NA

2. Provide a projected timeline for the proposed work.

NA

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

NA

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

NA

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

NA

6. Describe the property management plan.

NA

7. List the development team members.

NA

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.

NA

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 |
|--------------|---------|-----------------|-----------|---------------|
|--------------|---------|-----------------|-----------|---------------|

Documentation

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

**No files uploaded

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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

Case Id: 10758

Name: NABVETS 57 - 2020/21

Address: *No Address Assigned

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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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Case Id: 10758

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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

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Case Id: 10758

Name: NABVETS 57 - 2020/21

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.

Corinthian Fields

Electronically signed by go.nabvets57@gmail.com on 11/21/2019 2:06 PM