F. Required Documents

Completed by wb@share-ws.coop on 11/21/2019 4:33 PM

F. Required Documents

Please provide the following information

Documentation

☑ **Code of Conduct/Conflict of Interest Policy** *Required

IDR Conflict of Interest Policy Form 2019.pdf

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

IDR_2018 Form 990EZ_ signed 061119.pdf

☑ **Organization By-Laws** *Required

IDR Bylaws 092415.pdf

☑ **Articles of Incorporation** *Required

IDR Articles of Incorporation 122702.pdf

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

IDR Operating Principles & Values 051216 [1].pdf

☑ **IRS 501(c)3 Designation Letter** *Required

IDR 501c3 Ruling 122702.pdf

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

CPA_IDR Financial Statements 2018_Review Final Nov 13 2019.pdf

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☑ **North Carolina Secretary of State - Current and Active Status (https://www.sosnc.gov/search/index/corp)**
*Required
NC Charity Solictation License Confirmation_2015_2016 030716.pdf

☐ **Other**
**No files uploaded

G. Community Development Only

Completed by wb@share-ws.coop on 10/31/2019 4:03 PM

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.

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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

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

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I. Emergency Shelter Only

Completed by wb@share-ws.coop on 10/31/2019 4:03 PM

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

Actvity	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

** 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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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.

Willard W. Bass

Electronically signed by wb@share-ws.coop on 11/21/2019 4:33 PM

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