

A. Organization & Contact Information

Case Id: 11158
Name: The Poverty Revolt - 2021/22
Address: *No Address Assigned

Completed by sophia@thepovertyrevolt.org on 11/20/2020 3:31 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

The Poverty Revolt

A.2. Project/Program

The Poverty Revolt

A.3. FY 2021-22 Funding Request Amount

\$5,000.00

A.4. Agency's Total Operating Budget

\$0.00

A.5. Mailing Address

380H Knollwood St., Ste 368 Winston-Salem, NC 27103

A.6. Project/Program Location Address

380H Knollwood St., Ste. 368 Winston-Salem, NC 27103

A.7. Organization Website

www.thepovertyrevolt.org

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

2020

A.9. Organization Fiscal Year

January - December

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Sophia Hall, Executive Director

A.13. Email

sophia@thepovertyrevolt.org

A.14. Phone

(336) 705-1442

CONTACT

A.15. Name, Title

Sophia Hall, Executive Director

A.16. Email

sophia@thepovertyrevolt.org

A.17. Phone

(336) 705-1442

BOARD CHAIR

A.18. Name

Dexter Glover

A.19. Term Expiration

12/31/2020

A.20. Email

dmglover@gmail.com

A.21. Phone

(336) 287-3136

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B. Project Overview

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:58 PM

Case Id: 11158

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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?

The funds will to be utilized to support the construction and stocking of REvolt Boxes. The boxes will consist of items (i.e., baby diapers, non-perishable foods, socks, etc.) that address the needs of persons living in the following zip codes: 27105, 27101, 27110, 27107. Having the boxes will also provide a social distancing option for persons to receive needful items for themselves and their households. Tracking will occur through circuit counter.

Goals/Objectives of The Poverty Revolt

Goal 1: To address the lack of resources caused by poverty

Objective: We plan to provide essential resources that persons on limited income do not have readily accessible

Goal 2: To develop communal support

Objective: We plan to build a system of inclusion across socioeconomic levels

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

The REvolt boxes will be placed in various locations in the 27105, 27101, 27110, 27107 areas. The boxes can be accessed by anyone in need of the enclosed items. Persons can also donate to the boxes as well as get items from the box.

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

25

Maximum Number of Participants to Be Served at a Single Time

50

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

25

NEED (7 POINTS)

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B.4. Describe the population(s) to be served. Describe the key demographic and economic characteristics of the clients to be served.

The population to be served are any persons living in or around 27105, 27101, 27110, 27107.

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.

Persons living in the indicated zip codes have a high prevalence of low-income families that are in need of general essential household items.

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?

The Poverty REvolt intends to collaborate with local shelters, food pantries, civic groups and organizations.

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

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:32 PM

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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):

Livable Neighborhoods

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.

The agency will monitor the boxes through inventory. We will evaluate the efficacy of the program through surveys as well as through inventory monitoring. If it appears the goals are not met., the agency will revamp it's program and seek collaboration and marketing efforts to meet goals.

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.

The system to track participant and program data will occur through MS Office system. The agency plans to keep track of the time taken to build the boxes, receiving donations, and restocking inventory.

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
Build 4 REvolt boxes	Agency through volunteers will build 4 REvolt boxes			The boxes will be built by or before September 2021.
Inform the neighbors of the boxes	The agency will utilize time to inform community of boxes before they are placed in zip codes.			Market and share information regarding the boxes in July - September 2021.
Place boxes	The agency will place the boxes in 27105, 27101, 27110, 27107 based upon data collected and conversations with community stakeholders.			place all 4 boxes by October 2021.
Collaborate with other community agencies	The agency plans to partner with New Communion Mobile Food Pantry, MIXXER, Hope2Thrive as well as other agencies to provide needed items for the boxes.			Initiate completion of collaborative conversations by or before July 2021.

	Total Unduplicated Number Served	Total Number Served
FY 19-20 Previous Year Results	0	0
FY 20-21 Current Year Projected Results	0	0
FY 21-22 Next Year Anticipated Results	25	0

C.6. FY 19-20 Program Accomplishments

None to report.

C.7. FY 21-22 Key Objectives

Key Objectives for this initiative are to provide items needed within the community that will be easily accessible to any persons in need. This is one of the agency's programs to address poverty and the issues that cause poverty.

D. Organizational Capacity

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:56 PM

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D. Organizational Capacity

Please provide the following information

MISSION (5 POINTS)

D.1. Provide an overview of the organization. Include the organization's mission statement and the major services, programs, and activities provided. How does the proposed project/program help advance the mission of your organization?

The mission of The Poverty Revolt is to RE-purpose structures and buildings to make habitable environments for persons and organizations. With this, our goal is to ensure that those systemically overlooked are cared for. It is in the heart and mission of The Poverty REvolt to dismantle the imagery and institution of poverty and its tenants. Our desire is to strengthen the neighborhoods of Forsyth County through addressing the elements of poverty.

We believe that we are able to eradicate poverty through reducing the barriers related to homelessness and to redefine housing. We know that the work we do does not -- should not occur in a silo. Therefore, our organization has already developed partnerships with City With Dwellings, Housing Authorities in Forsyth and Davidson counties, Lexington CDC, Goler CDC, and various churches and interfaith communities.

FUNCTION (5 POINTS)

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

2 months

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

We benefit and serve the City of Winston-Salem and its citizens through offering options to address and end poverty.

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
Box Fillers	These person will earn income gathering and stocking the boxes	20	100.00 %

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
Sophia Hall	CEO	\$0.00	0.00 %

D.6. Attach an organizational chart

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Organizational Chart *Required

The Poverty Revolt Document Response Under a yr.pdf

D.7. Please complete the Diversity of Employment and the Employment Profile below. See the [Request for Proposals \(RFP\)](#) for definitions of position types used in the Employment Profile.

Describe the hiring process and how it is structured to provide the most diverse candidate pool.

The agency plans to utilize referrals as well as work with the Bethesda Center, City with Dwellings, Samaritan Ministries and other agencies that work with persons in need of employment or additional employment.

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

D.8.

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

Board of Directors - NyC Inc..docx

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

1

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

0

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 agency is already working on developing the program and partners that will access in this project.

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?

The Poverty Revolt strives to maintain and respect the confidentiality of all persons we provide service as well as our community partners. Our policies and procedures will ensure fair and equal access to the benefits of the program to all persons.

E. Cost Effectiveness

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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	\$0.00	\$0.00	\$1,000.00
Fundraising	\$0.00	\$0.00	\$500.00
Management and General	\$0.00	\$0.00	\$3,500.00
Total Expenditures by Program	\$0.00	\$0.00	\$5,000.00

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	\$3,500.00
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	\$500.00
Other Operating Expenditures	\$0.00	\$0.00	\$1,000.00
Capital Outlay	\$0.00	\$0.00	\$0.00
Total Expenditures by Category	\$0.00	\$0.00	\$5,000.00

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

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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	\$0.00	\$0.00	\$0.00

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	N/A	\$0.00

E.3. Please complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/program.

Activity	Funding Requested from City	Funds from Other Sources	Other Funds Source
Box fillers	\$5,000.00	\$0.00	
	\$5,000.00	\$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.

n/a

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.

n/a

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.

n/a

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.

Once the boxes are in place the sustainable object for replenishing the boxes will occur through partnerships with local food pantries as well as other civic groups and organizations.

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.

No perceived barriers at this time.

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

No perceived barriers at this time.

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:	5000
Number proposed to be served for the year:	25
Average City funds per beneficiary:	
Proposed funds from all sources:	
Number proposed to be served for the year:	
Average total funds per beneficiary:	

F. Required Documents

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F. Required Documents

Please provide the following information

Documentation

Code of Conduct/Conflict of Interest Policy *Required

Conflict of Interest Policy (Necessary Crumbs Inc).pdf

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

The Poverty Revolt Document Response Under a yr.pdf

Organization By-Laws *Required

The Poverty Revolt Document Response.pdf

Articles of Incorporation *Required

AOI complete - NYC Inc.pdf

TPR_102020DBAAssumedBusinessNamepdf.pdf

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

Non-Disclosure Confidentiality Agreement.pdf

The Poverty Revolt Document Response.pdf

IRS 501(c)3 Designation Letter *Required

The Poverty Revolt Document Response Under a yr.pdf

Audited financial statements or a third-party review *Required

The Poverty Revolt Document Response Under a yr.pdf

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

***Required**

2020 status for the NC SOS NYC.pdf

Other

***No files uploaded*

G. Income Based Projects/Services Only

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Address: *No Address Assigned

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:59 PM

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	0
31% to 50% of median	25
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

We will use data from the national FPL statistics and the City of Winston Salem.

H. Construction/Rehab Only

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:59 PM

Case Id: 11158

Name: The Poverty Revolt - 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
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Documentation

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

***No files uploaded*

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

***No files uploaded*

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

***No files uploaded*

Operating Budget

***No files uploaded*

Form 990

***No files uploaded*

I. Emergency Shelter Only

Completed by sophia@thepovertyrevolt.org on 11/20/2020 4:59 PM

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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

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Case Id: 11158

Name: The Poverty Revolt - 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

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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.

Sophia Hall..

Electronically signed by sophia@thepovertyrevolt.org on 11/20/2020 4:59 PM