

## A. Organization & Contact Information

**Case Id:** 14494  
**Name:** HARRY VCOS - 2022/23  
**Address:** \*No Address Assigned

Completed by harryvcos@gmail.com on 11/19/2021 11:45 AM

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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

HARRY Veterans Community Outreach Services d/b/a  
HARRY VCOS

#### EXECUTIVE DIRECTOR/MANAGER

#### A.12. Name, Title

Ciat Shabazz

#### A.2. Project/Program

Veterans Supportive Services

#### A.13. Email

harryvcos@gmail.com

#### A.3. FY 2022-23 Funding Request Amount

\$35,000.00

#### A.14. Phone

(336) 725-3410

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

\$90,000.00

#### CONTACT

#### A.15. Name, Title

Ciat Shabazz, Executive Director/Founder

#### A.5. Mailing Address

897 Peters Creek Parkway Suite 102 - Winston-Salem, NC  
27103 W Winston-Salem, NC 27103

#### A.16. Email

harryvcos@gmail.com

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

897 Peters Creek Parkway -Suite 102 Winston-Salem, NC  
27103 Winston-Salem, NC 27103

#### A.17. Phone

(336) 624-3254

#### A.7. Organization Website

www.harry4you.org

#### BOARD CHAIR

#### A.18. Name

Alfonzo Boyd

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

August 2009

#### A.19. Term Expiration

04/01/2023

#### A.9. Organization Fiscal Year

January - December

#### A.20. Email

alfonzoboyd@gmail.com

#### A.10. Federal Tax ID Number

#### A.21. Phone

(336) 997-8484

#### A.11. Federal DUNS Number



## B. Project Overview

Completed by harryvcos@gmail.com on 11/19/2021 11:45 AM

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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?**

HARRY VCOS align nonmedical supportive services to veterans and their eligible family members, inclusive of the veterans family caregiver who is the proxy for the veteran. The supportive services provides emergency financial assistance that covers a wide range of needs i.e. rental application fees, rental deposits that do not exceed \$500, prevention of electric/water/gas disconnection, minor car repairs, out of pocket OTC prescribed drugs etc.

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

Veterans and/or their eligible family are referred to the program by way of VA Medical Centers, Network Agencies, Medical Centers Social Workers and self referral. In addition to the emergency assistance, HARRY VCOS identifies and refer them to resources within the network the veteran and/or their family could access that will also assist in stabilizing the family.

**B.3. Describe the unmet need that the proposed project/program seeks to address. Include data supporting the need.**

HARRY VCOS will continue to address veterans in crisis. The COVID pandemic exacerbated the veterans economic instability which is one of the major factors in their need for supportive services that require emergency financial assistance. The Dept. of VA reports there are many other factors that contribute to the need for supportive services which include;

(1) PTSD, (2) social isolation, (3) unemployment and (4) substance abuse. 50% of the homeless and/or at risk of being homeless vets have serious mental health issues; 51% have disabilities; 20% are males, 40% are age 31-50 and is much younger than the general homeless population and 68% reside in principal cities of which 1 out 5 live alone without social support. These statistics reflect veterans with combat status.

These statistics are exacerbated by veterans' unemployment as employers' reluctance to hire due to PTSD/mental illness to include Traumatic Brain Damage. Thus, the veteran's income is minimal and find affordable decent housing out of their range. Their service compensation for the most part can add to their homelessness and/or at risk due to a wait period for benefits is a minimum of about 107 days or more.

### COLLABORATION (6 POINTS)

**B.4. 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?**

HARRY VCOS allies are VA HUD Vash housing program, Kernersville/Salisbury VAMC, VA Supportive Services for Veterans & Families (housed in Goodwill Industries/Salvation Army), Triad Veterans & Military Resource Coalition, WS Continuum of Care and Forsyth Tech Veterans Resource Center.



## C. Strategy and Performance

Completed by [harryvcos@gmail.com](mailto:harryvcos@gmail.com) on 11/19/2021 11:45 AM

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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's strategic priorities, adopted most recently in the [2017-2021 Strategic Plan \(2019 Update\)](#) and under review for adoption by City Council for FY 2022 - FY 2025 Strategic Plan, are used as guiding principles 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. 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.**

HARRY VCOS maintains a daily log of all referrals, self and/or agency, and scheduled follow-up intake appointments. Quarterly reports are submitted to the City of WS detailing monthly activity. Bi-yearly an evaluation of services provided to veterans is mailed for a reply with a self-addressed stamped return envelope. Federal Privacy law is strongly adhered to along with the FOI Act. Follow-up is documented, recorded and stored in secure file room.

**C.4. Explain the steps that will be taken if the stated program goals provided in C.3. are not achieved.**

HARRY's best practices is an agenda item during every full Board meeting. We strive to maintain an effective relationship with our veteran clients/membership stakeholders and volunteer staff. These relationships are critical to promoting and implementing the services we provide. Should we find ourselves in a quagmire we will work to

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improve programs from a programmatic and a cost-effective perspective. Wherever possible improving our programs and work practices will be addressed and changes will be implemented if necessary. However, we are optimistic about continuing to be a viable entity in the lives of the population we serve and looking forward to the COVID pandemic and its variants subsiding.

**Attach participant/program data sample report**

 **Participant/Program Data Sample Report \*Required**

July - September 1st Qtr 21-22. Narrative Summary.doc

April - June 2021 4th Qtr. Narrative Summary.doc

**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 20-21 Previous Year Results	FY 21-22 Current Year Projected Results	FY 22-23 Next Year Anticipated Results
Emergency Financial Assistance	Minimal assistance to prevent the disconnection of vital utilities to include i.e. electric/gas/water. rental application fees, co-pays and the OTC prescribed drugs,	113 of the projected 200 unduplicated veterans received services.	We increased the minimal allowable assistance from \$300 - \$500. Our projection, due to end of war, an increase to about 150 unduplicated vets requesting service.	Anticipation of minimum of 150 with a maximum of 200 vets will seek our services. End of war and backlog in the VA has increased the number of vets requiring services.
Supportive Services that encourage a healthy/wholesome life for the veteran.	Veterans engage in community events, peer mentorship meetings, youth mentorship initiative and become office volunteers.	The veterans participated in 3 community outreach events and reached 771 community members. 9 youth have been assigned Ambassadors and 1 youth volunteers weekly in office.	We will continue to encourage comradeship and community service within the ranks. Our youth will find mentorship amongst the ranks.	It is anticipated we will continue to be a viable entity in the lives of our vets returning from the war and help assist in their stability
Advocacy to address the VA's backlog and limited resources to	Our collaborative partners meet to identify	Participated in virtual/zoom monthly meetings	We will continue to work with the VA Medical Center SW	Continue to partner with allies to address the backlog within

address the increasing number of veterans in need of services.	programmatic flaws that impede the timely delivery of benefits to the veterans.	with network allies/partners.	team and monitor the health/wellbeing of the veterans during this pandemic.	the VA.
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	Total Unduplicated Number Served	Total Number Served
FY 20-21 Previous Year Results	113	113
FY 21-22 Current Year Projected Results	150	120
FY 22-23 Next Year Anticipated Results	200	130

**C.6. FY 20-21 Program Accomplishments**

113 veterans received emergency financial assistance that prevented disconnections, rental application fees/deposits for those at risk of homelessness, minor car repairs for employment, co-pays/OTC prescribed drugs, specialty foods for disabled vets, etc. Collaborated on 2 honor events (Memorial/Vet Day) and participated in 3 community events in which we outreached to a total of 771 community members. Implemented the youth initiative and 9 high school youth signed as Ambassadors for events and 1 youth elected to be an intern every Saturday.

**C.7. FY 22-23 Key Objectives**

HARRY VCOS will attempt to identify additional funding sources to ensure the viability and sustainability of the agency; we will continue to forge relationships with agencies for program enhancement ; we will outline best practices for the good and well being of the agency. We will be intentional and steadfast in meeting our anticipated goals.

**Attach participant/program data sample report**

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**Documentation**

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 **Participant/Program Data Sample Report**

- July - September 1st Qtr 21-22. Narrative Summary.doc
- April - June 2021 4th Qtr. Narrative Summary.doc

## D. Organizational Capacity

Completed by [harryvcos@gmail.com](mailto:harryvcos@gmail.com) on 11/19/2021 11:46 AM

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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?**

The mission of HARRY VCOS is to provide to veterans and members of our armed services a compassionate network of veterans, family, friends and concerned members of the community that are responsive to the health, social, economic and total well being of the men/women who have and continue to serve and protect our country from foreign/domestic harm. HARRY VCOS meets its mission by providing 3 (three) primary services: (1) Supportive Services; (2) Emergency Financial Services; and (3) Advocacy.

HARRY VCOS primary services/initiatives are distinct and are set apart from the services offered by the Veterans Administration as we provide a holistic community approach to their current and long term wounds of war.

#### FUNCTION (5 POINTS)

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

HARRY VCOS became incorporated in 2008 and received its 501 (C) (3) tax exempt status in September 2009.

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

HARRY VCOS initiatives address the growing VA backlog of claims and the limited VA resources. These issues leads to veterans in distress being, homeless and/or at risk, alcohol/drug addiction that leads to unemployment which results in the veterans residing in Winston-Salem finding themselves in unhealthy environments. The unhealthy environments can/will lead to crime in their neighborhoods/community.

Additionally, HARRY VCOS prevents the disconnection of utilities that would impede the veteran from living a healthy stable home life.

#### STRUCTURE (5 POINTS)

**D.4. In the chart below, list key personnel and executive staff involved in the proposed project/program.**

Position Title	Activities/Inputs	Total Work Hours Per Week	% of hours proposed to be funded
Occupational Therapist/Data Input	Inputs emergency assistance data, consults peer veterans on how to maintain their physical disabilities and assists with screening for service.	7	100.00 %
Youth Intern	Crosby Scholar that assist in the organization of files/file room , log incoming calls and prepares bags for outreach.	5	100.00 %

**D.5. List all executive staff and their compensation (other than per diem).**

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Executive Staff Name	Title/Role	Compensation	% of Hours Proposed to be Funded
Ciat Shabazz	Executive Director	\$0.00	0.00 %

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

**Organizational Chart \*Required**

2021 ORGANIZATION STRUCTURE (1).doc

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. Best practices for accessing a diverse hiring process and candidate pool include:**

Upon the COVID pandemic no longer posing a major health issue any/all available position/s will be posted on our website and within the network. Volunteer /Intern opportunities are open to youth/young adults aged 16 and over.

**Please enter the total number of Full-Time Positions and Employees you have in the table below, as well as the employee's appropriate race/ethnicity and gender identity.**

	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, as well as the employee's appropriate race/ethnicity and gender identity.**

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers						
Professionals				1		
Technicians						
Office/Clerical		1				
Laborers/Service Workers						
Total Part-Time/Temp						

**D.8.**

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

2021 BOARD OF DIRECTORS DIRECTORY.doc

NON DISCRIMINATION EQUAL OPPORTUNITY POLICY.doc

**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**

8

**ABILITY (5 POINTS)**

**D.11. If this is an application for new funding, please describe the steps your organization will take to establish an action plan for successful program launch, including appropriate stakeholder training and coordination. Articulate a clear methodology for service delivery within the context of established goals and include a timeline of key action items and approximate dates for delivery.**

N/A

**D.12. Describe your organizations' past success with flexibly responding to unforeseen events, which had the potential to negatively impact deliverables. What were best practices learned, if any? How would you successfully use these practices with the proposed program, if necessary?**

Our best practices program strategies suggest we maintain regular contact with funders by providing information on program progress, accomplishments, partnerships and support from others. Have multiple modes of contact for questions/concerns. Provide documentation of the efficacy of the program and the need for its continued implementation with fidelity. Re-assess how the issues that plague the veterans and impede them from living the promise, "Making them whole upon their return from serving their country" continues to be a priority.

**D.13. How does your program's policies/procedures ensure fair treatment, equitable access, and utilization of benefits for all persons, particularly marginalized and underserved groups and communities (i.e., marketing, outreach, eligibility determination and appeals)?**

A detailed "NON DISCRIMINATION EQUAL OPPORTUNITY POLICY" is attached and strongly adhered to.

## E. Cost Effectiveness

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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 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Program Services	\$42,500.00	\$52,000.00	\$57,000.00
Fundraising	\$0.00	\$0.00	\$0.00
Management and General	\$37,500.00	\$28,000.00	\$33,000.00
<b>Total Expenditures by Program</b>	<b>\$80,000.00</b>	<b>\$80,000.00</b>	<b>\$90,000.00</b>

Expenditures by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Employee Salaries and Wages	\$4,500.00	\$4,000.00	\$5,000.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$11,000.00	\$14,000.00	\$14,000.00
Training and Conference Registration	\$0.00	\$0.00	\$0.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$6,000.00	\$5,000.00	\$6,000.00
Grants to Individuals and Organizations	\$42,500.00	\$46,000.00	\$50,000.00
Contracted Fundraising Services	\$0.00	\$0.00	\$0.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$8,000.00	\$6,000.00	\$8,000.00
Other Operating Expenditures	\$8,000.00	\$5,000.00	\$7,000.00
Capital Outlay	\$0.00	\$0.00	\$0.00
<b>Total Expenditures by Category</b>	<b>\$80,000.00</b>	<b>\$80,000.00</b>	<b>\$90,000.00</b>

Revenues by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
City of Winston-Salem	\$25,000.00	\$25,000.00	\$30,000.00
Forsyth County	\$25,000.00	\$25,000.00	\$30,000.00
State of North Carolina	\$0.00	\$0.00	\$0.00
Federal Government	\$0.00	\$30,000.00	\$30,000.00
Admissions/Program Revenues/Sales	\$3,000.00	\$3,000.00	\$1,500.00

Memberships	\$2,000.00	\$1,500.00	\$1,000.00
Donations	\$10,000.00	\$6,000.00	\$8,000.00
Foundation Grants	\$15,000.00	\$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>\$80,000.00</b>	<b>\$90,500.00</b>	<b>\$100,500.00</b>

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

Office Supplies/Equipment, Business Membership Dues and Outreach Supplies. HARRY VCOS will seek funding from the SBA.

**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	Pgrm./Operating	\$25,000.00
2019	Pgrm./Operating	\$25,000.00
2018	Pgrm./Operating	\$25,000.00
2017	Pgrm./Operating	\$25,000.00
2016	Pgrm./Operating	\$25,000.00

**E.3. Complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/program. List each additional funding source for the program.**

Activity	Funding Requested from City	Funds from Other Sources	Other Funds Source
Programingg	\$15,000.00	\$42,000.00	County/Membership/SBA/Donations
Operating Expenses	\$15,000.00	\$18,000.00	Membership/County/SBA/Donations
	\$30,000.00	\$60,000.00	

**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.**

City funding for agency programs will assist in offsetting the budget that provide viable/essential emergency assistance to the vets that reside in Winston-Salem. Additionally, the funds will also help support the agencies operating expenses that provides a work space and the cost to carry out the program initiatives.

**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.**

HARRY VCOS is requesting a \$5k increase to help meet the program budget. There is an increase of \$200 per client from the initial \$300. This increase was necessary due to the pandemic which caused a backlog within the VA. There is an increase in veterans at risk of facing homelessness, service interruptions of utilities, rent, health problems etc. Additionally, due to the draw down from the Afghanistan war we are preparing for a possible huge influx of vets needing services to reenter their communities. There has also been an increase in female veterans, in single family households, in need of a litany of services.

**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.**

HARRY VCOS long and short term strategic plan outlines how we will continue to be a viable entity for the veterans. There are request that we align with a couple viable allies to ensure sustainability and expand program resources.

**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 COVID pandemic is a barrier that minimizes our ability to service our vets in person. Staffing is limited to fully vaccinated volunteers and no more than 2 per scheduled workday. To ensure a safe & healthy environment our workdays have been reduced to sanitize on Tuesday's & Thursday's.

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

All services are free to our vets and are implemented by 1 peer/stakeholder volunteer and 1 youth intern. These volunteers receive a minimal volunteer stipend.

**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:	\$30,000
Number proposed to be served for the year:	150
Average City funds per beneficiary:	\$100
Proposed funds from all sources:	100,500
Number proposed to be served for the year:	150
Average total funds per beneficiary:	\$500

## F. Required Documents

Completed by [harryvcos@gmail.com](mailto:harryvcos@gmail.com) on 11/19/2021 11:44 AM

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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**

Code of Conduct.doc

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

2020 HARRY Vets Tax Rt..pdf

**Organization By-Laws \*Required**

By-Laws.JPG

**Articles of Incorporation \*Required**

Articles of Incorporation.JPG

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

NON DISCRIMINATION EQUAL OPPORTUNITY POLICY.doc

HARRY VCOS Accounting Manual.doc

**IRS 501(c)3 Designation Letter \*Required**

Updated IRS Tax Exempt Doc..JPG

**Audited Financial statements or third-party review from 2019 and 2020. \*Required**

SusanSheltonTaxPreparer.pdf

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

**\*Required**

SOS Active File.docx

**Participant/Program Data Sample Report \*Required**

July - September 1st Qtr 21-22. Narrative Summary.doc

April - June 2021 4th Qtr. Narrative Summary.doc

**Other**

LindaPior.pdf

## G. Income Based Projects/Services Only

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Name: HARRY VCOS - 2022/23  
Address: \*No Address Assigned

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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 [harryvcos@gmail.com](mailto:harryvcos@gmail.com) on 11/19/2021 11:49 AM

Case Id: 14494

Name: HARRY VCOS - 2022/23

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 and provide 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.**

**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	Govt Funding
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### Documentation

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

AppUpload22-23.pdf

**Participant/program data sample report \*Required**

AppUpload22-23.pdf

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

AppUpload22-23.pdf

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

AppUpload22-23.pdf

# I. Emergency Shelter Only

Case Id: 14494

Name: HARRY VCOS - 2022/23

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 harryvcos@gmail.com on 11/19/2021 11:49 AM

Case Id: 14494

Name: HARRY VCOS - 2022/23

Address: \*No Address Assigned

---

### 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

## K. HOPWA

Completed by [harryvcos@gmail.com](mailto:harryvcos@gmail.com) on 11/19/2021 11:49 AM

**Case Id:** 14494

**Name:** HARRY VCOS - 2022/23

**Address:** \*No Address Assigned

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## K. HOPWA

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Please provide the following information.

**Are requesting funds for a HOPWA project?**

## Submit

*Completed by harryvcos@gmail.com on 11/19/2021 11:50 AM*

**Case Id:** 14494

**Name:** HARRY VCOS - 2022/23

**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.

Ciat Shabazz

*Electronically signed by harryvcos@gmail.com on 11/19/2021 11:50 AM*

# IDIS Setup

No data saved

**Case Id:** 14494

**Name:** HARRY VCOS - 2022/23

**Address:** \*No Address Assigned

---

## 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**