

A. Organization & Contact Information

Completed by neighborhoodshands@gmail.com on 11/10/2021 8:42 AM

Case Id: 14355
Name: Neighborhood's Hands Feeding Winston-Salem -
Address: *No Address Assigned

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

Neighborhood's Hands Inc

A.2. Project/Program

Feeding All in Winston-Salem

A.3. FY 2022-23 Funding Request Amount

\$75,000.00

A.4. Agency's Total Operating Budget

\$125,000.00

A.5. Mailing Address

PO Box 1371 Winston-Salem, NC 27102

A.6. Project/Program Location Address

1713 N. Liberty Street Winston-Salem, NC 27105

A.7. Organization Website

www.neighborhoodshands@gmail.com

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

2020

A.9. Organization Fiscal Year

2021

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

SD Patterson, Executive Director

A.13. Email

neighborhoodshands@gmail.com

A.14. Phone

(336) 995-3072

CONTACT

A.15. Name, Title

SD Patterson, Executive Director

A.16. Email

neighborhoodshands@gmail.com

A.17. Phone

(336) 995-3072

BOARD CHAIR

A.18. Name

Tamica Y. Patterson

A.19. Term Expiration

12/21/2024

A.20. Email

tamicaypatterson@yahoo.com

A.21. Phone

(336) 995-3046

B. Project Overview

Completed by neighborhoodshands@gmail.com on 11/15/2021
7:22 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

B. Project Overview

Please provide the following information.

APPROACH (7 POINTS)

B.1. Provide a concise description of the proposed project/program, indicating specifically how City funds will be used. Briefly, what are the goals/objectives of the project/program?

The "Feeding All Winston-Salem Project" is a food feeding program that will be administered by the Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle programs. Thus, Neighborhood's Hands is a nonprofit 501(c)(3) organization that is located in the "food desert" of Winston-Salem, which serve many residents of the community who are under-served, disenfranchised, low-income individuals who do not have access to fresh fruits and vegetables. Our Food Pantry and Mobile Food Crisis Vehicle is essential to the residents of the community by which we provide a weekly bridge to provide food to the under-served, disenfranchised, low-income residents until their "food stamps" come once a month.

If funds are awarded, our organization will use the funds for the following: 1) for the purchasing of various food items, be it meats, produce, non-perishable items, pastries/breads, drinks and plenty of bottle water. These items will be used in our food pantry facility, as well distributed through our mobile food crisis vehicle. 2) for the service maintenance and fuel for the Mobile Food Crisis Vehicle. This vehicle operates 5-days a week to service the several different communities throughout the city. 3) to retained the employment of the Food Pantry Coordinator and the Mobile Food Crisis Vehicle Driver. Both of these staff positions are very essential for the operations of our food feeding program. In addition, along with retaining the two staff members, the funds would be utilized to hire two more food pantry assistants. The demand for food on a weekly basis has increased and we must hire more staff to meet the demand. 4) for the daily operation of the food pantry. The costs of the utility bills to operate the food pantry has increased due to the fact that we have a large commercial refrigerator which stores all "perishable" items until the time of distribution. Therefore, if funds are awarded our Food Pantry and Mobile Food Crisis Vehicle programs would be able to continue and benefit the several communities within the City of Winston-Salem.

Currently, our Food Pantry and Mobile Food Crisis Vehicle Programs distribute more than 859 pounds of food weekly throughout the community. Thus, our programs are feeding approximately over 500 residents a week. However, our goal is to distribute more that 1500 pounds of food a week and feed over 1000 residents a week.

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

Neighborhood's Hands Food Pantry program is open 5 days a week, Monday-Friday. Residents of the community have public access to the food pantry facility which is located at 1713 N. Liberty Street, Winston-Salem, NC 27105.

In addition, our Mobile Food Crisis Vehicle program, delivers food to residents of the Friendly Hills Apartments (predominately Hispanic Community) and the residents of the Crystal Towers Apartments of the Housing Authority of

Winston-Salem every Thursday. As well, the Mobile Food Crisis Vehicle program, delivers food to the residents of the Cleveland Avenue Homes and Sunrise Towers Apartments which both are a part of the Housing Authority of Winston-Salem every Friday.

Our Food Pantry and Mobile Food Crisis Vehicle Programs are measured by the success of the number of families we have assisted with the distribution of food and how the families have maintained to sustain without our assistance for a number of weeks.

Yet, our Food Pantry and Mobile Food Crisis Vehicle Programs are only a temporary resource to help bridge family's weekly food shortage to help them survive until more financial resources or their "food stamps" arrive. Therefore, it is a very great demand for our Food Pantry and Mobile Food Crisis Vehicle Programs within the "food desert" communities of Winston-Salem.

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

Currently, our Food Pantry and Mobile Food Crisis Vehicle Programs serves over 200 different families per week, thereby, approximately 500 people a week are being served food through our food pantry facility and our mobile food crisis vehicle. Thus, in North Carolina, 1,456,200 people are struggling with hunger and of them 443,040 are children struggling with hunger. Hence, 1 in 5 children struggles with hunger in North Carolina and the people facing hunger in North Carolina are estimated to report needing \$719,879,000 more per year to meet their food needs.

Furthermore, as of the latest statistics of 2018 and 2019, 25% of children in Forsyth County are living in poverty, making it difficult for them to acquire proper nutrition. 15.5% of residents suffer from food insecurity by which is the lack of access to affordable and nutritious food and 21% of children deal with food insecurity.

Therefore, it is a great need for our Food Pantry and Mobile Food Crisis Vehicle Programs to continue to serve the families and residents of Winston-Salem who are in need of food and who suffers from food insecurities within the "food deserts" communities of Winston-Salem.

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?

Currently, our Food Pantry and Mobile Food Crisis Vehicle Programs have collaborated with the Second Harvest Food Bank of Northwest North Carolina, Food Lion Store #1510 on Reynolda Road, Harris Teeters Store #550 on South Stratford Road, and H.O.P.E. to obtain fresh fruits and vegetables along with perishable and nonperishable items to serve and distribute to the community.

Specifically, the Second Harvest Food Bank of Northwest North Carolina and H.O.P.E provides the fresh fruits and vegetables to our programs to distribute through our "Fruit & Veggie" stand. The fresh fruits and vegetables are free and open to the public every Wednesday at our facility located at 1713 N. Liberty Street, Winston-Salem, NC 27105.

In addition, the Food Lion Store #1510 on Reynolda Road and the Harris Teeters Store #550 on South Stratford Road provides meats, fruits and vegetables, and bakery items for our programs to distribute to the public every Thursday and

Friday.

Therefore, the collaboration with the Second Harvest Food Bank of Northwest North Carolina, Food Lion Store #1510 on Reynolda Road, Harris Teeters Store #550 on South Stratford Road, and H.O.P.E. has only help our Food Pantry and Mobile Food Crisis Vehicle Programs to be sustainable. Thus, every month our programs submit a monthly "store report" regarding the measurable outcomes of our feeding programs to the Second Harvest Food Bank of Northwest North Carolina. This report details a detailed account of the pounds of food and number of people we have served within that month.

C. Strategy and Performance

Completed by neighborhoodshands@gmail.com on 11/15/2021
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Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

C. Strategy and Performance

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs tracks the participants and program data through the Second Harvest Food Bank of Northwest North Carolina "monthly reports". Our programs must submit a detailed report of the pounds of food and number of people we serve every month to the Second Harvest Food Bank of Northwest North Carolina.

In addition, Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs submit their own "in-house" reports through the "Oracle" system. This system allows our staff and board of directors to have accessible data of the food feeding programs. The "Oracle" system helps the Neighborhood's Hands Food Pantry and Mobile Food Crisis

Vehicle Program to keep "checks and balances" of all activities to coincide with the reports and activities with the Second Harvest Food Bank of Northwest North Carolina.

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

If the Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs "monthly reports" are not submitted timely to the Second Harvest Food Bank of Northwest North Carolina, then a representative of the Second Harvest Food Bank will contact us and request the "monthly reports". If the monthly reports are not submitted, our Food Pantry and Mobile Food Crisis Vehicle Programs will not be able to participate and purchase food until the monthly reports are submitted.

Therefore, the monthly reports are essential for the operational aspect of the Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs. Currently, our feeding programs have not missed a requested monthly report and our feeding programs are in compliance with the Second Harvest Food Bank of Northwest North Carolina.

Attach participant/program data sample report

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

NH Participant Program Report.docx

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
Distributing over 1000 pounds of food weekly and feeding over 1500 residents of the communities, within a 12-month period.	The ability to purchase more food be it (meats, fruits & vegetables, perishable and nonperishable items). The ability to retained the employment of the Food Pantry Coordinator and the Mobile Food Crisis Vehicle Driver, along with the hiring of two more Food Pantry	Distributed approximately 350 pounds of food per week and feed approximately 75 different families, thereby, approximately 200 people per week, within a 52 weeks/12-month period.	Distribute approximately 859 pounds of food per week and feeding approximately 200 different families, thereby, approximately 500 people per week, within a 52 weeks/12-month period.	To distribute approximately 1000 pounds of food per week and feeding approximately over 1500 people per week, within a 52 weeks/12-month period.

	Assistants			
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	Total Unduplicated Number Served	Total Number Served
FY 20-21 Previous Year Results	200	10,400
FY 21-22 Current Year Projected Results	500	26,000
FY 22-23 Next Year Anticipated Results	1,500	78,000

C.6. FY 20-21 Program Accomplishments

The Neighborhood's Hands feeding program were able to provide "200 hot meals" a day, thereby, "1000 hot meals" per week for families Monday-Friday during the summer months of 2020 and 2021. The feeding program was listed on the City of Winston-Salem website under the "Think Orange" section.

In addition, the Neighborhood's Hands feeding program was able to distribute 1500 Thanksgiving meals during the 2020 Thanksgiving Holiday. The Thanksgiving meal give away was featured on WXII News 12.

Furthermore, the Neighborhood's Hands feeding programs were featured on Spectrum News Channel 14 as "Hero of the Month" during the month of July and August 2021.

C.7. FY 22-23 Key Objectives

Neighborhood's Hands feeding programs through the Food Pantry and Mobile Food Crisis Vehicle programs objective are to make sure all residents who resides in the "food deserts" within Winston-Salem have affordable and accessibility to fresh fruits and vegetables. In addition, that the residents have the accessibility to obtain additional groceries and food supplies until their food stamps or other financial resources arrive within the month.

Attach participant/program data sample report

Documentation

 **Participant/Program Data Sample Report**

NH Participant Program Report.docx

D. Organizational Capacity

Completed by neighborhoodshands@gmail.com on 11/15/2021
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Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

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?

Neighborhood's Hands Mission Statement is "To enhance the quality of life to all residents of Winston-Salem and Forsyth County".

Neighborhood's Hands Motto: "Feeding and Educating All"

Neighborhood's Hands major services and programs consists of the Food Pantry and Mobile Food Crisis Vehicle Programs. Both programs provide free food to residents of Winston-Salem who predominately resides in the "food deserts" of Winston-Salem.

The Food Pantry and Mobile Food Crisis Vehicle Programs help advance the mission of Neighborhood's Hands because, the mission of the organization is to enhance the quality of life to all residents of Winston-Salem and Forsyth County, thereby, due to the fact that our organization help feed hundreds of residents weekly, we are fulfilling our mission of the organization.

FUNCTION (5 POINTS)

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

3 years

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

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs provides fresh fruits and vegetables along with groceries that consists of meats, breads, perishable and nonperishable items to hundreds of residents in the City of Winston-Salem on a weekly basis.

In addition, all of our services are free to the public and our Food Pantry and Mobile Food Crisis Vehicle Programs have become essential to the residents of Winston-Salem. Our programs are a temporary bridge for food on a weekly basis for many residents until their food stamps or other financial resources arrives within the month.

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
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Executive Director	Weekly management of the nonprofit organization programs and staff.	40	50.00 %
Food Pantry Coordinator	Weekly management of food inventory and scheduling of Food Pantry staff.	30	100.00 %
Mobile Food Crisis Vehicle Drive	Weekly driving duties to and from vendors to pick up food. Delivery of all food to residents within several communities of Winston-Salem.	30	100.00 %
Food Pantry Assistant	Weekly duties with the food pantry, to make sure that the food pantry is maintained and that the public have accessibility to the food pantry on a daily basis.	25	100.00 %
Food Pantry Assistant	Weekly duties with the food pantry, to make sure that the food pantry is maintained and that the public have accessibility to the food pantry on a daily basis.	25	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
Dr. SD Patterson	Executive Director	\$10,000.00	50.00 %
Alice Roseboro	Food Pantry Coordinator	\$30,000.00	100.00 %
Stewart Eaton	Mobile Food Crisis Vehicle Driver	\$20,000.00	100.00 %

D.6. Attach an organizational chart

Organizational Chart *Required

Operational Chart for Food Pantry .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. Best practices for accessing a diverse hiring process and candidate pool include:

Majority of the job positions are posted within the NC Works Agency. Thus, the agency assists our nonprofit in locating and hiring the best available candidate from the pool of potential applicants.

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	0	1	0	0	0	0
Professionals	0	0	0	0	0	0
Technicians	0	0	0	0	0	0
Office/Clerical	0	0	0	0	0	0
Laborers/Service Workers	0	0	0	0	0	0
Total Full-Time						

Please enter the total number of Temporary/Part-Time Positions (FTE) and Employees you have in the table below, 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	0	0	0	0	2	0
Professionals	0	0	0	0	0	0
Technicians	0	1	0	0	1	0
Office/Clerical	0	0	0	1	1	0
Laborers/Service Workers	0	1	0	0	3	0
Total Part-Time/Temp						

D.8.



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

Board of Directors for RFP .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

12

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs is not a new program; however, our programs are a new application for funding with the City of Winston-Salem. Our feeding programs have been sustainable due to the fact that our organization have obtained grants from other Governmental Sectors and Private Foundations.

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?

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs have been very successful by distributing and providing food for the residents of Winston-Salem. However, our feeding program had to be able to navigate through unforeseen circumstances with regards to the food distribution. For example, when the Mobile Food Crisis Vehicle was not running due to mechanical issues, many staff members, board members, and volunteers used their personal cars to make sure that the food was still picked up and delivered to the residents. These actions spoke volume of the commitment that the staff, board members, and volunteers have towards the food deliveries and the purpose of our mission as an organization. Therefore, moving forward our organization would incorporate the same team strategy as before to get the work done on behalf of the public and the mission of the organization.

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)?

Neighborhood's Hands is committed to providing an environment for all residents that is free from sexual harassment and other types of discriminatory harassment. Thus, the program's policies are explained through our marketing materials.

E. Cost Effectiveness

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

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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 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Program Services	\$50,000.00	\$44,000.00	\$44,000.00
Fundraising	\$3,000.00	\$1,000.00	\$1,000.00
Management and General	\$40,000.00	\$30,000.00	\$30,000.00
Total Expenditures by Program	\$93,000.00	\$75,000.00	\$75,000.00

Expenditures by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
Employee Salaries and Wages	\$40,000.00	\$30,000.00	\$30,000.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$20,000.00	\$17,000.00	\$17,000.00
Training and Conference Registration	\$5,000.00	\$4,000.00	\$4,000.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$8,000.00	\$7,000.00	\$7,000.00
Grants to Individuals and Organizations	\$3,000.00	\$2,500.00	\$2,500.00
Contracted Fundraising Services	\$1,000.00	\$1,000.00	\$1,000.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$8,000.00	\$6,500.00	\$6,500.00
Other Operating Expenditures	\$8,000.00	\$7,000.00	\$7,000.00
Capital Outlay	\$0.00	\$0.00	\$0.00
Total Expenditures by Category	\$93,000.00	\$75,000.00	\$75,000.00

Revenues by Category	Budgeted FY 21-22	Projected Actuals FY 21-22	Proposed Budget FY 22-23
City of Winston-Salem	\$75,000.00	\$75,000.00	\$75,000.00
Forsyth County	\$5,000.00	\$5,000.00	\$5,000.00
State of North Carolina	\$2,000.00	\$2,000.00	\$2,000.00
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	\$2,000.00	\$2,000.00	\$2,000.00
Foundation Grants	\$41,000.00	\$41,000.00	\$41,000.00
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	\$125,000.00	\$125,000.00	\$125,000.00

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

Other Operating Expenditures for Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs would be the purchased of "food and products" from the Second Harvest Food Bank of Northwest North Carolina.

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	CDBG	\$0.00

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
Salaries	\$30,000.00	\$20,000.00	
Utilities	\$17,000.00	\$10,000.00	
Training	\$4,000.00	\$2,000.00	
Transportation	\$7,000.00	\$5,000.00	
Grants to others	\$2,500.00	\$1,000.00	
All Contracted Services	\$7,500.00	\$6,000.00	
Other Operating Expenses	\$7,000.00	\$6,000.00	
	\$75,000.00	\$50,000.00	

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs expenditures are "essential" for the proper operations of the feeding programs.

Salaries- the funding would allow us to retained the current staff for the Food Pantry and Mobile Food Crisis Vehicle Programs, along with the ability of hiring two more staff members to assist with the work.

Utilities- the funding would allow our organization to pay the necessary bills for our facility to operate and function properly as a Food Pantry.

Training- the funding would allow much needed training to help staff to become better employees within their job duties.

Transportation- the funding would provide much needed maintenance for the Mobile Food Crisis Vehicle to operate properly as it makes pick up and deliveries.

Grants to Others- the funding would allow us to assist other nonprofit organization that are helping residents with food insecurities.

All Contracted Services- the funding would allow us to retained the proper professionals for legal work and accounting work as needed on behalf of the organization.

Other Operating Expenses- the funding would all us to purchase the much-needed food items and products from the Second Harvest Food Bank of Northwest North Carolina. Such funding is major and essential to the operations of the Food Pantry and Mobile Food Crisis Vehicle Programs.

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.

No other stakeholder or agency are providing any non-monetary assistance to our feeding programs.

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs would adjust the project/program requests based upon the prices of food and fuel, along with the increase of inflation every year.

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs have obtained several grants from the Government Sector and Private Foundations to help keep the feeding programs sustainable for the upcoming years. The feeding programs have received funding from the Second Harvest Food Bank of Northwest North Carolina, the Truliant Federal Credit Union, the Winston-Salem Foundation, the Zach Smith Reynolds Foundation, and the Department of Treasury.

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.

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs do not see any potential programmatic barriers, unless there is a major food shortage. Then our organization would govern the problem accordingly.

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

Neighborhood's Hands Food Pantry and Mobile Food Crisis Vehicle Programs do not see any potential institutional barriers to the project implementation.

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:	75000
Number proposed to be served for the year:	78000
Average City funds per beneficiary:	\$.96 per beneficiary
Proposed funds from all sources:	50000
Number proposed to be served for the year:	78000
Average total funds per beneficiary:	\$.64 per beneficiary

F. Required Documents

Completed by neighborhoodshands@gmail.com on 11/11/2021
1:36 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

F. Required Documents

Please provide the following information.

Documentation

Code of Conduct/Conflict of Interest Policy *Required

23558_Neighborhoods Hands Code of Conduct.doc

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

NH 2020 form 990N.pdf

Organization By-Laws *Required

Neighborhoods Hands Bylaws.doc

Articles of Incorporation *Required

NC Articles of Incorporations.pdf

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

23562_Policy and Procedure Manual.docx

IRS 501(c)3 Designation Letter *Required

IRS Determination letter.pdf

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

Financial Compilation for Neighborhoods Hands.pdf

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

***Required**

23566_NC Secretary of State Current and Active Status.docx

Participant/Program Data Sample Report *Required

NH Participant Program Report.docx

Other

***No files uploaded*

G. Income Based Projects/Services Only

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

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2:01 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	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 neighborhoodshands@gmail.com on 11/15/2021
7:42 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

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 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

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**

Printed By: Rene Williams on 1/28/2022

19 of 25

Not Applicable.docx

Participant/program data sample report *Required

Not Applicable.docx

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

Not Applicable.docx

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

Not Applicable.docx

I. Emergency Shelter Only

Completed by neighborhoodshands@gmail.com on 11/15/2021
7:42 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

I. Emergency Shelter Only

** Complete this section only if you are requesting funds for an Emergency Shelter project. **

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

Emergency Shelter: Essential Services

Activity	Total Budget (\$)
Case Management	\$0.00
Child Care	\$0.00
Education Services	\$0.00
Employment Assistance	\$0.00
Job Training	\$0.00
Outpatient Health Services	\$0.00
Transportation	\$0.00
Legal Services	\$0.00
Services to Special Population	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$0.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$0.00
Utilities	\$0.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$0.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

J. Rapid Rehousing and HMIS Only

Completed by neighborhoodshands@gmail.com on 11/15/2021
7:42 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

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

K. HOPWA

Completed by neighborhoodshands@gmail.com on 11/14/2021
2:02 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

K. HOPWA

Please provide the following information.

Are requesting funds for a HOPWA project?

No

Submit

Completed by neighborhoodshands@gmail.com on 11/15/2021
7:43 PM

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

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.

Dr. SD Patterson

Electronically signed by neighborhoodshands@gmail.com on 11/15/2021 7:43 PM

IDIS Setup

No data saved

Case Id: 14355

Name: Neighborhood's Hands Feeding Winston-Salem -

Address: *No Address Assigned

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