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

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

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

Minimum Criteria

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

Scoring Process and Matrix

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

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

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

Upcoming Application Orientation Session

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

Contact Information

For any questions or concerns, please email 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
HARRY VCOS

A.2. Mailing Address
897 Peters Creek Parkway Suite 102 - Winston Salem
Winston Salem, NC 27103

A.3. Organization Website
www.harry4you.com

A.4. Year 501 (c)(3) Status Obtained
2,009

A.5. Organization/Agency Fiscal Year
12

A.6. Federal Tax ID Number

A.7. Federal DUNS Number

A.8. Federal SAM Registered?
Yes

ORGANIZATION/AGENCY CONTACT INFORMATION
EXECUTIVE DIRECTOR
A9. First Name
Ciat

A10. Last Name
Shabazz

A11. Title
Executive Director/Co-Founder

A12. E-mail
harryvcos@gmail.com

A13. Phone Number
(336) 725-3410

BOARD CHAIR
A14. First Name
Alfonzo

A15. Last Name
Boyd

A16. E-Mail
alfonzoboyd@gmail.com

A17. Phone Number
(336) 997-8484

A18. Term Expiration Date
04/01/2024
**B. General Project Information**

<table>
<thead>
<tr>
<th>Case Id:</th>
<th>15142</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Veterans Intergenerational - 2022</td>
</tr>
<tr>
<td>Address:</td>
<td><em>No Address Assigned</em></td>
</tr>
</tbody>
</table>

### Please provide the following information.

<table>
<thead>
<tr>
<th>PROJECT INFORMATION</th>
<th>PROJECT CONTACT/MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B.1. Project/Program Title</strong></td>
<td><strong>B3. First Name</strong></td>
</tr>
<tr>
<td>Veterans Intergenerational Program</td>
<td>Ciat</td>
</tr>
<tr>
<td><strong>B.2. Project Location/Address</strong></td>
<td><strong>B4. Last Name</strong></td>
</tr>
<tr>
<td>897 Peters Creek Parkway Suite 102 Winston SalemWinston-Salem, NC 27103</td>
<td>Shabazz</td>
</tr>
<tr>
<td><strong>B5. Title</strong></td>
<td>Program Developer</td>
</tr>
<tr>
<td><strong>B6. E-Mail</strong></td>
<td><a href="mailto:harryvcos@gmail.com">harryvcos@gmail.com</a></td>
</tr>
<tr>
<td><strong>B7. Phone Number</strong></td>
<td>(336) 725-3410</td>
</tr>
</tbody>
</table>
C. General Project Narrative

Please provide the following information.

C.1. Provide description of project and how funds will be used
Pilot "Fun With Science Mini Program". Veterans will serve as mentors for high school aged youth who will serve as counselors to youth age 9-12. Funds will be used to hire an educator who will serve as the Director, youth stipends and supplies needed for butterfly and tadpole observation.

C.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?
A veteran is currently hosting a teach & learn program at a community center and these youth will participate, an educator is recommending several students and veterans have requested their children/grands be enrolled. The pilot mini program will only be comprised of 20 youth, not including the youth counselors. Journals will be required and will be collected at the conclusion of the program.

C.3 Total estimated number of unique participants to be served annually
24

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

TOTAL FUNDING REQUEST
C.5. Total Operating Funding Request
$90,000.00

C.6. Total Capital Funding Request
$50,000.00

SPENDING TIMEFRAME
C.7 Capital Spending Timeframe
June - October 2022

C.8 Operating Spending Timeframe
June - November 2022
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>Program Expenditures</td>
<td>$35,000.00</td>
</tr>
<tr>
<td>Operating Cost</td>
<td>$55,000.00</td>
</tr>
<tr>
<td></td>
<td>$90,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capital Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$90,000.00</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 of Winston Salem</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>Forsyth County</td>
<td>$30,000.00</td>
</tr>
<tr>
<td></td>
<td>$60,000.00</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>Walmart Foundation</td>
<td>$15,000.00</td>
</tr>
<tr>
<td>All State Foundation</td>
<td>$15,000.00</td>
</tr>
<tr>
<td></td>
<td>$30,000.00</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
100.00 %

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

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

☐ The project/program does not operate in a QCT, and beneficiaries neither reside in a QCT nor meet the income thresholds mentioned above.
F. Alignment to Strategic Plan

Please provide the following information.

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

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

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

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

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

**F.2. Please select the secondary priority from the list above addressed by your project/program.**
Tier 3

**F.3. Please describe how the workload or outcomes from your project/program addresses the primary priority you**
selected.
The veterans pilot "Fun With Science Intergenerational Program" will seek to build the youths awareness of the world they live in; understand societal issues and importance of preserving/conserving their use of everyday materials. Mentors will help to encourage the importance of them being the guardians/trustees of the world they live in. Problem solving strategies will be a key component of the program.
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?
2

G.2. Please provide the names of the organizations and the roles they will serve in the project/program?
Forsyth Tech Veterans Resource Center (Youth Mentors) and Quality Education Academy (Youth Counselors)
H. Administration/Reporting

Please provide the following information.

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

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

<table>
<thead>
<tr>
<th>Workload</th>
<th>20 youth will be the active participants with a grouping of 5 each, 4 high school youth will be employed as counselors assigned to 5 younger participants and 8 veterans will participate as mentors/overseers. There will be a Director who is a Educator and has a strong background in primary school education.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness/Outcome</td>
<td>An end of the pilot program will reveal, in a closing program, their learned skills and how these skills are now being utilized by them to empower and appreciate their community.</td>
</tr>
</tbody>
</table>

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

- Program Model Evaluation
  - Intergenerational Fun With Science Evaluation.pdf
  - Pre Program Youth Quiz.pdf

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
  - Subrecipientriskassessment.pdf
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.

HARRY VCOS mission is to address the health, social, economic and institutional issues that impact a healthy/wholesome quality of life for the men/women who have, and continue to serve in our Armed Services. Engaging veterans in community services has proven to minimize their level of stress. They become connected back to their community and render their leadership skills.

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.

HARRY Vets current infrastructure will not accommodate 20 youth due to COVID however there are 2 locations that have been identified that will agree to host the program. There are many horticultural, museums and community gardening programs that exist. Although, this program is unique in the manner we implement it with the veterans being key to mentorship.

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

The program will utilize the monarch butterfly and the tadpole to introduce to the students how they are, as the two study items, interconnected with the environment and what they do has a profound impact on their future. The veterans will share their global experience and the different terrains and climates they have visited. Transportation to weekly field trip locations that coincide with course of study may prove to be problematic.

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.

Each group will have chosen a presenter to make weekly presentations on what they learned. Goal is to access clarity of the information they are presented and how it’s impacting them. Youth will be quizzed pre program and post program to determine how they have evolved. Samples of quiz’s have been uploaded.
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 youth are the heirs of this environment we exist in. Their communities are where they thrive and must be preserved to have a healthy quality life. The air they breathe, the water they drink, the food they eat and the cleanliness of their community is paramount to their good health. A healthy mind produces healthy behaviors.

J2. Describe the short-term impacts of the project/program and how they align with the community need identified above.
Youth will be taught the importance of being interconnected with everything around them and they evolve the same as the animal and plant life does. They will come to realize that if there is no healthy environment in which they live their health is in jeopardy.

J3. Describe the long-term impacts of the project/program and how they align with the community need identified above.
The goal is that the youth will desire to be more conscious of the importance of the environment and how it directly impacts their daily life. Veterans will share how war torn environments they have visited have caused many health problems, for the people in that country as well as for them.

J4. Referencing previous section on outcomes, describe how the impacts noted above will be measured.
Impacts will be measured by the evaluation from the veterans, staff, volunteers and parents. Youth progress will be measured by the post quiz’s that assess how much they have learned during the program.
K. Funding Stability

Please provide the following information.

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

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

K.2. Approximately what percentage of your organization’s total budget is covered by competitive grants that you must re-apply for?
50.00 %

K.3. What percentage of your project/program’s budget is covered by City ARPA funds as part of this request?
50.00 %

K.4. Please provide narrative on funding for this program after City ARPA funding has been exhausted.
Funds are needed for a special initiative that the veterans have decided to partake in. HARRY VCOS will not divert away from providing the assistance to the veterans in their time of need thus the revenue requested will help to expand what we offer to the veterans for Supportive Services. We are aggressively looking for funders as is the case with all non-profits that compete for funding.

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>Aljihad Shabazz</td>
<td>AA</td>
<td>AA</td>
<td>M</td>
</tr>
<tr>
<td>Alfonzo Boyd</td>
<td>AA</td>
<td>AA</td>
<td>M</td>
</tr>
<tr>
<td>Mose Strait</td>
<td>AA</td>
<td>AA</td>
<td>F</td>
</tr>
<tr>
<td>Sarah Stephney</td>
<td>AA</td>
<td>AA</td>
<td>F</td>
</tr>
<tr>
<td>Linda Pior</td>
<td>Caucasian</td>
<td>Caucasian</td>
<td>F</td>
</tr>
<tr>
<td>David Odom</td>
<td>AA</td>
<td>AA</td>
<td>M</td>
</tr>
<tr>
<td>Alfonso Dickey</td>
<td>AA</td>
<td>AA</td>
<td>M</td>
</tr>
</tbody>
</table>
M. Required Documents

Please provide the following information.

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

Documentation

- Code of Conduct/Conflict of Interest Policy *Required
  Code of Conduct.doc

- Copy of the agency’s latest 990 Form as submitted to the Internal Revenue Service *Required
  2021 Tax File 990.pdf

- Organization By-Laws *Required
  By-Laws.JPG

- Articles of Incorporation *Required
  Articles of Incorporation.JPG

- Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) *Required
  HARRY VCOS Accounting Manual.doc
  ORGANIZATION STRUCTURE (1).doc
  Amended NON DISCRIMINATION EQUAL OPPORTUNITY POLICY.doc
  Amended EMPLOYEE HIRING PROCESS 2022.doc
✓ IRS 501(c)3 Designation Letter *Required
Updated IRS Tax Exempt Doc..JPG

✓ Most recent audited financial statements or a third-party review *Required
SusanSheltonTaxPreparer.pdf

✓ North Carolina Secretary of State - Current and Active Status *Required
North Carolina Secretary of State Search Results.html
Please provide the following information.

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

Ciat Shabazz

Electronically signed by harryvcos@gmail.com on 4/25/2022 11:39 AM

04/25/2022