





















## E. Cost Effectiveness

Case Id: 10704

Name: Bethesda Center for the Homeless Men's Night

Completed by bwasham@bethesdacenter.org on 11/21/2019 2:03 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
	<b>\$1,187,567.00</b>	<b>\$1,187,567.00</b>	<b>\$1,187,567.00</b>

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
	<b>\$1,187,567.00</b>	<b>\$1,187,567.00</b>	<b>\$1,187,567.00</b>

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
	<b>\$1,218,949.00</b>	<b>\$1,218,949.00</b>	<b>\$1,218,949.00</b>

**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	\$39,520.00
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	\$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	\$24,175.00
2017	CoC Permanent Housing	\$58,038.00
2016	State ESG Day	\$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 Mgmt	\$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 Expenses	\$15,388.00	\$0.00	
Other: Client expenses, Mainenance & Repairs, Staff Training, Security, Print/Copy, Office Supplies	\$20,272.00	\$94,032.00	Private Funds, FEMA, Individual, Church and Business Contributions
	<b>\$60,000.00</b>	<b>\$281,032.00</b>	

**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 year's funding request is not different.

**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.**

The Emergency Women's Shelter is an integral part of BCH's mission to create opportunities daily through emergency and supportive services empowering individuals to live stable lives. Funding from the Winston-Salem Foundation and 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.**

The program is in operation, therefore, there are no perceived barriers to service delivery.

**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:	\$ 60,000
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 2:34 PM

**Case Id:** 10704

**Name:** Bethesda Center for the Homeless Men's Night

**Address:** \*No Address Assigned

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## F. Required Documents

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Please provide the following information

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### Documentation

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**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**

02272019040219\_edfacc2d7a964fed8125565d81b02fe5.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**

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 1:20 PM

Case Id: 10704

Name: Bethesda Center for the Homeless Men's Night

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 9:56 AM

Case Id: 10704

Name: Bethesda Center for the Homeless Men's Night

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

Printed By: Hope Ann Walsch on 1/28/2020

**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 2:03 PM

**Case Id:** 10704

**Name:** Bethesda Center for the Homeless Men's Night

**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	\$15,388.00
Utilities	\$24,340.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$20,272.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	<b>\$60,000.00</b>

## J. Rapid Rehousing and HMIS Only

Completed by rsmith@bethesdacenter.org on 11/22/2019 10:03 AM

Case Id: 10704

Name: Bethesda Center for the Homeless Men's Night

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](mailto:rsmith@bethesdacenter.org) on 11/22/2019 10:04 AM

**Case Id:** 10704

**Name:** Bethesda Center for the Homeless Men's Night

**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](mailto:rsmith@bethesdacenter.org) on 11/22/2019 10:04 AM*