

A. Organization & Contact Information

Completed by rsmith@bethesdacenter.org on 11/22/2019 10:07 AM

Case Id: 10726
Name: Bethesda Center for the Homeless-Housing
Address: *No Address Assigned

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

BCH-Housing Permanent

A.3. FY 2020-21 Funding Request Amount

\$95,000.00

A.4. Agency's Total Operating Budget

\$1,187,567.00

A.5. Mailing Address

930 N Patterson Aveue Winston-Salem, NC 27101

A.6. Project/Program Location Address

930 N Patterson Avenue Winston-Salem, NC 27101

A.7. Organization Website

www.bethesdacenter.org

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 11/22/2019 10:52 AM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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 \$95,000 to support our Housing Permanent Project.

Founded in 1987, BCH was established to serve as a day shelter for the homeless. After one year of operation, the Center began to open as a night shelter for men and women that provides men and women 18 and over with temporary shelter in a safe and clean environment 365 days a year. In addition, our guests are connected to supportive services that assist in their stabilization and return to stable housing. BCH provides not only a place to rest; but guests have access to bathrooms, showers, laundry facilities, and housing stabilization services. BCH offers opportunities to learn basic skills and regain their self-esteem resulting in positive outcomes allowing our guests to begin the journey of becoming contributing members of our community.

The proposed project would allow Bethesda Center to provide permanent supportive housing to homeless individuals, families, and chronically homeless men and women based on the Housing First Model. The program will provide rental assistance and intensive case management for up to 9 months. The amount requested will fund a Part-time Case Manager and housing support (rental assistance) for 10 households. The household will also receive wrap-around supportive services in order for stability such as life skills, employment and etc.

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

Due to BCH's role in the community of providing services to the homeless population we receive individuals through referrals and word of mouth. BCH also will accept referrals through community advocates as well. Individuals will be assessed to address service needs as well as supportive needs. 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. 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 number served will be based upon the number of housing units, expectancy to stably house 10 households. We anticipate the ability to utilize the housing first approach and then provide intensive case management and supportive services to 100% of the individuals who participate in this program.

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.

Program participants that will presume as head of the household must be 18 years and older without discrimination of race or circumstances. 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 that have a documented diagnosis such as mental health, substance use, physical, chronic health condition, or learning disability will receive preference due to their barriers. 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. The 2019 Point in Time Count for Winston Salem (Forsyth County) revealed over 450 homeless individuals (shelter and unsheltered) in our community. 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.

Based on the findings of the City of Winston-Salem's Housing Study the city of Winston-Salem has a substantial need for safe affordable housing. As identified by the Housing Study the major local need in housing development should be targeted towards individuals and families who are 50% and below area median income. This would be the central income target of this program (the program will be accessible to anyone who enters the day or night shelter or receives case management services). This proposed housing program aligns with the Cities Affordable Housing Study, and the Cities Strategic plan.

Securing housing and providing supportive services can be quite difficult for the chronically homeless. Individuals may present with unaddressed disabilities, criminal histories, and financial needs. These challenges can cause alarm for landlords and housing opportunities are denied. With BCH assuming the responsibility of property management and providing intensive case management services, we will be able to ensure the stability and sustainability of the individuals involved in our program. BCH is also seeking to address the issue of reducing chronic homelessness. Chronic homelessness, in its simplest form, is defined as an individual or family without a permanent place of residence consistently for one year or four episodes within a three year period with a disabling condition.

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 1:46 PM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

Address: *No Address Assigned

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

5 of 21

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
Provide safe and affordable housing opportunities for homeless individuals/families.	Number of individuals/families placed in permanent housing	0	0	10 households
Provide supportive services to empower individuals to live stable lives	Percent of guests remaining in housing 6 months or more	0	0	95%

C.6. FY 18-19 Program Accomplishments

This is a new request from the City.

BCH is experienced in serving homeless men and women. Our case management program works to provide an intensive, holistic approach to services and is well connected to community resources and partners, who together will help ensure the stability and sustainability of our program participants. The Center has a proven track record of successful housing outcomes for participants in other permanent housing projects, which is attributed to our case management and use of crisis intervention best practices. Even with the challenges of locating safe and affordable housing which causes guests to stay in the shelter longer than the initial 90 days, BCH continues to thrive and meet the needs for this population. This permanent housing project is expected to have similar success and help the community achieve its goal of ending chronic homelessness.

C.7. FY 20-21 Key Objectives

The number served will be based upon the number of housing units, expectancy is to stably house 10 households.

D. Organizational Capacity

Completed by rsmith@bethesdacenter.org on 11/21/2019 1:39 PM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

Address: *No Address Assigned

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 the 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 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	connect homeless individuals to permanent housing. Conduct assessments of guests to identify barriers to housing stability.	20	80.00 %
Associate director	Manages all case management operations	40	0.00 %

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 candidates 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 a 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."

The timeline is dependent on the ability to receive appropriate funding to provide housing opportunities to individuals.

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: 10726

Name: Bethesda Center for the Homeless-Housing

Completed by bwasham@bethesdacenter.org on 11/21/2019 2:40 PM

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	\$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	\$240,000.00
	\$1,187,567.00	\$1,187,567.00	\$1,187,567.00

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	\$3,952.00
2018	BC PSH Bonus	\$25,764.00
2018	CoC BC-PH-CM	\$58,038.00
2018	ESG Day and Men's Shelter	\$44,766.00
2018	ESG Day and Men's Bonus	\$44,012.00
2018	ESG Women's Night	\$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	\$19,837.00
2017	ESG Bonus Grant Night	\$24,175.00
2017	CoC Permanent Housing	\$58,038.00
2016	State ESG	\$25,474.00
2016	State ESG Night Shelter	\$20,903.00

2016	City ESG Women's Night	\$32,689.00
2016	City Intensive 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	\$25,474.00
2015	City ESG Women's Night	\$33,300.00
2015	CoC Transitional Case Management	\$18,355.00
2015	CoC SHP Case Mgmt	\$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	\$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 Expense	\$15,388.00	\$0.00	
Other: Client expenses, maintenance and repairs, staff training, security, print/copy, office supplies	\$2,072.00	\$94,032.00	Private funds, FEMA, Individual, Church, and Business Contributions
	\$41,800.00	\$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 is a new request.

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.

Funding 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 in 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:	\$ 95,000
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

Completed by rsmith@bethesdacenter.org on 11/20/2019 2:31 PM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

Address: *No Address Assigned

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

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

Bethesda Center for Homeless 2017 990 Public Disclosure Copy.pdf

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

*Required

02272019040219_edfacc2d7a964fed8125565d81b02fe5 (1).pdf

Other

FY 21 Bethesda Eligibility Review.docx

G. Community Development Only

Completed by rsmith@bethesdacenter.org on 11/21/2019 1:41 PM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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	10
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

Head of household program participants must be 18 years and older and can be inclusive of children where age is not a factor. 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 and fall below federal poverty guidelines. According to the 2019 Federal poverty guidelines, 99% of our guests fell below the poverty threshold (\$12,490). BCH 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 will be created to assist and support 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 while providing a holistic approach to service needs for the individual. All individuals will be screened, assessed and oriented to the housing program.

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.

After coming to the Bethesda Center, guests are provided with an appointment for a Case Manager Assessment, during which the case management team collectively identifies each guests' need/barriers then develops individualized recommended action plans. With our Permanent Housing program, our case managers would utilize a modified Critical Time Intervention model. Our case managers would continue to provide supportive services to our participants for the duration in which they are housed with us.

H. Construction/Rehab Only

Completed by rsmith@bethesdacenter.org on 11/22/2019 10:54 AM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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.
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*

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 11/22/2019
10:58 AM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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 10:58 AM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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 11:02 AM

Case Id: 10726

Name: Bethesda Center for the Homeless-Housing

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 11:02 AM