

A. Organization & Contact Information

Case Id: 10714
Name: Women's Shelter - 2020/21
Address: *No Address Assigned

Completed by kenyact2015@gmail.com on 11/20/2019 9:36 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

Eliza's Helping Hands, Inc

A.2. Project/Program

Women's Safe House

A.3. FY 2020-21 Funding Request Amount

\$17,500.00

A.4. Agency's Total Operating Budget

\$110,000.00

A.5. Mailing Address

1225 East 5th Street Suite 100 Winston-Salem, NC 27101

A.6. Project/Program Location Address

1225 East 5th Street Winston-Salem, NC 27101

A.7. Organization Website

www.elizashelpinghands.org

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

2015

A.9. Organization Fiscal Year

January to December

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Kenya Thornton/Executive Director

A.13. Email

kenyact2015@gmail.com

A.14. Phone

(336) 682-2331

CONTACT

A.15. Name, Title

Tenika Clark/ Victim Services Director

A.16. Email

tenikasclar@gmail.com

A.17. Phone

(336) 408-5673

BOARD CHAIR

A.18. Name

Cladia Davies

A.19. Term Expiration

12/31/2023

A.20. Email

claudiadavies1989@yahoo.com

A.21. Phone

(336) 955-5936

B. Project Overview

Completed by kenyaact2015@gmail.com on 11/20/2019 10:30 PM

Case Id: 10714

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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?

We are requesting funding to support Women's safe house and services which provides emergency shelter to women and children who are fleeing domestic violence. The goal of the shelter is to offer a safe heaven for women and children. It is also our goal to give them the opportunity to learn about the effects of domestic violence, support from groups, possible housing and job opportunities and court advocacy when needed.

During our last fiscal year, we were able to serve 45 women and 16 children and of those we were able to help 14 of those find permanent housing the rest we were able to get them into safer situations working with other local and out of county providers. Although we did not receive funding for this particular services, we were able to use funds through our programs and with the donation and support of corporate sponsors.

Our goal is to not only provide a safe space and to stop the cycle of abuse but to give them the tools and opportunity to find permanent job and housing placement.

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

Women and children will be able to have access to our services by either community referral from agencies such as DSS, other shelters who may not have space, health care providers, law enforcement, the legal community, court referral and easy access to our website which has information on how to get help.

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?

Our safe house has space has beds for 7 women and children. We are able to provide additional crib beds for infants as needed. We anticipate servicing 25 to 30 women and children during the program year. The number served depends on the length of stay for the guests during that time. We have also partnered with local hotels in the area that are willing to give us a discount for our clients if we or other area shelters have no space.

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.

Our safe house exists to serve women and children who are fleeing abusive living environments. For male victims, and 5% of our female victims, we sometimes utilize local hotels for emergency shelter. Our numbers are based not only on those we provided some form of shelter to, but also provided employment training, mental health, and legal services as well as transportation and court advocacy.

Of those served in FY 2017-2018, 90% were female and 1% were male; 74% were African American, 15% were Caucasian, 9% were Hispanic, and 3% were Multi-Racial.

By age, the victims were 0-12 years (40%), 13 – 17 years (5%), 18 – 24 years (10%) 25 – 59 years (44%), and 60+ years (1%).

The majority of our clients are from the lower end of the economic spectrum. Many have stayed with abusive partners because they were financially dependent and have no means of providing for themselves. One of the primary barriers to living independently is a lack of employment and job skills or being underemployed.

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.

We realize that there are only two local shelters in our county. There is also a shortage of housing in the city as well. If you take into account that there is a huge wealth gap particularly between men and women. You add that on top of the domestic violence and child abuse, its a struggle to sometimes find emergency shelter and permanent housing to a population that is already in dire need.

We want to ensure that our safe house and our programs can meet the needs of our victims. The needs of single women and the families staying at the safe house are significant. We strive to provide services that are unique to each situation through case management. In addition to safety planning, some women need assistance around employment, transportation, finances, and housing, while others are struggling with the education of their children and concern for how the situation has affected them.

Others are exploring educational options for themselves and coping with medical issues while in need of legal advocacy. The victim advocate can meet with every client around their unique situation and provide or plan for needed resources and support. Besides, outside resources are brought into the safe house to respond to the needs of the women. Examples include medical residency programs providing seminars of interest to the guests, tutoring and music classes for the children, financial empowerment classes. Having service on-site removes the barrier of transportation faced by many of our guests.

We want to be another stepping tool not only to give them temporary safe space, but we also want them to strive and become stronger for themselves and their families.

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?

Although Eliza's Helping Hands is a small organization, we strive to do our part for the victims and the community. We have managed to use resources from other services to be able to help us support the needs of our victims, as no one agency can do it alone. We seek out and try to work with other organizations such as Family Services, Next Step Ministries, Davidson County Domestic Violence Coalition, Children's Law Center, Legal Aid and DVCC of Forsyth County as well as state and federal programs.

We are working with the community effort to have a family justice center which focus is to provide quality services to families in need. We will continue to go to oversight and implementation meetings so that we may continue to be a part of a collaborating partner.

C. Strategy and Performance

Completed by kenya2015@gmail.com on 11/22/2019 12:30 AM

Case Id: 10714

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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):

Safe and Secure Community

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.

The Victim Services Director is responsible for oversight of the safe house, programs, and services. She is responsible for making sure that clients are receiving quality services and assistance for every client. She then reports back to the agency director and gives weekly updates and concerns on the client's progress.

If there are concerns in which were a decision outside of the two of them, the board is brought in determine the best coarse of action.

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.

We currently use Therapy notes and the Osnuim database to track our client's progress, program data, and demographics. Program staff enters all shelter guests into the database and there are numerous reports that can be

used to review program performance. We currently submit quarterly statistical reports to the Council for Women and report other data to community boards as necessary.

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
Work with clients fleeing domestic violence will access shelter services.	We have professional and qualified staff which is there to help support services and programs needed to service clients needs.	We have serviced at least 25 clients by using resources through other agency revenue streams.	We hope to increase our services of victims at our safe house to offer them more services which gives them more stability.	We hope to increase our services of victims at our safe house to offer them more services which gives them more stability.
Victims will have more strategies for ensuring their safety.	Victim advocates work with each guest to develop safety plans for self and children.	95% of adult victims completing the survey reported having more knowledge of how to plan for their safety.	95% of adult victims reported having more knowledge of how to plan for their safety	95% of adult victims will have more strategies to plan for their safety.
We will be able to service more victims and connections with more providers in the community	Victim advocates will work with community partners to develop onsite resources	Work with local businesses and health care providers to offer job and health wellness information to clients.	Continue to offer community education training and workshops for clients and stakeholders in the community on domestic violence prevention	Seek out other community partnerships with the school system for training and prevention of domestic violence and sexual assault.

C.6. FY 18-19 Program Accomplishments

Eliza's Helping Hands has been able to not only to house 25 clients but has been able to utilize our partnership with Uhaul to find permanent housing for 15 of those clients. We have used some of our resources to help with some of our victim's rent, utilities and other things that they may need to get back on their feet. We hope with the additional resources through the city that we will be able to not only help in an emergency way but be able to help them truly have a fresh and productive start.

C.7. FY 20-21 Key Objectives

The agency will increase the ability to meet the needs of our safe house guests by increasing our ability to be able to service more through our safe house and other partnerships in the community. The agency will continue to ensure that guests increase their ability to plan for their safety, decrease their feelings of isolation, and are moved as quickly as appropriate into community housing.

D. Organizational Capacity

Completed by kenyaact2015@gmail.com on 11/22/2019 1:50 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?

Our founder who first began servicing court-ordered offenders through the COOL Program in 2012, which focused on educating clients ordered to complete an approved domestic violence program, founded Eliza's Helping Hands. Because of the services that offenders were getting, we saw the need for additional victim services so then our services expanded and Eliza's Helping Hands was formed. Eliza's Helping Hands works with the following: Forsyth County District Court, Department of Social Services, Children's Law Center, WS police department, Sheriffs Department, Domestic Violence Victim Crime Unit, Community Intervention, Winston Salem State University, Wake Forest University Law Domestic Unit, just to mention a few. We are also committed to educating and training future students from local universities who have a shared interest in social work, law, and human-related fields.

Named after her grandmother who was also a giver of the heart, Eliza was formed to help those victims of various crimes. As the need for services grew both "The Cool Program" and Eliza's Helping Hands grew. Initially starting its service at a free space donated by WSSU, both agencies grew to where to date they have served over 5,000 clients to date. We hope to continue to be able to serve and work alongside all of our community partners and government agencies to continue to advocate for the well being of every person we come in contact with.

FUNCTION (5 POINTS)

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

We have been in operation since 2015 but have serviced victims since 2012

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

Eliza's Helping Hands is a local non-profit whose focus is to serve men, women, and children affected by domestic violence, sexual assault, human trafficking and other violent crimes that affect our community. We also advocate for social justice for those who typically don't have a voice. We are a small organization whose commitment is to advocate, provide quality mental health services as well as providing a safe space to all citizens of Winston Salem. Our goal is to be in partnership with all the wonderful agencies in the community to help those who find themselves in need and a support system to help them overcome challenges they may be facing.

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
We are not	Volunteers and Staff positions is addressed in D7	0	0.00 %

requesting money for position			
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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
Tenika Clark	Victim Services Director	\$15,000.00	0.00 %
Kenya Thornton	Agency Director/Volunteer	\$0.00	0.00 %
Lesley Juarez	Administrative Assistant/Volunteer	\$0.00	0.00 %

D.6. Attach an organizational chart

Organizational Chart *Required

organization chart 2019.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.

The hiring process is as follows:

- 1) All applicants interested in employment must complete and submit an Agency Employment Application form online to be considered in the recruitment process. The Operational Director must receive applications no later than 5:00 P.M. on the closing date posted on each job posting. If no filing deadline is shown, applications will be accepted until a sufficient number of qualified applications are received.
- 2) After the application period is closed, applications will be reviewed and based on the information provided, the candidates matching the needs of the Agency will be invited to participate in the selection process. Each selection process may be different depending on the type of job for which the individual is applying. Usually, our process will consist of one or more of the following:

Written Test – Written tests are designed to test general aptitude or specific knowledge of the technical aspects of the job for which the individual is applying.

Performance/Practical or Agility Examination – Practical examinations are typically given for positions, which require specialized skill or ability, such as typing proficiency, computer skills or the operation of special equipment.

Oral Interviews – Those applicants who are successful in passing the initial testing and/or screening process will be invited to an oral interview. A panel of qualified subject matter experts typically conducts oral interviews. The interview will last approximately 30 – 60 minutes, depending on the position for which the individual is applying.

- 3) Following the selection process, the Operational Director will notify the applicant, by e-mail, of the status of the application. If the individual is successful in passing the selection process, his or her name will be placed on an eligibility list for the current position opening as well as any future positions which may become available for up to six

months after the eligibility list was established.

4) Background/Reference Checks are conducted for all potential employees by a third party.

5) Approximately two weeks after the interview, the applicant will be notified by e-mail of the results of his or her interview. The notification will inform the applicant if he or she was successful in the process. If successful, the applicant will be asked to come back and have a final interview with the board of directors.

The Operational Director and Program Director may conduct second interviews and hire Anyone from the Eligibility List.

Diversity at Eliza’s Helping Hands, Inc

Eliza’s Helping Hands, Inc. makes every effort to seek and give opportunities to minorities who we feel may fit with our organization’s mission and goals. We seek out qualified individuals through the Urban League and diversityworking.com. Urban League is an agency that provides job placement for African American individuals.

Diversityworking.com is a website that offers searchable channels of minority job hunters. Through these two resources, we are able to more effectively reach qualified minority job applicants, and ensure the diversity of agency employees. It is also important to note that Eliza’s Helping Hands, Inc is an Equal Opportunity Employer, which does not discriminate on the basis of race, religious creed, color, national origin, age, ancestry, physical or mental disability, genetics, medical condition, family care status, marital status, veteran status, sex, sexual orientation, or pregnancy.

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					2	
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					1	
Laborers/Service Workers						

D.8.

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

Compensation and board members.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

6

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."

Well we already have the program up and running, but would like to be able to provide more access to our safe house when an emergency comes up . When of course we don't have room at our place we want to make sure that we keep a good relationship with our local hotels so that they are still able to help us with the time is needed.

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?

Anyone referred by one of our referral sources will be deemed eligible for services upon completion of an intake. Eligibility would just depend on the current client's situation emergency and availability at safe house. If we can't service them, we will do everything within our power to find services that they need. We have our 24 hour line, brochures, and frequently have staff attending community meetings so that other organization have our information to share with their clients.

E. Cost Effectiveness

Case Id: 10714

Name: Women's Shelter - 2020/21

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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	\$15,000.00	\$15,000.00	\$15,000.00
Fundraising	\$2,500.00	\$2,500.00	\$2,500.00
Management and General	\$10,000.00	\$10,000.00	\$10,000.00
	\$27,500.00	\$27,500.00	\$27,500.00

Expenditures by Category	Budgeted FY 19-20	Projected Actuals FY 19-20	Proposed Budget FY 20-21
Employee Salaries and Wages	\$10,000.00	\$10,000.00	\$10,000.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$10,000.00	\$10,000.00	\$10,000.00
Training and Conference Registration	\$3,000.00	\$3,000.00	\$3,000.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$500.00	\$500.00	\$500.00
Grants to Individuals and Organizations	\$0.00	\$0.00	\$0.00
Contracted Fundraising Services	\$7,000.00	\$7,000.00	\$7,000.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$2,500.00	\$2,500.00	\$2,500.00
Other Operating Expenditures	\$4,500.00	\$4,500.00	\$4,500.00
Capital Outlay	\$0.00	\$0.00	\$0.00
	\$37,500.00	\$37,500.00	\$37,500.00

Revenues by Category	Budgeted FY 19-20	Projected Actuals FY 19-20	Proposed Budget FY 20-21
City of Winston-Salem	\$5,000.00	\$5,000.00	\$5,000.00
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	\$37,000.00	\$37,000.00	\$37,000.00
Memberships	\$0.00	\$0.00	\$0.00

Donations	\$15,000.00	\$15,000.00	\$15,000.00
Foundation Grants	\$15,000.00	\$15,000.00	\$15,000.00
Interest and Investment Income	\$500.00	\$500.00	\$500.00
Parent Organization	\$37,500.00	\$37,500.00	\$37,500.00
Other	\$0.00	\$0.00	\$0.00
	\$110,000.00	\$110,000.00	\$110,000.00

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

The other operating expenditures would include things like insurance, unexpected expenses for client related things. We currently receive no federal resources at this time.

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
2016	none	\$0.00
2017	none	\$0.00
2019	none	\$0.00

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
Safe House Services	\$15,000.00	\$25,000.00	Parent Organization
	\$15,000.00	\$25,000.00	

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 the initially the first time that we are applying for funds for our safe house. Over the past 3 years, we have used other means to help support the services that we provide for the victims that we service. We would continue to provide the best services to our clients has we always have should we not be rewarded the funds. However we feel that we have shown that we can maintain our safe house services and programs without being dependant on city funds, but we can do alot more with the extra resources. We pride ourselves on being able to find opportunites to bring in various reveene streams. We added our Uhaul service to that stream of income where we get a percentage of every Uhaul that we rent. We also have 5 vending machines where we are also able to keep 100 percent of the profit.

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.

We plan to continue to use our current program fees and revenue streams to help us with our current and future services. We have Uhaul, Vending Machine Services we are also planning to co lease part of our space and add on more program services that will help bring in more revenue.

BARRIERS (3 POINTS)

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

The only potential barrier we see if not having enough room or space at our location to help a family in need. We have

always been able to work things out and we want to keep that positive attitude.

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:	15,000
Number proposed to be served for the year:	25 to 30
Average City funds per beneficiary:	500.00
Proposed funds from all sources:	25,000
Number proposed to be served for the year:	30
Average total funds per beneficiary:	500.00

F. Required Documents

Completed by kenyaact2015@gmail.com on 11/18/2019 8:04 PM

Case Id: 10714

Name: Women's Shelter - 2020/21

Address: *No Address Assigned

F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

CODE OF CONDUCT (1).docx

My Conflict of Interest Policy.pdf

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

990 forms.pdf

Organization By-Laws *Required

updated bylaws.docx

Articles of Incorporation *Required

Articles of Incorporation Nonprofit Corporation for Eliza's Helping Hands Inc..5.pdf

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

NONDISCRIMINATIONPOLICYExample.pdf

Procurement-Policies-Elizas.doc

Accounting Procedure .doc

Eliza's Helping Hands 11_16 Handbook - REVISED.doc

IRS 501(c)3 Designation Letter *Required

Determination letter IRS-2.pdf

Audited financial statements or a third-party review *Required

Statement of review Elizas.docx

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

Completed by kenyaact2015@gmail.com on 11/21/2019 11:57 PM

Case Id: 10714

Name: Women's Shelter - 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	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

Completed by kenyaact2015@gmail.com on 11/20/2019 9:23 PM

Case Id: 10714

Name: Women's Shelter - 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.
2. Provide a projected timeline for the proposed work.
3. Describe how the project will be managed, including the contractor procurement process.
4. Describe the target market, including any special populations to be served.
5. Describe the services or program you plan to provide.
6. Describe the property management plan.
7. List the development team members.
8. Describe the financial capability of the sponsor/owner organization, including submission of the organization's operating budgets, agency audits, and Form 990s for the prior three years, unless already submitted to the City.
9. Listing of projects undertaken by principals over the past ten years, identifying project name and address, type of project, and number of units; please note any projects for which local government funding was received.

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

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

***No files uploaded*

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

***No files uploaded*

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

***No files uploaded*

Operating Budget

***No files uploaded*

Form 990

***No files uploaded*

I. Emergency Shelter Only

Case Id: 10714

Name: Women's Shelter - 2020/21

Address: *No Address Assigned

Completed by kenyaact2015@gmail.com on 11/20/2019 9:35 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	\$1,000.00
Employment Assistance	\$500.00
Job Training	\$1,000.00
Outpatient Health Services	\$0.00
Transportation	\$1,000.00
Legal Services	\$0.00
Services to Special Population	\$500.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$4,000.00

Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$5,000.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$1,500.00
Utilities	\$2,000.00
Food	\$3,000.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$2,000.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$13,500.00

J. Rapid Rehousing and HMIS Only

Completed by kenyaact2015@gmail.com on 11/20/2019 11:14 PM

Case Id: 10714

Name: Women's Shelter - 2020/21

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 kenyact2015@gmail.com on 11/22/2019 1:55 PM

Case Id: 10714

Name: Women's Shelter - 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.

Kenya Thornton

Electronically signed by kenyact2015@gmail.com on 11/22/2019 1:55 PM