

A. Organization & Contact Information

Case Id: 11157
Name: Nabvets Chapter 0057 - 2021/22
Address: *No Address Assigned

Completed by go.nabvets57@gmail.com on 11/18/2020 1:10 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

NABVETS Chapter #5700

A.2. Project/Program

Veterans Service Organization

A.3. FY 2021-22 Funding Request Amount

\$10,000.00

A.4. Agency's Total Operating Budget

\$10,000.00

A.5. Mailing Address

1530 Martin Street Suite 205 A Winston-Salem, NC 27103

A.6. Project/Program Location Address

1530 Martin Street Suite 205 A Winston-Salem, NC 27103

A.7. Organization Website

www.nabvets@gmail.com

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

November 21, 2016

A.9. Organization Fiscal Year

FY-2021-2022

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Corinthian Fields Jr., Commander (Vet) – USAF - VSO

A.13. Email

go.nabvets57@gmail.com

A.14. Phone

(336) 734-3514

CONTACT

A.15. Name, Title

Patricia Mack, Secretary (Civilian)

A.16. Email

trishmack609@yahoo.com

A.17. Phone

(336) 479-2529

BOARD CHAIR

A.18. Name

Chrisma Brock (Vet) Army - VSO

A.19. Term Expiration

12/31/2021

A.20. Email

chrismabrock2016@gmail.com

A.21. Phone

(336) 624-8042

B. Project Overview

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Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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?

NABVETS Chapter #0057 has successfully been in operation since December 02, 2008. NABVETS is a local recognized and National Organization that is authorized by the Secretary of Veterans Affairs in the preparation and prosecution of claims under laws administered by the Department of Veterans Affairs. NABVETS is under the prosecution of claims for VA benefits (38 U.S.C 5902). We have 4 certified volunteer VSO Counselors on the Winston-Salem NABVETS Chapter Staff, which will provide strategic advocacy on behalf of its membership and veterans being served with Congress, the Federal Administration, State Administration and other local agencies and organizations. NABVETS has twelve years of management of VSO counselors and volunteers and successfully implementing and administering the proposed project and program regarding veterans claims, veteran homelessness, benefits, coordinating, and linking veterans ongoing to other local entities and programs that provide for their needs. We continue to maintain operational functioning by providing ongoing services to veterans regarding their claims to the Veterans Administration and receiving updated training from the Regional Federal Veterans Affairs Office. NABVETS maintains successful partnerships and collaborations with local community entities, mental health agencies, Urban league, Good will industries, and other veteran organizations, and the Regional Veteran Affairs Office.

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

NABVETS tracks the constituents/veterans through the sign sheets and files sent by the Federal Veterans Administration, due to COVID-19 we only take referral appointments at this time. Veterans access us through email, phone and referrals from other agencies and people/veterans in the community. NABVETS provides programs that assist veterans with completion and processing of their claims. NABVETS operates a non-profit organization which helps to enhance the quality of life and increase employability of veterans through coordination, collaboration, and facilitation with Urban League, Good Will Industries and other local entities and the Regional Veterans Administration Office. NABVETS will still be able to continue to write veterans service claims because we are a nationally certified organization approved through the Veterans Administration to process and advocate claims for veterans. We have three certified veterans service officers which would continue to sustain this program.

B.3. Below, please provide anticipated service metrics into the appropriate fields.

Where applicable, applicants will be reimbursed funds based upon timely submissions of eligible invoices. These invoices should describe services rendered and should align with the goals and objectives cited here. Where outcomes do not align with goals, please be prepared to provide a written summary of shortcomings. If applicable and serving individual clients over a period of time.

Average Number of Participants Served at a Single Time

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Maximum Number of Participants to Be Served at a Single Time

3

Unduplicated Total Number of Participants to Be Served During the Program Year

90

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.**

NABVETS will continue to employ our various seminars which will continue to maintain the connection and bridging the educational gap regarding reaching our local veterans and what benefits and programs that are available to them. Also, NABVETS which is primarily a Veterans Claims Organization will continue to provide the processing of Veterans claims ongoing in order to help our indigent veterans obtain their benefits and upgrades. Our approach with continuous collaborations, partnerships, and facilitations of programs that help connect our homeless veterans and other veterans that we provide services to with other local community entities, local mental health organizations, Urban League, Goodwill industries, other veteran organizations, and the veteran affairs office. This is how NABVETS will innovatively continue to approach helping our local veterans with their ongoing needs in multiple areas.

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.

NABVETS is a unique organization because we are primarily a claims service organization. Our primary focus is helping the Regional Veterans Affairs Administration Office to bridge the gap with assisting the indigent veterans process their military claims and receive their benefits, as well as service upgrades pertaining to being discharged from the military. Our secondary focus is to then to collaborate, coordinate, facilitate, link, and refer to local entities and other organizations that can continue to assist our veterans with regards to their other needs (i.e. homelessness, financial, employment, and mental health).

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?**

NABVETS continue to collaborate with local and Therapeutic entities in order to continue with helping improving the quality of life for our local Veterans and their families. NABVETS maintains successful partnerships and collaborations with local community entities, mental health agencies, Urban league, Good will industries, and other veteran organizations, and Veteran Affairs Office. These collaborations continue to help to keep our veterans connected in our community and this impact helps to foster positive growth in the lives of the veterans that we continue to serve.

IDIS Setup

No data saved

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IDIS Setup

Please provide the following information

Project Name

National Objective

Activity Number ID

HUD Activity Code

Project Description

Accomplishment Type

Initial Application Date

Service Area

Ward

Census Tract(s)

Block/Group

MWBE

C. Strategy and Performance

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Case Id: 11157

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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):

Economic Vitality and Diversity

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 the stated program goals provided in C.5. are not achieved.

NABVETS tracks the constituents/veterans through the sign sheets and files sent by the Federal Veterans Administration. NABVETS provides programs that assist veterans with completion and processing of their claims. NABVETS operates a non-profit organization which helps to enhance the quality of life and increase employability of veterans through coordination, collaboration, and facilitation with Urban League, Good Will Industries and other local entities and the Regional Veterans Administration Office. NABVETS will still be able to continue to write veterans service claims because we are a nationally certified organization approved through the Veterans Administration to process and advocate claims for veterans. We have three certified veterans service officer which would continue to sustain this program.

C.4. Describe the system to be used to track participant and program data. List any key reports and their frequency

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that will be used to capture project/program performance.

NABVETS has helped to increase the processing of claims benefits for our local veterans. Also, has helped to increase the employment for our local veterans. NABVETS continues the efforts with assisting some of our homeless veterans with gaining shelter/residence. NABVETS serves to link, facilitate, and coordinate with other local agencies that helps veterans with medical, mental, and other needs. NABVETS will help bridge the employment gap for our local veterans. NABVETS will help bridge the gap regarding the homeless veterans and increase veterans with receiving their claims and benefits. NABVETS remains as an intricate reference to local agencies to address our local veterans with other service related needs. NABVETS VSO are still certified and have great relationships with the local entities hence will still be able to perform processing claims but it can limit the ability to provide these services to many of our local veterans.

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.

Applicants will be reimbursed funds based upon timely submissions of eligible invoices. These invoices should describe services rendered and should align with the goals and objectives cited here. Where outcomes do not align with goals, please be prepared to provide a written summary of shortcomings.

| Stated Program Goals | Program Activities in Support of Goals | FY 19-20 Previous Year Results | FY 20-21 Current Year Projected Results | FY 21-22 Next Year Anticipated Results |
|--|---|--|---|---|
| NABVETS will continue to write service claims for veterans benefits. | NABVETS VSO will continue to write service claims for veterans benefits through appointment and referral basis only, due to the COVID-9 Pandemic guidelines | NABVETS served a total of 62 veterans. | NABVETS served a total of 65 veterans. | NABVETS anticipate helping about 55 veterans or less due to the COVID-19 Pandemic restrictions which has decreased the number of veterans seeking their benefits to our office. |

| | Total Unduplicated Number Served | Total Number Served |
|---|----------------------------------|---------------------|
| FY 19-20 Previous Year Results | 36 | 62 |
| FY 20-21 Current Year Projected Results | 40 | 65 |
| FY 21-22 Next Year Anticipated Results | 36 | 55 |

C.6. FY 19-20 Program Accomplishments

NABVETS collaborated with mental health entities in order to help veterans with PTSD and other mental health illness, employment opportunities for unemployed veterans through ongoing collaborations with Urban league and Good

Will Industries and other local entities in continuation with helping to foster connections with our local veterans.

C.7. FY 21-22 Key Objectives

The COVID-19 Pandemic will continue to determine how NABVETS will have to function regarding the accessibility of how we will provide services and ongoing collaborations with various mental health entities, in order to continue helping Veterans with PTSD and other mental health illness.

Due to, the COVID-19 Pandemic guidelines will determine how the hosting of future employment seminars for unemployed veterans will go. NABVETS will continue to collaborate with Urban league, Good Will, and any other local entities to advocate for veterans needs.

The objectives/Goals:

Hold seminars on legislation impacting veterans and their families.

Hold seminars for housing for veterans.

Hold small business seminars for veterans seeking entrepreneurial opportunities.

Hold seminars for veterans transitioning back into civilian life.

Hold seminars for veterans and families on legislation changes affecting veterans, educational opportunities, and any other available benefits.

D. Organizational Capacity

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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?

The purpose of NABVETS is to improve the social, educational, economic, health and well being of all veterans. On an ongoing basis NABVETS will provide strategic advocacy on behalf of all its veteran constituents/members with congress, the Federal Administration, state Administration and other agencies and organizations. The Winston-Salem NABVETS CHAPTER #0057 will be consistent in the holistic approach to the mission of NABVETS.

NABVETS Chapter #0057 will collaborate with local agencies and organizations to deliver quality service to veterans; assist in filing of claims, disseminate up to date information of legislative reforms, outreach to the homeless and low income veterans, advocate on behalf of the veterans on a local, state and federal level and treat all veterans with the respect and dignity they deserve. NABVETS efficiently and effectively provides case management services and claims processing on behalf of all Veterans that come into our office or referred. We assist veterans with filing for disability claims, pension reimbursements, discharge upgrades, Veteran Appeals, homelessness, unemployment and other needs that might arise with the veterans. Our three certified volunteer Veterans Service Officers provide the best quality services available with the certified training received ongoing from the local Federal Veteran Affairs Office.

FUNCTION (5 POINTS)

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

NABVETS has been in operation since December 02, 2008, making this our 12th year in operation successfully..

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

NABVETS assist all veterans who are referred or and who make appointments in the processing their claims benefits. We have three certified VSO counselors who write the veterans claims which continues to help facilitate the bridge of support with regards to veterans seeking their benefits. NABVETS provides training for the unemployed veterans and support for many of our homeless and medically disabled veterans through the ongoing collaborations and partnerships with local agencies and other entities supporting veterans and their ongoing needs. NABVETS office is also located in the Regional VA administrative office on the 2nd floor and because of the access our organization continues to impact and service the ongoing needs of many indigent veterans with in our local community.

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 |
|----------------|-------------------|---------------------------|----------------------------------|
|----------------|-------------------|---------------------------|----------------------------------|

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| | | | |
|---|--|----|--------|
| Executive Director/Manager-Commander Corinthian Fields (Vet) – USAF - VSO | VSO -veteran service officer. Oversees as the commander daily operations and functions of the office as it pertains to writing veterans service benefits claims. | 20 | 0.00 % |
| Chair Board-Vice-Commander-Chrisma Brock (Vet) Army - VSO | VSO-veteran service officer. Assist as the vice-commander the daily operations and functions of the office as it pertains to the writing veterans service benefits claims and case management. | 20 | 0.00 % |
| Cheryl Binford-Treasurer-Army-veteran | maintains daily operations of budgeting and office duties and it pertains to assisting commander and vice-commander regarding veteran affairs. | 20 | 0.00 % |
| Patricia Mack-Secretary-civilian | maintains daily assignments and duties related to the office operations from commander and vice-commander regarding veteran affairs. | 15 | 0.00 % |
| Sandra B. Griggs-Corresponding-Secretary-veteran spouse | maintains daily assignments and duties related to the office operations from commander and vice-commander and secretary regarding veteran affairs. | 10 | 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 |
|---|----------------------------------|--------------|----------------------------------|
| Executive Director/Manager Commander Corinthian Fields (Vet) – USAF - VSO | commander and executive Director | \$0.00 | 0.00 % |
| Chair Board-Chrisma Brock (Vet) Army - VSO | vice-commander | \$0.00 | 0.00 % |
| Cheryl Binford-Treasurer-Army-veteran | Treasurer | \$0.00 | 0.00 % |

D.6. Attach an organizational chart

Organizational Chart *Required

Organizational Chart City Grant FYI-21-22.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.

NABVETS does not hire any employees we are strictly a volunteer organization and therefore have no full time positions or employees. There are no executive staff compensations because we at NABVETS are all non-paid VOLUNTEERS.

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 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 |
| Office/Clerical | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers/Service Workers | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Full-Time | | | | | | |

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 | 0 | 0 | 0 | 0 | 0 | 0 |
| Professionals | 0 | 0 | 0 | 0 | 0 | 0 |
| Technicians | 0 | 0 | 0 | 0 | 0 | 0 |
| Office/Clerical | 0 | 0 | 0 | 0 | 0 | 0 |
| Laborers/Service Workers | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Part-Time/Temp | | | | | | |

D.8.



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

Board members noncompensational Chart City Grant FYI-21-22.docx

D.9. Number of full Board meetings held during the last twelve months

6

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."

NABVETS Chapter #0057 in Winston-Salem has successfully been in operation for eight years. We continue to maintain operational functioning by providing ongoing services to veterans regarding their claims to the Veterans Administration and receiving updated training from the Regional Federal Veterans Affairs Office. NABVETS maintains successful partnerships and collaborations with local community entities, mental health agencies, Urban league, Good will industries, and other veteran organizations, and the Regional Veteran Affairs Office.

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?

NABVETS see all veterans regardless of race, creed, or economical social status. NABVETS primarily provides claims

services based on the veterans coming into our office or through referrals. Due to, COVID-19 we only see veterans through appointments and referrals. We then advocate and assist them with any of their other needs through coordinating, linking, and referring them to other local entities within the Winston-Salem community Forsyth County based on their needs. Through NABVETS assisting our local veterans with processing their claims in order to receive their benefits this will help the veterans obtain their personal goals and ultimately enhance their quality of life. Once a veteran's claim is processed the Veterans Administration Affairs office maintains updates. As the veteran claims progresses NABVETS is notified and the veterans are notified also of their status and all updates either electronically and/or by mail whichever is their preference.

E. Cost Effectiveness

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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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 20-21 | Projected Actuals FY 20-21 | Proposed Budget FY 21-22 |
|--------------------------------------|--------------------|----------------------------|--------------------------|
| Program Services | \$10,000.00 | \$10,000.00 | \$10,000.00 |
| Fundraising | \$0.00 | \$0.00 | \$0.00 |
| Management and General | \$0.00 | \$0.00 | \$0.00 |
| Total Expenditures by Program | \$10,000.00 | \$10,000.00 | \$10,000.00 |

| Expenditures by Category | Budgeted FY 20-21 | Projected Actuals FY 20-21 | Proposed Budget FY 21-22 |
|---|--------------------|----------------------------|--------------------------|
| Employee Salaries and Wages | \$0.00 | \$0.00 | \$0.00 |
| Employee Benefits | \$0.00 | \$0.00 | \$0.00 |
| Facility Rent and Utilities | \$5,486.00 | \$5,486.00 | \$5,486.00 |
| Training and Conference Registration | \$2,300.00 | \$2,300.00 | \$2,300.00 |
| Membership and Dues | \$300.00 | \$300.00 | \$300.00 |
| Travel and Transportation | \$900.00 | \$900.00 | \$900.00 |
| 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 | \$0.00 | \$0.00 | \$0.00 |
| Other Operating Expenditures | \$1,014.00 | \$1,014.00 | \$1,014.00 |
| Capital Outlay | \$0.00 | \$0.00 | \$0.00 |
| Total Expenditures by Category | \$10,000.00 | \$10,000.00 | \$10,000.00 |

| Revenues by Category | Budgeted FY 20-21 | Projected Actuals FY 20-21 | Proposed Budget FY 21-22 |
|-----------------------------------|-------------------|----------------------------|--------------------------|
| City of Winston-Salem | \$10,000.00 | \$10,000.00 | \$10,000.00 |
| 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 | \$0.00 | \$0.00 | \$0.00 |

| | | | |
|-----------------------------------|--------------------|--------------------|--------------------|
| Memberships | \$0.00 | \$0.00 | \$0.00 |
| Donations | \$0.00 | \$0.00 | \$0.00 |
| Foundation Grants | \$0.00 | \$0.00 | \$0.00 |
| 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 |
| Total Revenues by Category | \$10,000.00 | \$10,000.00 | \$10,000.00 |

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

NABVETS do not receive any other federal or state government revenue sources.

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 |
|------|---------------------|----------------|
| 2020 | City-Grant FY-20-21 | \$10,000.00 |
| 2019 | City-Grant FY-19-20 | \$10,000.00 |
| 2018 | City-Grant FY-18-19 | \$10,000.00 |
| 2017 | City-Grant FY-17-18 | \$10,000.00 |
| 2016 | City-Grant FY-16-17 | \$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 |
|---------------------|-----------------------------|--------------------------|--------------------|
| City-Grant-FY-21-22 | \$10,000.00 | \$0.00 | \$0.00 |
| | \$10,000.00 | \$0.00 | |

E.4. For each activity and line item above, please provide a short but detailed description of how City resources will be used to carry out proposed programming.

NABVETS is a unique organization because we are primarily a claims service organization. Our primary focus is helping the Regional Veterans Affairs Administration Office to bridge the gap with assisting the indigent veterans process their military claims and receive their benefits, as well as service upgrades pertaining to being discharged from the military. Our secondary focus is to then to collaborate, coordinate, facilitate, link, and refer to local entities and other organizations that can continue to assist our veterans with regards to their other needs (i.e. homelessness, financial, employment, and mental health). Because of the City grant we are able to utilize the funding's for operational expenditures in this office. This continues to afford us the ongoing opportunity to provide veteran benefits claims services and case management to our local veteran population.

E.5. Where another stakeholder or agency is providing non-monetary assistance with a particular aspect of your programming, please provide a short description of those activities and how they will supplement the use of City funds.

There are no other stakeholders or agencies providing non-monetary assistance with any particular aspect of NABVETS.

E.6. 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.

NABVETS request for the \$10,000 grant proposal remains the same as previous years request.

SUSTAINABILITY (7 POINTS)

E.7. Describe the plan to sustain the project/program funding in future years. Include information about other funding sources to leverage City funds requested.

Due to the COVID-19 Pandemic NABVETS has had to suspend the annual fund raising through membership drives which would ordinarily assist us in sustaining our operations. There are no concrete projections as to the amount or duration any future partnership commitments being provided. NABVETS is in the process of developing creative ways to fund raising and have membership drives due to the COVID-19 Pandemic. At this time we have no concrete program regarding additional fundraising at this time.

BARRIERS (3 POINTS)

E.8. Describe any potential programmatic barriers to project implementation (e.g. recruitment or outreach challenges, etc.) and your plans for overcoming them.

The only potential barriers faced by NABVETS would be having limited funding and or not receiving this grant. The impact would not allow us to be able to operate our local Winston-Salem office which is vital with the continuation of servicing our local veterans with in the community. NABVETS serves as one of the liaisons that continues to assist the Regional Veterans Affairs Administration Office with processing claims and benefits, and service upgrades to our local veterans with in the community. As the COVID-19 Pandemic allots for efforts and opportunities to prevail NABVETS will continue to host fundraising events and sponsorship in order to continue with assisting with support regarding our operations.

E.9. Describe any institutional barriers to project implementation (e.g. staff vacancies, pending departures, etc.) and your plans for overcoming them.

Institutional barriers may arise according to how the COVID-19 Pandemic may affect the organizational structure if anyone were to be impacted. As we continue to matriculate through this pandemic process, we are trying to set up a system where we may be able to assist other veterans virtually. This is in due process to keep our office personnel and veterans safe during this Pandemic.

AVERAGE COST (5 POINTS)

E.10. 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: | \$10,000 |
| Number proposed to be served for the year: | 55 |
| Average City funds per beneficiary: | \$10,000 |
| Proposed funds from all sources: | \$10,000 |
| Number proposed to be served for the year: | 55 |
| Average total funds per beneficiary: | \$10,000 |

F. Required Documents

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Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

Address: *No Address Assigned

F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

Articles of Incorporation-Policies-By-Laws .jpg

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

990 Form IRS.jpg

Organization By-Laws *Required

Articles of Incorporation-Policies-By-Laws .jpg

Articles of Incorporation *Required

Articles of Incorporation-Policies-By-Laws .jpg

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

Articles of Incorporation-Policies-By-Laws .jpg

IRS 501(c)3 Designation Letter *Required

501 (c) (3).jpg

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

990 Form IRS.jpg

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

***Required**

501 (c) (3).jpg

Other

***No files uploaded*

G. Income Based Projects/Services Only

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

Address: *No Address Assigned

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G. Income Based Projects/Services 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."

G.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.

| Income Range | # to be served |
|----------------------------|----------------|
| 0 to 30% of median | 30 |
| 31% to 50% of median | 50 |
| 51% to 80% of median | 80 |
| Greater than 80% of median | 80 |

G.2. Describe policies, procedures, and criteria for determining who is eligible. Describe the procedures for screening, eligibility determination, intake, assessment and orientation of participants

G.1 is not applicable to our organization because we provide services to any and all veterans regardless of their demographics, race, gender, and socioeconomic status.

G.2 The purpose of NABVETS is to improve the social, educational, economic, health and well being of all veterans quality of life to whom we provide services to. The criteria and eligibility to receive claims benefit services from NABVETS is for the person/persons which has to be a veteran and or caretaker or advocate for a veteran who is in need of claims benefits and service related assistance. NABVETS will provide strategic advocacy on behalf of all its membership and veterans with congress, the Federal Administration, state Administration and other agencies and organizations. The Winston-Salem NABVETS CHAPTER #0057 will be consistent in the holistic approach to the mission of NABVETS. We provide services to all veterans regardless of their demographics, race, gender, and socioeconomic status.

H. Construction/Rehab Only

Completed by go.nabvets57@gmail.com on 11/19/2020 2:52 PM

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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."

H.1. Describe the proposed project, including any plans. If the project is approved, we will need a detailed work write-up.

H.2. Provide a projected timeline for the proposed work.

H.3. Describe how the project will be managed, including the contractor procurement process.

H.4. Describe the target market, including any special populations to be served.

H.5. Describe the services or program you plan to provide.

H.6. Describe the property management plan.

H.7. List the development team members.

H.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.

H.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

990 Form IRS.jpg

I. Emergency Shelter Only

Completed by go.nabvets57@gmail.com on 11/19/2020 2:53 PM

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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 go.nabvets57@gmail.com on 11/19/2020 2:53 PM

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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 go.nabvets57@gmail.com on 11/19/2020 2:53 PM

Case Id: 11157

Name: Nabvets Chapter 0057 - 2021/22

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.

Commander Coe Fields

Electronically signed by go.nabvets57@gmail.com on 11/19/2020 2:53 PM