

# A. Organization & Contact Information

**Case Id:** 11156  
**Name:** Great Commission Community Church - 2021/22  
**Address:** \*No Address Assigned

Completed by vwraynor@gmail.com on 11/16/2020 2:01 PM

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## A. Organization & Contact Information

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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

Great Commiswion Community Chruch

### A.2. Project/Program

Community Feeding

### A.3. FY 2021-22 Funding Request Amount

\$50,000.00

### A.4. Agency's Total Operating Budget

\$5,000.00

### A.5. Mailing Address

3733 Ogburn Avenue Winston-Salem, NC 27105

### A.6. Project/Program Location Address

3733 Ogburn Avenue Winston-Salem, NC 27105

### A.7. Organization Website

gc3nc.com

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

not yet obtained

### A.9. Organization Fiscal Year

2012

### A.10. Federal Tax ID Number

### A.11. Federal DUNS Number

### EXECUTIVE DIRECTOR/MANAGER

#### A.12. Name, Title

Valderia Raynor, Trustee

#### A.13. Email

vwraynor@gmail.com

#### A.14. Phone

(336) 831-4815

### CONTACT

#### A.15. Name, Title

Valderia Raynor, Trustee

#### A.16. Email

vwraynor@gmail.com

#### A.17. Phone

(336) 831-4815

### BOARD CHAIR

#### A.18. Name

Angela Williams

#### A.19. Term Expiration

01/01/2024

#### A.20. Email

ajwilliams@123yahoo.com

#### A.21. Phone

(336) 655-7119

## B. Project Overview

Completed by vwraynor@gmail.com on 11/16/2020 1:52 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

Address: \*No Address Assigned

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### B. Project Overview

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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?**

Great Commission Community Church will purchase and distribute weekly groceries to Community members in need. The goal of the program is to bridge the gap of food insecurities for families with a weekend box that includes nutritious food for breakfast, lunch and dinner. Boxes include fresh fruits,vegetables and meat along with foods from other food groups to complete meals. The project targets families (but is not exclusive) in the 27105 Zip code area.

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

Participants register once, then call the church a week prior and request grocery for the Friday pickup date. Families receive a time to safely drive through to receive enough groceries to feed their families a combination of 4-5 meals during the week.

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**

150

**Maximum Number of Participants to Be Served at a Single Time**

200

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

500

#### 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.**

Based on our past participation, we served African Americans, Latinos, and Caucasian families mostly within the 27105 Zip code area. We served single family, small and large households. We provided food for the elderly, retired, and working families with small and school aged children.

**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.**

27105 zip code area is determined to have many children who qualify for free and reduced lunch. The school system provided free breakfast and lunch for students during the week but no food is provided during the weekend. Our goal is to fill that gap with nutritious, hearty foods that will sustain families during the weekend.

**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?**

Great Commission Church collaborates and partners with Harris Teeter grocery store. We receive sell prices on multiple items, special orders, and no tax on groceries. All foods are fresh and packaged. Harris teeter also provides the plastic and paper bags for distribution.

Great Commission will hire 4-5 workers but also solicit volunteers to help with the distribution.

# IDIS Setup

No data saved

**Case Id:** 11156

**Name:** Great Commission Community Church - 2021/22

**Address:** \*No Address Assigned

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## IDIS Setup

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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

Completed by vwraynor@gmail.com on 11/17/2020 10:11 PM

Case Id: 11156

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Address: \*No Address Assigned

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### C. Strategy and Performance

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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.**

Church Trustees will collect receipts and write payroll checks. The church will recruit families through communication with Mineral Springs Elementary and Middle Schools.

**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 will keep weekly spreadsheets to show the numbers of families feed each week. The spreadsheet will break down race, zip code, number of adults and children

**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.**

Printed By: Rene Williams on 12/12/2020

5 of 20

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
Work within the community to provide families with food during the weekend	A weekly grocery giveaway will be provided for families who request food		Feed over 150 families with a minimum of 350 people from July-November 2020	Our goal is to serve a minimum of 200 families

	Total Unduplicated Number Served	Total Number Served
FY 19-20 Previous Year Results	0	0
FY 20-21 Current Year Projected Results	350	1,900
FY 21-22 Next Year Anticipated Results	500	5,000

**C.6. FY 19-20 Program Accomplishments**

Great Commission Community Church served the community July - November, 2020

**C.7. FY 21-22 Key Objectives**

Our key objective is to support families with fresh and nutritious foods to sustain them through weekends. WSFCS has a plan to feed students for free Monday-Friday. We would fill the gap of weekend food for families

## D. Organizational Capacity

Completed by vwrapnor@gmail.com on 11/18/2020 9:31 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

Address: \*No Address Assigned

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### D. Organizational Capacity

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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?**

Great Commission Community Church is a Ministry located at 3733 Ogburn Avenue in the 27105 Zip Code area. Our mission is to reach all nations for Jesus Christ and train them to live productive lives in society to the glory of God. We are a Community minded Ministry that partners with the neighborhood school, Mineral Springs. We also support ESR the Bethesda Center.

#### FUNCTION (5 POINTS)

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

Great Commission has been in operation since June 1, 2008

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

Great Commission Community Church is active in the community helping people, serving on community organizations, and participating in community activities. We host a yearly Health Fair, participated in WSSU Hosea project, Novant Health Project CARE. We participate and support ESR's yearly giving Stewsdays and we feed the residents of Bethesda every first Thursday of the month.

#### 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
Team Leader	Order food, check the phone line and maintain the weekly spreadsheet, pick up the food, organize and bag family bags, distribute the food	10	90.00 %
Team Assistant	Help pick up groceries, organize and bag family bags and distribute the food	7	90.00 %
Team Assistant	Help organize and bag family bags and distribute the food	6	90.00 %
Administrative Assistant	Make weekly phone calls, assist with weekly spreadsheet, prepare the monthly reports	3	90.00 %

**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
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Valderia Raynor	Trustee	\$0.00	0.00 %
Angela Williams	Trustee	\$0.00	0.00 %

**D.6. Attach an organizational chart**

**Organizational Chart \*Required**

Great Commission Community Church Organizational Chart.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.**

Employees are members of the church and the community who have been dedicated to the project.

**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						
Professionals						
Technicians						
Office/Clerical						
Laborers/Service Workers						
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					1	
Professionals						
Technicians						
Office/Clerical					1	
Laborers/Service Workers		1			1	
Total Part-Time/Temp						

**D.8.**

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

Great Commission Community Church Board Members.docx

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

4

**D.10. Number of Board's Executive Committee meetings held during the last twelve months**

2



**ABILITY (5 POINTS)**

**D.11. Describe the implementation or operational plan to get the proposed project/program up and running in a timely manner. Describe any key contingencies on which the startup depends. Please upload any maps, milestones, etc. to "F. Required Documents."**

The proposed project is a continuation of the past Summer Grocery giveaway. Processes and people are ready to resume distribution once funds are in place.

**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?**

Policies and procedures ensure the first 50 families to receive a grocery box for the week. Families after the first 50 calls are eligible if they call before the food is ordered on Monday. If families miss the week's deadline, they are automatically placed on the next week's giveaway.

## E. Cost Effectiveness

Case Id: 11156

Name: Great Commission Community Church - 2021/22

Completed by vwraynor@gmail.com on 11/18/2020 10:44 PM

Address: \*No Address Assigned

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### E. Cost Effectiveness

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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	\$0.00	\$0.00	\$0.00
Fundraising	\$0.00	\$0.00	\$0.00
Management and General	\$0.00	\$0.00	\$0.00
<b>Total Expenditures by Program</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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	\$0.00	\$0.00	\$0.00
Training and Conference Registration	\$0.00	\$0.00	\$0.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$0.00	\$0.00	\$0.00
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	\$0.00	\$0.00	\$0.00
Capital Outlay	\$0.00	\$0.00	\$0.00
<b>Total Expenditures by Category</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Revenues by Category	Budgeted FY 20-21	Projected Actuals FY 20-21	Proposed Budget FY 21-22
City of Winston-Salem	\$0.00	\$0.00	\$0.00
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
<b>Total Revenues by Category</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Describe any amounts listed under "Other Operating Expenditures" or "Other Revenues." Provide details on any specific federal 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	COVID-19 City Grant	\$40,000.00

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
Feeding Project	\$50,000.00	\$1,000.00	
	\$50,000.00	\$1,000.00	

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.

Funds will be used to purchase and distribute groceries to the community on a weekly basis. Fresh fruits, vegetables and meats will be included each week as well as dry goods and breads. Our focus will be to provide healthy, nutritious meals to bridge the gap of weekend meals.

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.

Winston Salem Forsyth County Schools provide meals for students during the week.

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.

This year's request is for \$10,000 more than last year's request. This amount plans for more participants. Last year we planned for 30 families per week with a grocery bag of @\$60 per week. By October, we were serving up to 50 families per week. The increased funds will ensure that we can serve as many as 50 families per week.

**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.

Since 2013, Great Commission feeds at Bethesda Center each first Thursday of the month. The congregation donates funds to sustain this program. It is our hope that donations will help sustain this program as well.

**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.**

Word of mouth was a great advertisement this past year. We also put the information on the church Marquee. If we are low on participation, we will advertise on Facebook.

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

We have several congregants who volunteered their service throughout the project implementation who are willing to assist as needed.

**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:	\$50,000
Number proposed to be served for the year:	100 families
Average City funds per beneficiary:	\$500
Proposed funds from all sources:	\$51,000
Number proposed to be served for the year:	150 each week for 16 weeks
Average total funds per beneficiary:	\$51,000

## F. Required Documents

Completed by vwraynor@gmail.com on 11/20/2020 4:41 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

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**  
Great Commission Community Church Document missing.docx
  
- Submit a copy of the agency's latest 990 Form as submitted to the Internal Revenue Service. \*Required**  
Great Commission Community Church Document missing.docx
  
- Organization By-Laws \*Required**  
20200706121744.pdf
  
- Articles of Incorporation \*Required**  
20200706121744.pdf
  
- Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) \*Required**  
Great Commission Community Church Document missing.docx
  
- IRS 501(c)3 Designation Letter \*Required**  
Great Commission Community Church Document missing.docx

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

Great Commission Community Church Document missing.docx

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

**\*Required**

Great Commission Community Church Document missing.docx

**Other**

*\*\*No files uploaded*

## G. Income Based Projects/Services Only

Case Id: 11156

Name: Great Commission Community Church - 2021/22

Address: \*No Address Assigned

Completed by vwraynor@gmail.com on 11/20/2020 4:42 PM

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### G. Income Based Projects/Services 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."

**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	0
31% to 50% of median	0
51% to 80% of median	0
Greater than 80% of median	0

**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**

## H. Construction/Rehab Only

Completed by vwraynor@gmail.com on 11/20/2020 4:42 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

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."

**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
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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 vwraynor@gmail.com on 11/20/2020 4:42 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

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
	\$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 vwrapnor@gmail.com on 11/20/2020 4:42 PM

Case Id: 11156

Name: Great Commission Community Church - 2021/22

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
	\$0.00	\$0.00

## Submit

Completed by vwrapnor@gmail.com on 11/20/2020 4:43 PM

**Case Id:** 11156

**Name:** Great Commission Community Church - 2021/22

**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.

Valderia Raynor

Electronically signed by vwrapnor@gmail.com on 11/20/2020 4:43 PM