

A. Organization & Contact Information

Case Id: 14412
Name: Positive Wellness Alliance Community Agency
Address: *No Address Assigned

Completed by srussell@pwanc.org on 11/8/2021 11:17 AM

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

Positive Wellness Alliance

A.2. Project/Program

Supportive Housing Services

A.3. FY 2022-23 Funding Request Amount

\$38,000.00

A.4. Agency's Total Operating Budget

\$2,249,882.00

A.5. Mailing Address

PO Box 703 Lexington, NC 27292

A.6. Project/Program Location Address

704 Brookstown Ave Winston-Salem, NC 27101

A.7. Organization Website

www.positivewellnessalliance.org

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

1994

A.9. Organization Fiscal Year

January-December

A.10. Federal Tax ID Number

A.11. Federal DUNS Number

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Sophia Russell-Hall, Executive Director

A.13. Email

srussell@pwanc.org

A.14. Phone

(336) 722-0976

CONTACT

A.15. Name, Title

Sophia Russell-Hall, Executive Director

A.16. Email

srussell@pwanc.org

A.17. Phone

(336) 722-0976

BOARD CHAIR

A.18. Name

Kenneth Pettigrew

A.19. Term Expiration

12/31/2022

A.20. Email

kenneth.a.pettigrew@gmail.com

A.21. Phone

(336) 722-0976

B. Project Overview

Completed by *srussell@pwanc.org* on 11/8/2021 10:28 AM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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 program will encompass Rapid Re-Housing and Permanent Supportive Housing for individuals living with HIV/AIDS who are experiencing homelessness in Winston-Salem, Forsyth County. The goals for both programs for agency, through the City of Winston-Salem funds, are to identify those individuals who are chronically homeless, provide financial assistance to secure stable housing through interactive case management services, and maintain monthly contact with the clients to ensure ongoing stability.

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

Access:

Referrals made to Positive Wellness Alliance (PWA) supportive housing program are from medical providers, social service agencies and shelters. The agency also receives referrals from previously assisted clients, as well as through community partner agencies. The Coordinated Intake Center provides an additional avenue for agency referrals.

Services:

Post referral, potential housing clients are interviewed and assessed to determine housing needs. During the assessment, the Supportive Housing Case Manager (SHCM) gathers further socioeconomical information from client to address and seek additional referral needs through internal agency programs and/or external social services. Depending upon the sustainability of the client's situation, a client may qualify for a housing voucher through the City of Winston-Salem HUD funding or Positive Wellness Alliance HOPWA funding for local affordable housing opportunities. During the client's enrollment process, the SHCM works with the client to find housing by utilizing resources or through developed relationships with landlords and property managers. Clients also have access to additional assistance, if needed, through the agency's HOWPA emergency financial assistance. These emergent funds are coordinated through HIV medical case managers and client self-referrals and are administered by the guidelines established through the Region 3 Network of Care. Clients qualify based on income eligibility, medical treatment adherence, and the establishment of a housing plan. Emergency Financial Assistance (EFA) payments are made directly to the utility company or landlord. Upon intake, housing clients (both those seeking housing and requesting emergency assistance) are informed of other PWA programs designed to enhance their independent living skills such as the food pantry, medical case management, risk counseling and support groups. Most housing clients who enter this program are also linked to agency's medical case managements. This is done in effort to provide a holistic approach to comprehensive case management services that support, empower, and ensure the client's success through the program.

Outcome:

Clients who participate in the supportive housing case management program achieve housing through financial assistance through PSH and RRH funds. The Supportive Housing Case Manager continues their communication with the

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client through their housing journey as well as afterwards. PWA's case management services are required to conduct client care calls based upon the level of the clients needs. This occurs to ensure the client continues to remain in secure and safe housing. The SHCM also works with clients in developing a housing care plan to assist client to reaching their level of self-sufficiency, maintains communication with landlord/property manager, and links client to medical case management services, as needed.

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

According to the National Alliance to End Homelessness “HIV/AIDS and homelessness are intricately related. The costs of health care and medications for people living with HIV/AIDS are often too high for people to keep up with. HIV+ persons are in danger of losing their jobs due to discrimination or as a result of frequent health-related absences. As a result, up to 50% of HIV+ individuals in the US are at risk of becoming homeless.” In addition, the National Health Care for the Homeless Council reported that “homeless people with HIV/AIDS encounter many challenges to their health. Due to factors such as poor hygiene, malnutrition, and exposure to cold and rainy weather, homeless people are already three to six times more likely than housed people to become ill.” Not only is housing important for the healthcare for HIV+ people, housing is also prevention for the community. According to the National AIDS Housing Coalition, “rates of HIV infection are 3 times to 16 times higher among persons who are homeless or unstably housed, compared to similar persons with stable housing and 3% to 14% of all homeless persons are HIV+ (10 times the rate in the general population)”. These figures indicate that a higher concentration of HIV among the homeless may lead to survival risk behaviors which could lead to higher transmission of HIV among both the homeless and general community. Positive Wellness Alliance strives and will continue to work to make more robust the supportive housing program. The National AIDS Housing Coalition reports, “over time, persons who improved their housing status reduced the risk behaviors by half; while persons whose housing status worsened over time were 4 times as likely to exchange sex for housing”. It is our agency's mission to improve the quality of life and place HIV+ homeless individuals into stable and secure housing.

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?

PWA collaborates on long term housing plans and client success strategies with a wide variety of partnering community agencies for emergency assistance, social supportive services (i.e., interfaith care), shelter and housing. Those agencies include The Bethesda Center, Crisis Control Ministries, the Fellowship Home, Hawley House, Samaritan Ministries, Ministries Beyond Welcome, the Salvation Army Shelter, Sunnyside Ministries, New Communion Mobile Food Pantry, Centenary United Ministries, the Shalom Project, and several others. These collaborations create a network of resources to maintain stability and in turn maintain the health of our clients.

With the focus on healthcare, PWA also connects clients to medical resources through the Region 3 Network of Care, administered through PWA. In collaboration with the Coordinated Intake Center through the Continuum of Care, PWA offers housing and shelter solutions through the established referral process reducing the duration of homelessness. PWA participates in the Continuum of Care meetings, the Operating Cabinet, and HMIS transitional trainings.

PWA provides medical case management, which works to help clients gain access to primary healthcare and medications, linking them to a broad range of health and social services, and empowering clients to take an active role in maintaining their health. PWA also has a community wide food pantry available for various households. Through our food pantry, we are able to address the need of food insecurity for the clients by offering food boxes, food box deliveries, and hygiene products monthly that fits the needs of their households helping to stretch their income so they can maintain housing. PWA will utilize HMIS for data and service information to ensure clients are referred properly to

supportive services. PWA will utilize information from the COC to report housing needs for the local community and the housing needs for the HIV community to other HIV Care providers throughout Region 3 Network of Care. Maintaining compliance of monitoring requirements through HMIS ensures the efficient use and tracking of funds.

C. Strategy and Performance

Completed by srussell@pwanc.org on 11/15/2021 3:34 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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.

The system utilized includes a client care call log once a month with updates about the clients. HMIS is used to house online data and case notes on a daily basis. SHCM also completes a weekly activity report that is turned in monthly to the City of WS along with other supportive documentation.

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

If the goals are not reached, SHCM will create a plan of action to reach them in the following year. The SHCM will continue to work with shelters to test shelter guests and strengthen the working relationship between the Housing Authority to ensure a streamline process in securing housing for participants of the program.

Attach participant/program data sample report

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

Invoice September 2021 City of WS FY21-22.pdf

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 |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 90% of families will maintain permanent housing for a minimum of 12 months | Case managers provide mentoring to ensure housing stability through connecting individuals to budget counseling and employment opportunities | Worked with 16 individuals to ensure housing status remained permanent | Over 90% will maintain permanent housing for 12 months | 95% will retain permanent housing and secure stable employment |
| Homeless individuals at shelters will be offered HIV testing and education | Provide HIV testing and education at homeless shelters in the City of Winston-Salem. | Discussions with shelters have been confirmed; working with POSSE and United Health Centers to solidify collaboration post COVID. CM is trying to get the shelters to prioritize this. | 45% of homeless individuals in shelters will be tested. | 65% of homeless individuals in shelters will be tested |
| Dual enroll each PSH and RRH participant into medical and housing case management | Case managers will provide monitoring and guidance in the areas of addressing social economic and factors of social determinants of health i.e., ensuring medical adherence, budget counseling, | SHCM worked with 13 individuals; 13 of 8 have remained in dual case management and housed after 8 months | Work with 15 individuals; 94% will remain in dual case management and housed after 6 months | Work with 17 individuals; 95% will remain in dual case management and housed after 6 months |

| | | | | |
|--|-------------------------------------------|--|--|--|
| | employment readiness, continued education | | | |
|--|-------------------------------------------|--|--|--|

| | Total Unduplicated Number Served | Total Number Served |
|-----------------------------------------|----------------------------------|---------------------|
| FY 20-21 Previous Year Results | 13 | 14 |
| FY 21-22 Current Year Projected Results | 17 | 6 |
| FY 22-23 Next Year Anticipated Results | 18 | 18 |

C.6. FY 20-21 Program Accomplishments

Key accomplishments in FY 20-21:

- Agency received 12 referrals from CIC, to date agency has received 60 referrals since FY17.
- 3 individuals have been housed; 1 have retained housing for more than 6 months. 2 refused service.
- Dual case management initiative began in 2019 ensuring individuals needs are met and ensures additional coverage for housing case managers.
- To date all individuals are in dual case management services and have maintain housing and medically adherent as a result of the model.
- Agency's "Housing to Health" initiative provided all newly housed persons with furniture for their apartment

C.7. FY 22-23 Key Objectives

Key Objectives for FY 22-23:

- Develop and secure additional housing options for clients
- Develop and secure employment opportunities for clients to maintain stable and secure housing through partnering agencies
- Explore and develop additional options of emergency housing assistance for individuals living with HIV/AIDS
- Strengthen agencies housing case management program

Attach participant/program data sample report

Documentation

 **Participant/Program Data Sample Report**

Invoice September 2021 City of WS FY21-22.pdf

D. Organizational Capacity

Completed by *srussell@pwanc.org* on 11/15/2021 3:26 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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?

The mission of Positive Wellness Alliance (PWA) is to provide services, support, and community to improve the quality of life of people living with and affected by HIV/AIDS.

Major services offered by PWA include women, men, and mixed gendered support groups for our clients. Support groups are offered to all participants of case management services or for individuals living with HIV/AIDS. Topics discussed often cover budgeting, how to secure stable housing, effective ways to establish secure employment, and group discussion. Positive Wellness Alliance also offers nutritional needs for those living with HIV/AIDS and the community-at-large at our agency through our Food Pantry.

In our work, we have found the most critical need for our clients is secure and stable housing. The supportive housing case management program advances are mission through offering opportunities for PWA to offer our services to individuals living with HIV/AIDS to ensure they have stable, secure and affordable housing. Further, individuals in Forsyth County are referred to Positive Wellness Alliance through several avenues such as Community Intake Center, Wake Forest University Health Services [Baptist Hospital] as well as through additional medical providers, FQHCs, public health department, social services, prisons/jails and homeless shelters. When a referral is made, the client is assessed to determine the most critical need. Working with the City of Winston-Salem in Rapid Re-Housing and Permanent Supportive Housing has allowed a more streamlined approach to placing our clients in stable living situations.

FUNCTION (5 POINTS)

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

29 years

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

Positive Wellness Alliance assists individuals living with HIV/AIDS in our community to maintain their health and stability which minimizes the impact on the overall health and cost to the community. By transitioning clients from a chronic homeless situation into secure, stable housing and assisting clients to restore their health, our agency reduces the expenses experienced by the community-at-large that occur through shelter stays, food assistance, hospital stays, emergency room visits, police intervention, and the like. Our efforts, therefore, reduce the overall risk of transmission of HIV/AIDS and the subsequent costs of care to other community members and agencies.

STRUCTURE (5 POINTS)

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

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| Position Title | Activities/Inputs | Total Work Hours Per Week | % of hours proposed to be funded |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------|
| Supportive Housing Case Manager | Weekly meetings with CIC and any other required meetings; meet with clients, complete intake and placement; meet with clients weekly/ monthly | 40 | 100.00 % |

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

| Executive Staff Name | Title/Role | Compensation | % of Hours Proposed to be Funded |
|----------------------|--------------------|--------------|----------------------------------|
| Sophia Russell-Hall | Executive Director | \$82,381.00 | 0.00 % |
| Michael Anders | Lead Case Manager | \$53,040.00 | 0.00 % |
| Kasey Mayfield | Finance Director | \$60,000.00 | 0.00 % |

D.6. Attach an organizational chart



Organizational Chart *Required

23769_Positive Wellness alliance Organization CHART 11 2020.pptx

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:

Open positions are posted via online job search engine (i.e., Indeed.com, LinkedIn.com). Applicant resumes are reviewed and interviews are scheduled based upon applicant meeting qualifications for posted position. At the time of the job offer to approved applicant, applicant’s references are contacted as part of the hiring process.

For internal hiring, the entire staff are informed of the open position opportunities. In like manner with the online job search applicants must meet the requirement as they determine. Internal applications are submitted and reviewed by the hiring committee (comprised of 3-4 Board Members).

Positive Wellness Alliance is an Equal Employment Opportunity company which seeks to employ staff representative all people regardless race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information.

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 | | | 1 | 1 | |
| Professionals | 1 | 1 | 1 | | 4 | 2 |
| Technicians | | | | | | |
| Office/Clerical | | | | | 1 | |

| | | | | | | |
|--------------------------|--|--|--|--|--|--|
| 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**

Board of Directors home addresses.docx

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

8

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

0

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.

This is an application for established funding.

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?

In the past, our organization has experienced the transitioning of its Executive Director. The Board at that time went into action to acquire a new ED. In doing so in a responsive manner, the new ED was able to continue the functionality of the agency and ensure the agency met the deadlines of state funded contracts and grants. The best practices learned during this time was to strengthen the agency's internal controls and staff structure to ensure dual trained staff to cover pertinent roles. For example, the hired ED has trained client based and administrative staff on grant and funding procedures, meeting deadlines, and reporting procedures. This dual training has also shown beneficial in the area of case management. The agency uses the model of dual case management to ensure housing security and retention. This type of case management assigns two case managers (one clinical, one medical) to each client.

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)?

Our policies and procedures are centered around the greater population. We utilize community partnerships as well as are involved with outreach efforts to ensure persons referred to our housing program are able to obtain housing.

E. Cost Effectiveness

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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Address: *No Address Assigned

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 | \$1,967,525.00 | \$1,967,525.00 | \$1,631,065.00 |
| Fundraising | \$5,000.00 | \$5,000.00 | \$5,000.00 |
| Management and General | \$956,547.00 | \$956,547.00 | \$611,682.00 |
| Total Expenditures by Program | \$2,929,072.00 | \$2,929,072.00 | \$2,247,747.00 |

| Expenditures by Category | Budgeted FY 21-22 | Projected Actuals FY 21-22 | Proposed Budget FY 22-23 |
|-----------------------------------------|---------------------|----------------------------|--------------------------|
| Employee Salaries and Wages | \$637,048.00 | \$637,018.00 | \$701,730.00 |
| Employee Benefits | \$0.00 | \$0.00 | \$63,500.00 |
| Facility Rent and Utilities | \$54,450.00 | \$54,450.00 | \$64,440.00 |
| Training and Conference Registration | \$15,000.00 | \$15,000.00 | \$10,000.00 |
| Membership and Dues | \$3,600.00 | \$3,600.00 | \$3,600.00 |
| Travel and Transportation | \$2,500.00 | \$2,500.00 | \$2,000.00 |
| Grants to Individuals and Organizations | \$0.00 | \$0.00 | \$0.00 |
| Contracted Fundraising Services | \$0.00 | \$0.00 | \$0.00 |
| Goods Purchased for Resale | \$0.00 | \$0.00 | \$0.00 |
| Other Contracted Services | \$0.00 | \$0.00 | \$0.00 |
| Other Operating Expenditures | \$0.00 | \$0.00 | \$0.00 |
| Capital Outlay | \$0.00 | \$0.00 | \$0.00 |
| Total Expenditures by Category | \$712,598.00 | \$712,568.00 | \$845,270.00 |

| Revenues by Category | Budgeted FY 21-22 | Projected Actuals FY 21-22 | Proposed Budget FY 22-23 |
|-----------------------------------|-------------------|----------------------------|--------------------------|
| City of Winston-Salem | \$35,100.00 | \$35,100.00 | \$623,148.00 |
| Forsyth County | \$0.00 | \$0.00 | \$0.00 |
| State of North Carolina | \$833,068.00 | \$833,068.00 | \$295,020.00 |
| Federal Government | \$0.00 | \$0.00 | \$0.00 |
| Admissions/Program Revenues/Sales | \$0.00 | \$0.00 | \$0.00 |

| | | | |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| Memberships | \$0.00 | \$0.00 | \$0.00 |
| Donations | \$2,000.00 | \$2,000.00 | \$7,750.00 |
| Foundation Grants | \$74,018.00 | \$16,143.00 | \$18,856.00 |
| Interest and Investment Income | \$0.00 | \$0.00 | \$0.00 |
| Parent Organization | \$0.00 | \$0.00 | \$0.00 |
| Other | \$1,918,567.00 | \$1,918,567.00 | \$1,305,108.00 |
| Total Revenues by Category | \$2,862,753.00 | \$2,804,878.00 | \$2,249,882.00 |

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

E.2. Has the City of Winston-Salem provided funding in the past? If so, provide a funding history of the most recent five years of City contributions in the table below.

| Year | Funding Source | Funding Amount |
|------|----------------|----------------|
| 2020 | City of WS | \$35,100.00 |
| 2019 | City of WS | \$35,100.00 |
| 2018 | City of WS | \$35,100.00 |
| 2017 | City of WS | \$35,100.00 |

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 |
|--------------------------------------------|-----------------------------|--------------------------|--------------------|
| Salary for Supportive Housing Case Manager | \$38,000.00 | \$0.00 | |
| | \$38,000.00 | \$0.00 | |

E.4. For each activity and line item above, please provide a short but detailed description of how City resources will be used to carry out proposed programming.

Supportive Housing Case Manager services will assist with aiding persons HIV+ experiencing homelessness to secure and affordable. This position is needed to ensure that those individuals have access to adequate case management services. Additional funds from agency's unrestricted funding may be able to support some of this is on.

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.

To create a sustainable program, PWA has begun to work with community partners on developing opportunities to provide funding for clients to secure stable employment. Although the funds for this program are largely for the Supportive Housing Case Manager, the position is vital to the success of this program. The agency plans to seek additional funding opportunities through state and federal dollars to leverage and support the position in the coming years.

E.6. If this year's request is different in any way (amount, activities, etc.) from a prior year's request, explain how and why. If you are a new applicant, please describe how you would adjust your project/program if your funding request is not funded at the full amount.

This year, we are requesting additional funding for this position to cover the full salary of the SHCM that has been given a cost of living raise (\$37,562.00) their mileage as well as the use of cell phone which now extremely crucial and helpful to the work of the SHCM.

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.

To create a sustainable program, PWA has begun to work with community partners on developing opportunities to provide funding for clients to secure stable employment. Although the funds for this program are largely for the Supportive Housing Case Manager, the position is vital to the success of this program. The agency plans to seek additional funding opportunities through state and federal dollars to leverage and support the position in the coming years.

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 initial learning curve for the supportive housing case manager was quite large when the program first began. Since that time, that curve has straightened through attendance at numerous trainings and meetings to acquire the necessary skills and knowledge to perform the job.

Although this has occurred to assist within addressing any internal barriers, there are additional barriers external the program that are out of the perimeter of our control. Barriers such as processes and systems through the Housing Authority, with housing requirements for funding allotments (vouchers) as well as some landlord or property companies.

To address those barriers, our agency has had several in person meetings with both the Housing Authority of Winston Salem as well as challenging local landlords and property owners. This has improved the overall flow of the housing process for many of our participants. Additionally, the Landlord Specialist hired by the United Way and Cardinal Innovation Housing Specialists have been a major contributors to assisting in bolstering those initial barriers. These collaborations have prevented delays in assisting clients as well as ensure that clients' paperwork is submitted in timely manner and financial commitments made for clients are satisfied in order to complete their housing process within 30-45 days.

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

We currently do not have an institutional barrier to project implementation. All needed staff persons are in place at this appointed time.

AVERAGE COST (5 POINTS)

E.10. Use the table below to show the average amount of City funds requested per beneficiary to be served during the year and the average total cost of the service per beneficiary to be served during the year (including all funding sources)

| | |
|------------------------------------------------|-------|
| Proposed funds from the City for this project: | 38000 |
| Number proposed to be served for the year: | 17 |
| Average City funds per beneficiary: | 2235 |
| Proposed funds from all sources: | |

| | |
|--------------------------------------------|--|
| Number proposed to be served for the year: | |
| Average total funds per beneficiary: | |

F. Required Documents

Completed by srussell@pwanc.org on 11/5/2021 8:47 AM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

Address: *No Address Assigned

F. Required Documents

Please provide the following information.

Documentation

Code of Conduct/Conflict of Interest Policy *Required

23771_Positive Wellness Alliance Conflict of Interest Policy (00074165x9F41D) (00000003).pdf

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

POSITIVE WELLNESS ALLIANCE_2020_990E_ArchiveTaxReturn.pdf

Organization By-Laws *Required

By-Laws (1).pdf

Articles of Incorporation *Required

Articles of Incorporation.pdf

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

23779_Equal Access to Housing Policy - Gender Identity.pdf

23780_Non-Discrimination Policy.pdf

23781_LEP limited english policy.pdf

23782_Telecommute Policy - Approved via 422020 BOD mtg.docx

23783_Accounting and Procurement Policies.docx

IRS 501(c)3 Designation Letter *Required

501c3 IRS Determination Letter.pdf

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

PWA Final 2020.pdf

PWA Final 19 (Final).pdf

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

***Required**

North Carolina Secretary of State Search Results.pdf

Participant/Program Data Sample Report *Required

Invoice September 2021 City of WS FY21-22.pdf

Other

***No files uploaded*

G. Income Based Projects/Services Only

Case Id: 14412
Name: Positive Wellness Alliance Community Agency
Address: *No Address Assigned

Completed by srussell@pwanc.org on 11/4/2021 12:06 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 *srussell@pwanc.org* on 11/4/2021 12:07 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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 |
|--------------|---------|-----------------|-----------|--------------|
|--------------|---------|-----------------|-----------|--------------|

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**
***No files uploaded*

Participant/program data sample report ***Required**
***No files uploaded*

Market study or other analysis to verify the need for the project. ***Required**
Not Applicable.pdf

Operating pro forma that includes rent and operating cost assumptions and all estimated loan payments, in electronic format. ***Required**
Not Applicable.pdf

I. Emergency Shelter Only

Completed by *srussell@pwanc.org* on 11/4/2021 12:07 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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 *srussell@pwanc.org* on 11/4/2021 12:07 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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 *srussell@pwanc.org* on 11/4/2021 12:07 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

Address: *No Address Assigned

K. HOPWA

Please provide the following information.

Are requesting funds for a HOPWA project?

No

Submit

Completed by srussell@pwanc.org on 11/15/2021 3:34 PM

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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.

Sophia Russell Hall..

Electronically signed by srussell@pwanc.org on 11/15/2021 3:28 PM

IDIS Setup

No data saved

Case Id: 14412

Name: Positive Wellness Alliance Community Agency

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