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Audit 18.final.pdf

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

**\*Required**

02272019040219\_edfacc2d7a964fed8125565d81b02fe5 (1).pdf

Other

*\*\*No files uploaded*

## G. Community Development Only

Completed by rsmith@bethesdacenter.org on 11/21/2019 1:27 PM

Case Id: 10713

Name: Bethesda Center for the Homeless-Womens

Address: \*No Address Assigned

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### G. Community Development Only

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\*\* 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	100
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**

Any individual 18 or older are eligible to receive all programs and services. BCH guests complete the following process: 1) upon arrival bed availability is verified, 2) guests receive a temporary identification card allowing full access to facility, 3) Intake is completed within the first three nights; 4) Orientation is held every Friday at 10:30 am; 5) Case Management Orientation is offered to 100% of guests, and 6) Case Management Assessment is completed.

**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.**

Individuals requiring shelter complete an initial intake with Day Shelter staff. After 14 days of residence, guests are provided with an appointment for a Case Management Assessment, during which the case management team collectively identifies each guests' needs/barriers then develops individualized recommended action plans. Guests remain connected to services for a minimum of 6 months after receiving housing.

## H. Construction/Rehab Only

Completed by rsmith@bethesdacenter.org on 11/22/2019 9:50 AM

Case Id: 10713

Name: Bethesda Center for the Homeless-Womens

Address: \*No Address Assigned

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### H. Construction/Rehab Only

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\*\* 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

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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](mailto:bwasham@bethesdacenter.org) on 11/21/2019 3:01 PM

**Case Id:** 10713

**Name:** Bethesda Center for the Homeless-Womens

**Address:** \*No Address Assigned

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## I. Emergency Shelter Only

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\*\* 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
	<b>\$0.00</b>

### Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$0.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$7,694.00
Utilities	\$16,044.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$0.00
Maintenance or Minor Repairs	\$26,262.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	<b>\$50,000.00</b>

## J. Rapid Rehousing and HMIS Only

Completed by rsmith@bethesdacenter.org on 11/22/2019 9:47 AM

Case Id: 10713

Name: Bethesda Center for the Homeless-Womens

Address: \*No Address Assigned

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### J. Rapid Rehousing and HMIS Only

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\*\* 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
	<b>\$0.00</b>	<b>\$0.00</b>

## Submit

Completed by rsmith@bethesdacenter.org on 11/22/2019 9:51 AM

**Case Id:** 10713

**Name:** Bethesda Center for the Homeless-Womens

**Address:** \*No Address Assigned

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## Submit

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**I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.**

Rochelle Smith

*Electronically signed by rsmith@bethesdacenter.org on 11/22/2019 9:51 AM*