

Program Overview

Completed by barryswashington@yahoo.com on 4/25/2022 12:39 PM

Case Id: 15097

Name: Whole Man Ministries Programs - 2022

Address: *No Address Assigned

Program Overview

Please provide the following information.



City of Winston-Salem
ARPA Transformational
Non-Profits Application

City of Winston-Salem
P.O. Box 2511
Winston-Salem, NC 27102
336-727-8000
ARPA@cityofws.org

This application portal is to request funding from the City of Winston-Salem as part of the Transformational Non-Profits Application Process. Applications received through this portal will only be reviewed by the City of Winston-Salem. Other jurisdictions may have separate application processes. Please contact other jurisdictions (e.g., Forsyth County) for instructions regarding requests to those jurisdictions.

Submitting an application does not guarantee funding. Please see the section below regarding the scoring process. The Mayor and City Council will have final decision-making authority regarding program funding requests.

Non-profit organizations may submit funding requests for capital or operating costs.

Minimum Criteria

- Must be registered non-profit organization (includes faith-based organizations providing a public purpose)
- Must have been incorporated as a non-profit for at least one year

Scoring Process and Matrix

All completed applications will undergo a review to ensure required documents are attached. Fully completed applications will be reviewed by selected City staff members and scored based on the scoring matrix approved by the Mayor and City Council. [Click here](#) to view the scoring matrix. Scored applications will be reviewed by the City's Management Team for potential recommendation to the Mayor and City Council who will have authority to appropriate funding for programs.

Staff reserves the right to contact any applicant to request clarification or additional details regarding application responses and materials.

Defining Performance Measures

Sections of the application will reference performance measures and outcomes as required by the U.S. Department of Treasury. Specifically, the application will request workload and effectiveness/outcome measures. Please see this video (<https://www.cityofws.org/2809/Performance-Measures-Video>) for general information on performance measures.

Upcoming Application Orientation Session

The City will host a virtual application orientation session on April 1, 2022 at 10:00 am. The meeting will take place virtually via the Zoom platform and will also have a live simulcast on the City's YouTube page. The link for that meeting will be posted the morning of the meeting to the website: www.cityofws.org/clfrf

Contact Information

For any questions or concerns, please email ARPA@cityofws.org or call City Link at 336-727-8000.

A.Contact Information

Completed by barryswashington@yahoo.com on 4/25/2022 12:49 PM

Case Id: 15097

Name: Whole Man Ministries Programs - 2022

Address: *No Address Assigned

A.Contact Information

Please provide the following information.

ORGANIZATION/AGENCY INFORMATION

A.1. Organization/Agency Name

Whole Man Ministries, Inc

A.2. Mailing Address

3916 Old Lexington Road Winston-Salem, NC 27107

A.3. Organization Website

wholemanministries.com

A.4. Year 501 (c)(3) Status Obtained

2,006

A.5. Organization/Agency Fiscal Year

123,122

A.6. Federal Tax ID Number

A.7. Federal DUNS Number

A.8. Federal SAM Registered?

Yes

ORGANIZATION/AGENCY CONTACT INFORMATION

EXECUTIVE DIRECTOR

A9. First Name

Barry

A10. Last Name

Washington

A11. Title

Executive Director

A12. E-mail

barryswashington@yahoo.com

A13. Phone Number

(336) 918-1087

BOARD CHAIR

A14. First Name

Dianne

A15. Last Name

Lowery

A16. E-Mail

dre021479@aol.com

A17. Phone Number

(336) 575-4463

A18. Term Expiration Date

07/11/2024

B. General Project Information

Completed by barryswashington@yahoo.com on 4/25/2022 12:51 PM

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Name: Whole Man Ministries Programs - 2022

Address: *No Address Assigned

B. General Project Information

Please provide the following information.

PROJECT INFORMATION

B.1. Project/Program Title

We Are Healthier Together

B.2. Project Location/Address

3916 Old Lexington Winston Salem, NC 27107

PROJECT CONTACT/MANAGER

B3. First Name

Barry

B4. Last Name

Washington

B5. Title

ED

B6. E-Mail

barryswashington@yahoo.com

B7. Phone Number

(133) 691-8108

C. General Project Narrative

Completed by barryswashington@yahoo.com on 4/25/2022 4:41 PM

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C. General Project Narrative

Please provide the following information.

C.1. Provide description of project and how funds will be used

The project is designed to compact food insecurities, provide health care education, provide supplies to combat the effects of Covid-19 virus and the spread of it. We put together an event to bring Novant, WSSU, Wellcare, Forsyth County Dept. of Health and several other health organizations to provide firsthand services to those who otherwise would not receive this service (non-insurance, low-income families, Hispanic, etc.) We plan to start a community garden to provide fresh vegetables and fruits located in a food desert. These community events will be held 7 times a year to serve 400 families of 4, approximately 1600 individual each event. Providing 350 turkeys and fixing to struggling families suffering from food insecurities. Funding will be used to purchase foods, seeds, materials, small stipends to volunteers, to purchase a van to deliver food to elderly, disabled, and recently discharged from medical centers, who are unable otherwise attend events. This will require a part time driver for 5 hours for each event. Each community event serving 1000-1600 will roughly cost \$5,500-\$7,000. We are getting calls from several seniors unable to travel and have no means to get the food we are giving, there are those who have experienced surgery that are bed bound and need food. I hope is to purchase a van to deliver theses services to those needing it the most. Community Event - Food Insecurities <https://youtu.be/QlPmN-R5Log>

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

The project will be accessed through Facebook ,radio announcements, Television community announcements,and posted flyers will alert city residents of events. Health fairs for low income participants where no money is required for check ups for blood pressure, diabetes, cholesterol, dental hygiene and vision. Participants will receive information regarding the results of health checks and also information on wellness, nutrition advice and a list of clinics in the city they can choose to visit. Food for food insecurity families or individuals , such as senior citizens, disabled, recent home bound from hospitals. Participants who have no way to attend the events can call to register to have food delivered to their residence. The proposed program will benefit all participants who lack insurance or finances to live a life with dignity even while living below the poverty level or the average income of our city. We are the world - Thanksgiving 350 <https://youtu.be/fHHm7EF37tw>

C.3 Total estimated number of unique participants to be served annually

8,000

C.4. Will program beneficiaries be only residents of Winston-Salem?

Yes

TOTAL FUNDING REQUEST

C.5. Total Operating Funding Request

\$9,700.00

C.6. Total Capital Funding Request

\$55,000.00

SPENDING TIMEFRAME

C.7 Capital Spending Timeframe

One year

C.8 Operating Spending Timeframe

7 months

D. Project Budget Categories

Completed by barryswashington@yahoo.com on 4/25/2022 4:22 PM

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D. Project Budget Categories

Please provide the following information.

Use templates below to input **the total** Project Budget (**only requested expenses and estimated revenues related to the program or project for which you are requesting funding**) by clicking **Add Column**. Please include all funding from the City and other sources.

Operating Costs	Total
Volunteer Stipends	\$4,200.00
Staff	\$3,500.00
Energy Power	\$1,200.00
Miscellaneous	\$800.00
	\$9,700.00

Capital Costs	Total
Community Event 6	\$22,800.00
Health Care Fair	\$2,120.00
Thanksgiving Event 350 Families	\$10,100.00
Community Gardening	\$2,500.00
Van for delivering food	\$10,000.00
Gas for van	\$800.00
Misc.- wear on tires, oil , inspection, insurance, taxes	\$6,680.00
	\$55,000.00

PROJECT/PROGRAM REVENUE CATEGORIES

Please fill out the revenue estimate table. **Note: operating revenues and expenses must be balanced (be equal).**

Operating	Total
veggies and fruit sales	\$1,500.00
	\$1,500.00

Please list below all known/expected **individual** grants and contributions totaling 10% or more of the project's budget.

Note: capital revenues and expenditures must be balanced (be equal)

Capital	Total
---------	-------

Whole Man Ministries of NC volunteers	\$500.00
	\$0.00
	\$500.00

E. Demographic and Geographic Distribution

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E. Demographic and Geographic Distribution

Please provide the following information.

Demographic distribution is an assessment of the level of the project funds spent on a program or service provided at a physical location in a Qualified Census Tract (QCT), OR where the primary intended beneficiaries live within a QCT, OR whether the program benefits residents that earn less than 60 percent of median income for the City, OR whether over 25 percent of program beneficiaries are below the federal poverty line.

E.1 Is this project/program located in a QCT or serve residents that live in a QCT?

Yes

If yes, what percentage of clients served are estimated to be residents of QCTs? ([Click here](#) to view the QCT mapping tool)

100.00 %

E.2 If the project or program is not a QCT or specifically serve residents in a QCT, will residents meet the follow criteria:

25% or more of participants below the federal poverty line or participants served make less than 60% of the Area Median Income

The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.

F. Alignment to Strategic Plan

Completed by barryswashington@yahoo.com on 4/25/2022 4:28 PM

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F. Alignment to Strategic Plan

Please provide the following information.

Strategic planning is a process in which organizational leaders determine their goals and objectives, and allocate needed/limited resources to successfully achieve those goals and objectives. [Click here](#) to view Winston Salem's Strategic Plan. The Strategic Plan includes three (3) tiers of priorities:

Tier 1:

- Focus on job creation/sustainability and workforce development
- Collaboration and funding for pre-K opportunities
- Funding for affordable housing
- Funding for economic development

Tier 2:

- Poverty reduction/cessation
- COVID reopening plan
- Community engagement (Power of connections)
- Funding for arts

Tier 3:

- Community Fundraising
- Environmental initiatives
- Address digital divide
- Address childcare needs
- Neighborhood maintenance
- Organization efficiency and public-private partnerships
- Law enforcement reform

F.1. Please select the primary priority from the list above addressed by your project/program.

Tier 2

F.2. Please select the secondary priority from the list above addressed by your project/program.

Tier 3

F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you selected.

Community engagement with black and brown who suffers from food insecurities and lack of resources will be able to access services as well as become educated. The Hispanic population who fears Government agencies will feel comfortable accessing these services provided. We will address the ongoing spread of Covid by providing face masks, covid testing kits, hand sanitizer and vaccinations when needed. This population who is also experiencing a food desert in fresh fruits and vegetables will be able to access the community garden.

G. Collaboration

Completed by barryswashington@yahoo.com on 4/25/2022 4:46 PM

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G. Collaboration

Please provide the following information.

Collaboration is when an organization is partnering or proactively working with one or more external stakeholders to achieve the same goal.

G.1. How many other external partners, organizations, stakeholders will you be collaborating with to provide the project/program?

3+

G.2. Please provide the names of the organizations and the roles they will serve in the project/program?

WSSU wellness mobile, Public Health, Novant Health, Genisis Project One each of these organizations will provide mobiles, and services to the community through our Health Care Fair. Second Harvest Food Bank, Food Lion and Lowe's Food will partner with us to help provide food. Agriculture Extension

H. Administration/Reporting

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H. Administration/Reporting

Please provide the following information.

Per U.S. Treasury rules and associated guidance, the City's framework for using these funds aligns with specific administrative reporting requirements. The administration/reporting criterion has three core elements: 1) the organization's/project's development of clear performance indicators and measurable outcomes, 2) the use of evidence-based interventions, 3) and the City's evaluation of organization and project risk.

H.1. Please clearly define the workload and outcome measures that are associated with your project/program

Workload	The workload will consist of 20 volunteers planning and providing services to the community. Gardening, Packaging food boxes, stocking inventory, tracking and monitor items, products and individuals. The outcome, over eight thousand individuals will who suffer from food storage with be feed. The will receive some form of health care to improve their health, and have access to fresh fruits, and Thanksgiving Dinner, and more.
Effectiveness/Outcome	

H.2. Does the project/program use evidence-based interventions?

No

H.3. For transparency purposes, the risk matrix is attached. This is NOT required, however, you can self-assess if you wish. Please fill out and upload the [Risk Matrix](#).

Risk Matrix

***No files uploaded*

I. Capacity

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I. Capacity

Please provide the following information.

An organization's capacity can be defined as its ability to implement the proposed project, as characterized by the alignment of its mission and vision with the proposed project, existing internal infrastructure to support it, and its plan for implementation and assessment of project success.

I.1. Please provide your organization's vision and mission statements and explain the alignment between the proposed project/program and the organizational mission.

Whole Man Ministries of North Carolina is a grassroots, nonprofit, tax-exempt charitable organization whose mission is to contribute to the "holistic" development of people—i.e., body, mind, and spirit.

I.2. Describe the organization's current infrastructure and capacity to deliver the program services or complete the project. Include any relevant current programming and experience providing similar services.

We have the experience and staff to meet the need. We have done this in the last two years during covid pandemic. Please watch one of our links below. We are the world - Thanksgiving 350
<https://youtu.be/fHHm7EF37tw>

I.3. Describe the program/project implementation plan. Include any known barriers to success and how those will be overcome

No known barriers, other than volunteers.

I.3a. Describe the program assessment plan including how the data will be collected for selected performance metrics and any other evaluation tools that will be used to determine program/project success.

We have individuals to file applications.

J. Impact/Community Need

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J. Impact/Community Need

Please provide the following information.

Impact/Community needs concern whether or not the proposed project will address an identified need within the community and what the short term (One year) and long term (3 years) impact of this project will be

J1. Describe the identified community need for this project/program. Cite specific data or studies/reports that have identified this as a community need.

We are in a food in-security area. The majority of people we service are low-income hispanics, blacks and white citizens. We provide weekly through our food pantry, food based on below poverty level income. The health fair is for people who can not afford health insurance, our community is in a fresh produce desert.

J2. Describe the short-term impacts of the project/program and how they align with the community need identified above.

We will be able to supply basic needs to families who are lacking necessities of food, health care and fresh vegetables. Our program will meet a dire need to help out in their quest for food and health wellness.

J3. Describe the long-term impacts of the project/program and how they align with the community need identified above.

We believe once programs are started, and we are successful, the program will branch out and be continued for the coming years as a need is met.

J4. Referencing previous section on outcomes, describe how the impacts noted above will be measured.

Through surveys after each event utilizing college volunteers.

K. Funding Stability

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K. Funding Stability

Please provide the following information.

Funding stability is an assessment of both the organization's annual funding and the planned funding mechanism for the project/program from grants, donations, sales, and other income generators. To the extent possible, the City wishes to ensure applying entities have sustainable funding sources outside the City's ARPA allocation. An entity will be deemed as having superior funding stability if it demonstrates at least three years of sustainable grant, contribution, and/or fee-based revenues to cover operating costs. The entity must also demonstrate commitments from other organizations to cover the full cost of project deficits or future-year operating costs (in combination with realistic fee-based revenue assumptions).

K.1. Have your organization's operating revenues covered operating expenses the last three years?

Yes

K.2. Approximately what percentage of your organization's total budget is covered by competitive grants that you must re-apply for?

50.00 %

K.3. What percentage of your project/program's budget is covered by City ARPA funds as part of this request?

90.00 %

K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.

We have some great partnerships with Second Harvest Food Bank, Food Lion and Lowes' Food who will help with food supplies, our community garden will be a collaboration of volunteers and the Extension Program. We will also apply for grants.

K.5. Please attach commitment letters from other organizations showing financial support for the project/program.

Commitment Letters

***No files uploaded*

L. Representation

Completed by barryswashington@yahoo.com on 4/25/2022 4:51 PM

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L. Representation

Please provide the following information.

Representation deals with how diverse an organizations leadership is compared with community demographics, which includes Winston-Salem's race/ethnic backgrounds as well as gender. Local non-profit organizations should reflect the communities they serve. Since organizations are requesting to receive ARPA funding through the City, we must ensure these entities hold themselves accountable to having diverse staff and leadership panels

L.1. Provide a list of board members including the race, ethnicity, and gender identification for each member.

Name	Race	Ethnicity	Gender Identification
Dianne Lowery	Black	African American	Female
Camilla Washington	Black	African American	Female
Lashawnda Hylton	Black	African American	Female
Gerald Green	Black	African American	Male
Kenneth Holly	Black	African American	Male
Barry Washington	Black	African American	Male

M. Required Documents

Completed by barryswashington@yahoo.com on 4/25/2022 3:46 PM

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M. Required Documents

Please provide the following information.

For North Carolina Secretary of State - Current and Active Status, [Click Here](#)

Documentation

Code of Conduct/Conflict of Interest Policy *Required

Conflict of Intrest Policy WMM.pdf

Copy of the agency's latest 990 Form as submitted to the Internal Revenue Service *Required

Audit 2015 (1).pdf

Organization By-Laws *Required

Nonprofit Bylaws Whole Man Ministries of NC.docx

Articles of Incorporation *Required

ArticlesofIncorporation WMM.pdf

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

Administrative Policies and Procedures Manual - Policy 2015- Contract Monitoring.pdf

IRS 501(c)3 Designation Letter *Required

501 (C) 3 Letter.pdf

Most recent audited financial statements or a third-party review *Required

51454_Audit 2015.pdf

North Carolina Secretary of State - Current and Active Status *Required

Secretary of State Good Standing.pdf

N. Submit

Completed by barryswashington@yahoo.com on 4/25/2022 4:57 PM

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Name: Whole Man Ministries Programs - 2022

Address: *No Address Assigned

N. Submit

Please provide the following information.

I certify that all information entered into this application is true.

Barry Washington

Electronically signed by barryswashington@yahoo.com on 4/25/2022 4:57 PM

04/25/2022