Program Overview

Please provide the following information.

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

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

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

Minimum Criteria

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

Scoring Process and Matrix

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

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

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

Upcoming Application Orientation Session

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

Contact Information

For any questions or concerns, please email [ARPA@cityofws.org](mailto:ARPA@cityofws.org) or call City Link at 336-727-8000.
A. Contact Information

Please provide the following information.

**ORGANIZATION/AGENCY INFORMATION**

**A.1. Organization/Agency Name**
Christ Rescue Temple Apostolic Church

**A.2. Mailing Address**
1500 North Dunleith Avenue Winston Salem
Winston-Salem, NC 27105

**A.3. Organization Website**
https://www.facebook.com/crtacws

**A.4. Year 501 (c)(3) Status Obtained**
2,016

**A.5. Organization/Agency Fiscal Year**
2,022

**A.6. Federal Tax ID Number**

**A.7. Federal DUNS Number**

**A.8. Federal SAM Registered?**
No

**ORGANIZATION/AGENCY CONTACT INFORMATION**

**EXECUTIVE DIRECTOR**

**A9. First Name**
Willie

**A10. Last Name**
Davis

**A11. Title**
Pastor & Chief Executive Officer (CEO)

**A12. E-mail**
crtaccompany@gmail.com

**A13. Phone Number**
(336) 722-9841

**BOARD CHAIR**

**A14. First Name**
Woodrow

**A15. Last Name**
Davis

**A16. E-Mail**
wdavis1009@yahoo.com

**A17. Phone Number**
(336) 306-0759

**A18. Term Expiration Date**
01/01/2032
Please provide the following information.

**PROJECT INFORMATION**

**B.1. Project/Program Title**
Christ Rescue Temple "People Helping People" Feeding Program

**B.2. Project Location/Address**
1500 North Dunleith Avenue Winston Salem Winston-Salem, NC 27105

**PROJECT CONTACT/MANAGER**

**B3. First Name**
Clive

**B4. Last Name**
Davis

**B5. Title**
Executive Pastor/Coordinator

**B6. E-Mail**
jamachu@aol.com

**B7. Phone Number**
(336) 926-0929
C. General Project Narrative

Please provide the following information.

C.1. Provide description of project and how funds will be used
The Christ Rescue (CRT) "People Helping People" Feeding Program was established in 2008. It has been supported through church donations (canned goods, non-perishable items, monies) and volunteers for the past 14 years.
*Every week on Thursdays from 12:00 PM-1:00 PM. We prepare 50 meals to the community.
*Every 3rd Thursday, we serve 50 meals and give community residents 15 pounds of non perishables (canned goods & frozen meats) and clothing.

The proposed grants funds will be used to serve the underserved communities and purchase healthy foods and supplies that will help with the feeding program. It would also help us to purchase equipment, metal storage racks, microwave, adult diapers, socks, footsies, cleaning products, soaps, shampoos, imperishable products, tooth brushes, hygiene products, toilet paper, hand sanitizers, gloves, masks, baby formula, pampers, printed materials (flyers for advertising), two-I-Pads, and four-10 x 10 tents. We would also like to give stipends for our seven volunteers. Volunteers spend 3-7 hours weekly preparing and distributing meals, and cleaning the facility.

C.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?
The participants will be able to access the program:
*Every week on Thursdays from 12:00 PM-1:00 PM, we serve 50 meals.
*Every 3rd Thursday, we serve 50 meals and give community residents 15 pounds of non perishables (canned goods & frozen meats) and clothing.

It is our mission to lead people to Christ and empower them to build stronger families and communities. Our church motto is “People Helping People”. In order to serve God, we need a healthy body.

A benefit would be to prevent hunger and promote healthy eating, childhood and adult obesity prevention, and raise the awareness of weight and explain how unhealthy eating habits can cause health issues such as diabetes, heart diseases, etc.

C.3 Total estimated number of unique participants to be served annually
2,000

C.4. Will program beneficiaries be only residents of Winston-Salem?
Yes
TOTAL FUNDING REQUEST
C.5. Total Operating Funding Request
$20,000.00

C.6. Total Capital Funding Request
$10,000.00

SPENDING TIMEFRAME
C.7 Capital Spending Timeframe
12 Months

C.8 Operating Spending Timeframe
12 Months
D. Project Budget Categories

Please provide the following information.

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

<table>
<thead>
<tr>
<th>Operating Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$10,300.00</td>
</tr>
<tr>
<td>Tents(3)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Freezer</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Tablets(2)</td>
<td>$700.00</td>
</tr>
<tr>
<td>Supplies(Toiletries)</td>
<td>$4,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$20,000.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renovate of bathrooms(2)</td>
<td>$10,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10,000.00</strong></td>
</tr>
</tbody>
</table>

**PROJECT/PROGRAM REVENUE CATEGORIES**

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

<table>
<thead>
<tr>
<th>Operating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Grant</td>
<td>$20,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$20,000.00</strong></td>
</tr>
</tbody>
</table>

Please list below all known/expected individual grants and contributions totaling 10% or more of the project's budget. Note: capital revenues and expenditures must be balanced (be equal).

<table>
<thead>
<tr>
<th>Capital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Grant</td>
<td>$10,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10,000.00</strong></td>
</tr>
</tbody>
</table>
E. Demographic and Geographic Distribution

Please provide the following information.

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

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

If yes, what percentage of clients served are estimated to be residents of QCTs? [Click here](#) to view the QCT mapping tool. 90.00 %

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

- [ ] 25% or more of participants below the federal poverty line or participants served make less than 60% of the Area Median Income
- [ ] The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.
F. Alignment to Strategic Plan

Please provide the following information.

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

Tier 1:
- Focus on job creation/sustainability and workforce development
- Collaboration and funding for pre-K opportunities
- Funding for affordable housing
- Funding for economic development

Tier 2:
- Poverty reduction/cessation
- COVID reopening plan
- Community engagement (Power of connections)
- Funding for arts

Tier 3:
- Community Fundraising
- Environmental initiatives
- Address digital divide
- Address childcare needs
- Neighborhood maintenance
- Organization efficiency and public-private partnerships
- Law enforcement reform

F.1. Please select the primary priority from the list above addressed by your project/program.
Tier 2

F.2. Please select the secondary priority from the list above addressed by your project/program.
Tier 1

F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you
Tier 2: Poverty reduction/cessation & COVID reopening plan-The Christ Rescue Temple (CRT) Church “People Helping People” Feeding Program continues to accommodate the needs of the families in the community who are faced with many challenges. During the pandemic were able to increase through June-December 2020. The majority of the population served were blacks, ages 55 years and up who live in the 27101 & 27105 areas. We continue to feed residents that come from low socioeconomic backgrounds, have no transportation, no medical insurance and are homeless. We also continue to serve senior citizens and residents with disabilities in communities around Winston-Salem. We have residents who walk up/drive for meals and we also drop off meals to seniors’ citizens in the city.

Tier 1: Funding for affordable housing-The CRT Church provides affordable housing from low socioeconomic backgrounds. The CRT PHP Feeding Program provides healthy meals to the essential workers are also served in the 27105 area (day care and rest home workers).
G. Collaboration

Please provide the following information.

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

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

G.2. Please provide the names of the organizations and the roles they will serve in the project/program?
We collaborate and partner with:
Second Harvest Food Bank of Northwest North Carolina
3655 Reed Street
Winston-Salem, NC 27107

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

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

| Workload | The CRT PHP Staff prepares 50 healthy meals each week that consists of meats, vegetables, etc.  
We have implemented the following procedures and guidelines to keep everyone safe and healthy:  
* All workers must wear masks and gloves.  
* Only two-three volunteers/workers are allowed in the kitchen.  
* We follow the sanitation guidelines from CDC.  
* All other volunteers/workers work 6 feet apart to assembly the lunch boxes.  
* All lunch boxes are put outside on tables that are and monitored by volunteers/workers.  
* People are allowed to get the lunch boxes from the table and/or the workers take it to the community residents' cars weekly. |
|---|---|
| Effectiveness/Outcome | 1) For the duration (12 months) of the City grant funds, the CRT PHP Feeding Program will serve 150-200 meals a month to improve food security and prevent hunger.  
2) Every three months, the CRT PHP Feeding Program staff will invite various agencies from the community to provide resources/workshops to educate families about healthy meals, nutrition, diabetes, obesity, etc.  
3) 300-400 hygiene/supply bags will be given to underserved families in the community. The bags will consist of soap, toiletries, tooth brushes, shampoos, etc. |

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

Please provide a link to (or attach a copy of) the evaluation of the program model
https://hungerandhealth.feedingamerica.org/explore-our-work/nutrition-education-initiatives/assessments-education-needs/

✓ Program Model Evaluation
PHP Assessments and Evaluations - Hunger and Health.pdf
CRT PHP_Performance Measures Report.doc

H.3. For transparency purposes, the risk matrix is attached. This is NOT required, however, you can self-assess if you wish. Please fill out and upload the Risk Matrix.
✓ Risk Matrix
CRT_PHP Risk Assessment (1).xlsx
I. Capacity

Please provide the following information.

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

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

It is our mission to lead people to Christ and empower them to build stronger families and communities. Our church motto is “People Helping People”. In order to serve God, we need a healthy body.

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

We plan to promote health and wellbeing, through the following departments at our church: Christ Rescue Temple (CRT) “People Helping People” Feeding Program, CRT Healthy Ministry, and Youth Outreach Departments. We will collaborate and provide nutritional and healthy information to the church and community.

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

We have implemented the following procedures and guidelines to keep everyone safe and healthy:

* All workers must wear masks and gloves.
* Only two volunteers/workers are allowed in the kitchen.
* We follow the sanitation guidelines from CDC.
* All other volunteers/workers work 6 feet apart to assemble the lunch boxes.
* All lunch boxes are put outside on tables that are 6 feet apart and monitored by volunteers/workers.
* People are allowed to get the lunch boxes from the table and the workers take it to the community residents’ cars and some lunch boxes are delivered weekly.

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

To determine the success of the program, we keep data on the number of meals served and the demographics.
**J. Impact/Community Need**

Please provide the following information.

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

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

The identified need for this feeding project is to provide underserved communities accessibility to healthy foods and to make families aware of a healthier lifestyle. H.O.P.E. is an organization in Winston-Salem that prepare and feed nutritious meals to children in Forsyth County(https://hopews.org/). According to the Forsyth County Magazine, families that live in poverty cannot afford to healthy food (https://www.forsythfamilymagazine.com/feeding-hunger-winston-salem/). Providing this service to the community will ensure families a healthy meal at least once a week.

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

A short term goals for this program is to provide food security on a weekly bases. Also families would be introduced to balanced and healthy meals.

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

Long term goals for this program is that the program would provide health benefits to families mentally and physically, making them aware of the obesity crisis on children and adults. Also the feeding program would have the potential to increase the number of meals and families served.

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

The CRT PHP Team will track data for meals served and demographics from the residents who come to the feeding program. A monthly progress report would be implemented quarterly to monitor goals. Also resources will be provided via flyer from various agencies to help the families in the communities learn about nutrition, diabetes, and obesity.
K. Funding Stability

Please provide the following information.

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

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

K.2. Approximately what percentage of your organization’s total budget is covered by competitive grants that you must re-apply for?
0.00 %

K.3. What percentage of your project/program’s budget is covered by City ARPA funds as part of this request?
100.00 %

K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.
After the CRT PHP Feeding Program exhausts the monies, we will continue to fund the program with monies from the church and donations.

K.5. Please attach commitment letters from other organizations showing financial support for the project/program.
☐ Commitment Letters
**No files uploaded**
L. Representation

Please provide the following information.

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Gender Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willie Davis Jr.</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Clive Chu Davis</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Woodrow Davis</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Teron Martin</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Cory Davis</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>Devon Scales</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
<tr>
<td>James Wiley Sr.</td>
<td>Black</td>
<td>African American</td>
<td>Male</td>
</tr>
</tbody>
</table>
M. Required Documents

Case Id: 15212
Name: Christ Rescue Temple "People Helping People"
Address: *No Address Assigned

Please provide the following information.

For North Carolina Secretary of State - Current and Active Status, Click Here

Documentation

- **Code of Conduct/Conflict of Interest Policy *Required**
  CRT conflictofinterestpolicy.docx

- **Copy of the agency’s latest 990 Form as submitted to the Internal Revenue Service *Required**
  Form 990 Letter.docx

- **Organization By-Laws *Required**
  CRT By-Laws.pdf

- **Articles of Incorporation *Required**
  CRT NC Articles of Incorporation.pdf

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

- **IRS 501(c)3 Designation Letter *Required**
  CRT Church 501 (c) 3.pdf
☑ Most recent audited financial statements or a third-party review *Required
CRT PHP Program Audit 2_21.pdf

☑ North Carolina Secretary of State - Current and Active Status *Required
CRT Secretary of State.pdf
External Mail _CRT _GLRHAActive Business Statuses.pdf
Please provide the following information.

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

Clive C Davis

Electronically signed by jamachu@aol.com on 4/25/2022 3:38 PM

04/25/2022