Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user’s application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2019 Project Application will be imported into the FY 2021 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC’s HUD-approved GIW. If the ARA is reduced through the CoC’s reallocation process, the final project funding request must reflect the reduced amount listed on the CoC’s reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFA.
1A. SF-424 Application Type

1. Type of Submission: Application
2. Type of Application: Renewal Project Application
   If "Revision", select appropriate letter(s):
   If "Other", specify:
3. Date Received: 11/08/2021
4. Applicant Identifier:
5a. Federal Entity Identifier:
5b. Federal Award Identifier: NC0274
   This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).
   Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number [X]
6. Date Received by State:
7. State Application Identifier:
1B. SF-424 Legal Applicant

8. Applicant
   a. Legal Name:  City of Winston-Salem
   b. Employer/Taxpayer Identification Number (EIN/TIN): 56-6000241

   c. Organizational DUNS:  102488934  PLUS 4

   d. Address
      Street 1:  100 East First Street, Suite 423
      Street 2:
      City:  Winston-Salem
      County:  Forsyth
      State:  North Carolina
      Country:  United States
      Zip / Postal Code: 27101

   e. Organizational Unit (optional)
      Department Name:  
      Division Name:  

   f. Name and contact information of person to be contacted on matters involving this application
      Prefix:  Ms.
      First Name:  Mellin
      Middle Name:  L.
      Last Name:  Parker
      Suffix:  
      Title:  Planning Development Senior Project Supervisor

      Organizational Affiliation:  City of Winston-Salem
      Telephone Number:  (336) 734-1310
Extension:
Fax Number: (336) 747-9419
Email: mellinp@cityofws.org
1C. SF-424 Application Details

9. Type of Applicant:  C. City or Township Government

10. Name of Federal Agency:  Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance
   Title: CoC Program
   CFDA Number: 14.267

12. Funding Opportunity Number:  FR-6500-N25
   Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:
   Title:
1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only):
   North Carolina
   (for multiple selections hold CTRL key)

15. Descriptive Title of Applicant’s Project:
   ESR-PH Case Management

16. Congressional District(s):
   a. Applicant:
      NC-010, NC-006
      (for multiple selections hold CTRL key)
   b. Project:
      NC-010, NC-006
      (for multiple selections hold CTRL key)

17. Proposed Project
   a. Start Date: 12/01/2022
   b. End Date: 11/30/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
   c. State:
   d. Local:
   e. Other:
   f. Program Income:
   g. Total:
19. Is the Application Subject to Review By State Executive Order 12372 Process?

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt?

No

If "YES," provide an explanation:
1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: X

21. Authorized Representative

Prefix: Mr.
First Name: Lee
Middle Name: D.
Last Name: Garrity
Suffix:
Title: City Manager
Telephone Number: (336) 747-7380
(Format: 123-456-7890)
Fax Number: (336) 748-3060
(Format: 123-456-7890)
Email: leeg@cityofws.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/08/2021
1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

   Agency Legal Name: City of Winston-Salem
   Prefix: Mr.
   First Name: Lee
   Middle Name: D.
   Last Name: Garrity
   Suffix:
   Title: City Manager
   Organizational Affiliation: City of Winston-Salem
   Telephone Number: (336) 747-7380
   Extension:
   Email: leeg@cityofws.org
   City: Winston-Salem
   County: Forsyth
   State: North Carolina
   Country: United States
   Zip/Postal Code: 27101

2. Employer ID Number (EIN): 56-6000241

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

   Applicant: City of Winston-Salem
   Project: ESR-PH Case Management
4a. Total Amount Requested for this project: $766,415

5. State the name and location (street address, city and state) of the project or activity:
ESR-PH Case Management 100 East First Street, Suite 423 Winston-Salem North Carolina

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.
Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

<table>
<thead>
<tr>
<th>Department/Local Agency Name and Address</th>
<th>Type of Assistance</th>
<th>Amount Requested / Provided</th>
<th>Expected Uses of the Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

Renewal Project Application FY2021  Page 10  11/30/2021
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

<table>
<thead>
<tr>
<th>Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)</th>
<th>Social Security No. or Employee ID No.</th>
<th>Type of Participation</th>
<th>Financial Interest in Project/Activity ($)</th>
<th>Financial Interest in Project/Activity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hundt redacted</td>
<td>XXX-XX-XXXX</td>
<td>Consultant</td>
<td>$0.00</td>
<td>0%</td>
</tr>
</tbody>
</table>

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

**I AGREE:**

**Name / Title of Authorized Official:** Lee Garrity, City Manager

**Signature of Authorized Official:** Considered signed upon submission in e-snaps.

**Date Signed:** 09/13/2021
1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Winston-Salem

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

b. Establishing an on-going drug-free awareness program to inform employees ---
   (1) The dangers of drug abuse in the workplace
   (2) The Applicant’s policy of maintaining a drug-free workplace;
   (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
   (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---
   (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---
   (1) Abide by the terms of the statement; and
   (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. X

Applicant: City of Winston-Salem

Project: ESR-PH Case Management

102488934

Page 12 11/30/2021

Renewal Project Application FY2021
acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix: Mr.
First Name: Lee
Middle Name: D.
Last Name: Garrity

Suffix: 
Title: City Manager
TelephoneNumber: (336) 747-7380
(Format: 123-456-7890)
Fax Number: (336) 748-3060
(Format: 123-456-7890)
Email: leeg@cityofws.org

Signature of Authorized Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/08/2021
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file
the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant’s Organization: City of Winston-Salem

Name / Title of Authorized Official: Lee Garrity, City Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/08/2021
1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer “Yes” if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: “The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

Answer “No” if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?

Yes

1. Type of Federal Action: Grant
2. Status of Federal Action: Application
3. Report Type: Initial Filing
4. Name and Address of Reporting Entity: Prime

Refer to project name, addresses and contact information entered into the attached project application on screen 1B.

Congressional District, if known: NC-010, NC-006
6. Federal Department/Agency: Department of Housing and Urban Development
7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)
9. Award Amount: $719,314.00

10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):
Mozingo, Leslie
Strategics Consulting, LLC
4315 Woodbourne Drive
Clemmons, NC 27012

10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):

NA

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative
Prefix: Mr.
First Name: Lee
Middle Name: D.
Last Name: Garrity
Suffix:
Title: City Manager
Telephone Number: (336) 747-7380
(Format: 123-456-7890)
Fax Number: (336) 748-3060
(Format: 123-456-7890)
Email: leeg@cityofws.org

Signature of Authorized Official: Considered signed upon submission in e-snaps.
Date Signed: 11/08/2021
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 89-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93–205).</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, &quot;Audits of States, Local Governments, and Non-Profit Organizations.&quot;</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.</td>
<td></td>
</tr>
</tbody>
</table>

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: City of Winston-Salem
Prefix: Mr.
Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Due to e-snaps limitations, only previously submitted renewal applications can import data into the FY 2021 renewal project application. The data from previously submitted new and renewal project applications can be imported into a FY 2021 renewal project application. The “Submit without Changes” process is not applicable for:
- first time renewing project applications
- a project application that did not import last FY 2019 information
- a project that had Issues or Conditions that were addressed in FY 2019 Post-Award and updates need to be reflected in the FY 2021 project application
- a project that had amendments approved in FY 2019 or FY 2020 that need to be reflected in the FY 2021 project application

e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that brought forward data from FY 2019 and have either a Leasing budget, Operating budget or use HUD PAID RENTS (Actual Rents) instead of FMR MAY NOT use the “Submit Without Changes” process and e-snaps will automatically be set to “Make Changes”. All Leasing and Operating budgets, along with Rental Assistance budgets that use HUD PAID Rent will need to be updated in the application. Refer to the GIW posted on the HUD Exchange for accurate budget information on leasing and operating budgets and refer to the HUD PAID RENT document sent by your field office from HUD HQ to accurately set your rental assistance budgets that use HUD PAID rents. This will only impact the FY 2021 competition.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2019 or 2020 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click “Save” and those screens will be available for edit. Once a project applicant selects a checkbox and clicks “Save”, the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions found on the left side menu of e-snaps or hud.gov to find more in depth information about applying under the FY 2021 CoC Competition.
Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation?  
Yes

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.  
Make changes

The applicant has either selected "Yes" to Question #1, has not brought forward details from a previously awarded renewal project application, or has manually selected “Make Changes” to question #2 and has checked a checkbox. The applicant must therefore make changes to the application information. If this is not a first time renewal and the applicant would like to bring forward information from a previously awarded renewal project application, exit this application, click on the "Projects" link from the left menu, select "Renewal Project Application FY2019" from the "Funding Opportunity Name" dropdown, click on the folder icon to create a renewal project, and select an expiring renewal project from the drop down list next to the "Import Data From" field.

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

<table>
<thead>
<tr>
<th>Part 2 - Subrecipient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2A. Subrecipients</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 3 - Project Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3A. Project Detail</td>
<td>X</td>
</tr>
<tr>
<td>3B. Description</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 4 - Housing Services and HMIS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4A. Services</td>
<td></td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part 5 - Participants and Outreach Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5A. Households</td>
<td>X</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part 6 - Budget Information

<table>
<thead>
<tr>
<th>6A. Funding Request</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6C. Rental Assistance</td>
<td>X</td>
</tr>
<tr>
<td>6D. Match</td>
<td>X</td>
</tr>
<tr>
<td>6E. Summary Budget</td>
<td>X</td>
</tr>
</tbody>
</table>

### Part 7 - Attachment(s) & Certification

<table>
<thead>
<tr>
<th>7A. Attachment(s)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7A. In-Kind Match MOU Attachment</td>
<td>X</td>
</tr>
<tr>
<td>7B. Certification</td>
<td>X</td>
</tr>
</tbody>
</table>

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

3 subrecipients going forward (i.e., Family Services removed as a subrecipient). United Way is responsible for the Family Services activities. Thus, United Way's subrecipient amount was adjusted to account for both management of Family Services portion and FMR changes. Screen 3B, #1 was updated and #2 was answered. Screen 4B, 5A, 5B, 6C, 6E were updated to account for reduction due to reallocation. Screen 7A, In-Kind Match uploaded.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.
Recipient Performance

1. Did you submit your previous year’s Annual Performance Report (APR) on time? Yes

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

Rental assistance was not fully spent. Unable to locate decent and affordable housing.
Renewal Grant Consolidation or Renewal Grant Expansion

The FY2021 CoC Competition will continue offering opportunities to expand or consolidate CoC projects. A few changes have occurred that differentiate the process from FY 2019.

1. Expansions and Consolidations will submit individual applications.
   a. Expansions will ONLY submit a Stand-Alone Renewal application and a Stand-Alone New application.
   b. Consolidations will ONLY submit individual renewal project applications, identifying the renewal application that will survive, and the renewal applications that will terminate. Up to 10 grants may be included in a consolidation.

2. HUD HQ will combine the data (e.g., units, budgets) for Expansion or Consolidation requests from the individual project applications selected for conditional award and provide a data report with further instructions for the field office and conditional recipient.

1. Is this renewal project application requesting to consolidate or expand?  Yes - Stand-Alone Renewal Application in a New Grant Expansion

If “No” click on “Next” or “Save & Next” below to move to the next screen.

As part of the FY 2021 CoC Program project application process, project applicants can request their eligible renewal projects to be part of an Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2021, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name, PIN and Total Amount Requested of the Stand-Alone Renewal project application and the Project Name and Total Amount requested for the Stand-Alone New project application as entered in e-snaps for the FY 2021 CoC Competition. There is no PIN for the Stand-Alone New, which is why the field will automatically fill as “NA”. The Total Requested Amount for the Stand-Alone Renewal will automatically pull from the summary budget.

Renewal Grant Expansion Table

<table>
<thead>
<tr>
<th>Stand-Alone Renewal or Stand-Alone New</th>
<th>Project Name</th>
<th>Total Requested Amount</th>
<th>PIN Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stand-Alone Renewal</td>
<td>ESR-PH Case Management</td>
<td>$766,415</td>
<td>NC0274</td>
</tr>
<tr>
<td>Stand-Alone New</td>
<td>FRRC Expansion (ESR-PH CM Expansion)</td>
<td>$35,000</td>
<td>NA</td>
</tr>
</tbody>
</table>

Renewal Expansion Summary

<table>
<thead>
<tr>
<th>Total Number of Grants in the Expansion</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Requested Amount in the Expansion</td>
<td>$801,415</td>
</tr>
</tbody>
</table>

Renewal Project Application FY2021  Page 25  11/30/2021
I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.

I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUMBIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2021 COC COMPETITION.

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application.
2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $742,866

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Way of Forsyth County</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$447,494</td>
</tr>
<tr>
<td>Experiment in Self-Reliance, Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$188,927</td>
</tr>
<tr>
<td>The Bethesda Center for the Homeless Inc.</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$106,445</td>
</tr>
</tbody>
</table>
2A. Project Subrecipients Detail

a. Organization Name: United Way of Forsyth County

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 23-7357234

d. Organizational DUNS: 007942253

  *PLUS 4

e. Physical Address
   Street 1: 301 North Main Street, Suite 1700
   Street 2:
   City: Winston-Salem
   State: North Carolina
   Zip Code: 27101

f. Congressional District(s): NC-010, NC-006
   (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $447,494

j. Contact Person
   Prefix: Ms.
   First Name: Andrea
   Middle Name: 
   Last Name: Kurtz
2A. Project Subrecipients Detail

a. Organization Name: Experiment in Self-Reliance, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 56-6060100

d. Organizational DUNS: 060296142

  PLUS 4

e. Physical Address
  Street 1: 3480 Dominion Street
  Street 2: 
    City: Winston-Salem
    State: North Carolina
    Zip Code: 27105

f. Congressional District(s): NC-010, NC-006
  (for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No
h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?  Yes

i. Expected Sub-Award Amount:  $188,927

j. Contact Person
Prefix:  Mrs.
First Name:  Twana
Middle Name:  
Last Name:  Wellman-Roebuck
Suffix:  
Title:  Executive Director
E-mail Address:  twana.roebuck@eisr.org
Confirm E-mail Address:  twana.roebuck@eisr.org
Phone Number:  336-722-9400
Extension:  137
Fax Number:  336-748-8312

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

2A. Project Subrecipients Detail

a. Organization Name:  The Bethesda Center for the Homeless Inc.

b. Organization Type:  M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number:  58-1847103
e. Physical Address

Street 1: 930 N. Patterson Avenue
Street 2: 
City: Winston-Salem
State: North Carolina
Zip Code: 27101

f. Congressional District(s): NC-010, NC-006
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $106,445

j. Contact Person
Prefix: Ms.
First Name: Baraka
Middle Name:
Last Name: Riptoe
Suffix:
Title: Executive Director
E-mail Address: baraka.riptoe@bethesdacenter.org
Confirm E-mail Address: baraka.riptoe@bethesdacenter.org
Phone Number: 336-722-9951
Extension: 1,414
Fax Number: 336-722-5834

Documentation of the subrecipient's nonprofit status is required with the submission of this application.
3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): NC0274
   (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2. CoC Number and Name: NC-500 - Winston-Salem/Forsyth County CoC

3. CoC Collaborative Applicant Name: City of Winston-Salem

4. Project Name: ESR-PH Case Management

5. Project Status: Standard

6. Component Type: PH

6a. Select the type of PH project. RRH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No
3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

The ESR-PH Case Management rapid re-housing project is a consolidation of the CoC's RRH efforts, and this project is locally known as the Forsyth Rapid Rehousing Collaborative. Financial assistance is administered by United Way, with housing stabilization/case management services provided by partner agencies, which include Bethesda Center for the Homeless, Experiment in Self-Reliance, Family Services, Goodwill Industries, and The Salvation Army. Based on experience, in an operating year the project serves 200 households with 300 persons. The average caseload is 125 households with 165 persons. The project serves households with only adults and households with adults and children, who come from emergency shelter and places not meant for human habitation. Subpopulations served include chronically homeless persons, Veterans, mentally ill, substance abusers, physically and developmentally disabled, persons with HIV/AIDS, and domestic violence victims. Approximately 90% of stayers and leavers are projected to maintain stable housing and 50% of adults are projected to increase total income.

Again, while the HUD GIW project name is ESR-PH Case Management, this consolidated project operates locally as the Forsyth Rapid Rehousing Collaborative (FRRC). The FRRC serves as the lead for all RRH services in Forsyth County. It is tied, through staff and location, to the Community Intake Center (CIC), which provides coordinated entry for the CoC. Both FRRC and CIC are administered by the United Way of Forsyth County, and again, many of the CoC's providers are active partners in FRRC, delivering housing stabilization services to project participants.

Referrals come through the coordinated entry and assessment system. Participants are assessed through CIC and referred to an RRH case manager, develop a case plan to eliminate barriers to entering housing, and once in housing, a plan to remain in housing permanently. The Housing Specialists assist in locating and obtaining housing leased in the participant's name and of the participant's choice, which meets housing quality standards and has reasonable rents. Many clients are able to move from RRH to PSH through partnership with the PHA.

FRRC staff convene meetings of housing stabilization staff from multiple agencies to work on cases. They also 1) Manage the list of most vulnerable homeless people established through PIT counts and ongoing assessments; 2) Develop and maintain a database of all housing programs for which people who are homeless or at risk of homelessness may be eligible; and 3) Develop and maintain relationships with landlords who are willing to lease housing to people with significant housing barriers, including criminal records, multiple evictions, poor credit, and/or are willing to accept otherwise perceived to be risky tenants with the commitment of case management services.
2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

<table>
<thead>
<tr>
<th>Subpopulation</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A - Project Serves All Subpopulations</td>
<td>X</td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>X</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
</tr>
<tr>
<td>Youth (under 25)</td>
<td></td>
</tr>
<tr>
<td>Mental Illness</td>
<td></td>
</tr>
<tr>
<td>Families with Children</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>Chronic Homeless</td>
<td></td>
</tr>
<tr>
<td>Other (Click 'Save' to update)</td>
<td></td>
</tr>
</tbody>
</table>

3. Housing First

3a. Does the project quickly move participants into permanent housing  Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

- Having too little or little income  X
- Active or history of substance use  X
- Having a criminal record with exceptions for state-mandated restrictions  X
- History of victimization (e.g. domestic violence, sexual assault, childhood abuse)  X
- None of the above

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

- Failure to participate in supportive services  X
- Failure to make progress on a service plan  X
- Loss of income or failure to improve income  X
- Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area  X
- None of the above

3d. Does the project follow a "Housing First" approach?  Yes
4A. Supportive Services for Program Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select “Make Changes” in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

<table>
<thead>
<tr>
<th>Supportive Services</th>
<th>Provider</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of Service Needs</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>Annually</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Child Care</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Food</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Non-Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs? Yes

3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed? Yes

4. Do program participants have access to SSI/SSDI technical assistance provided by Yes
this project, subrecipient, or partner agency?

4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Yes
4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>139</td>
<td>188</td>
</tr>
</tbody>
</table>

Total Units: 139
Total Beds: 188
4B. Housing Type and Location Detail

1. Housing Type: Scattered-site apartments (including efficiencies)

2. Indicate the maximum number of units and beds available for program participants at the selected housing site.
   a. Units: 139
   b. Beds: 188

3. Address
Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

   Street 1: 301 North Main Street, Suite 1700
   Street 2:
   City: Winston-Salem
   State: North Carolina
   ZIP Code: 27101

4. Select the geographic area(s) associated with the address:
   (for multiple selections hold CTRL Key)
   373180 Winston-Salem, 379067 Forsyth County
5A. Program Participants - Households

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Households with at Least One Adult and One Child</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Households</td>
<td>35</td>
<td>104</td>
<td>0</td>
<td>139</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>30</td>
<td>88</td>
<td>0</td>
<td>118</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>5</td>
<td>20</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>49</td>
<td></td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>84</td>
<td>108</td>
<td>0</td>
<td>192</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
5B. Program Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>49</td>
</tr>
<tr>
<td>Total Persons</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>71</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households without Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons over age 24</td>
<td>18</td>
<td>4</td>
<td>2</td>
<td>20</td>
<td>2</td>
<td>26</td>
<td>8</td>
<td>17</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Total Persons</td>
<td>20</td>
<td>4</td>
<td>2</td>
<td>24</td>
<td>2</td>
<td>29</td>
<td>11</td>
<td>20</td>
<td>8</td>
<td>41</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals

Persons in Households with Only Children

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>CH (Not Veterans)</th>
<th>CH Veterans</th>
<th>Veterans (Not CH)</th>
<th>Chronic Substance Abuse</th>
<th>HIV/AIDS</th>
<th>Severely Mentally Ill</th>
<th>DV</th>
<th>Physical Disability</th>
<th>Developmental Disability</th>
<th>Persons Not Represented by a Listed Subpopulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the unlisted subpopulations referred to above:

The unlisted subpopulations referred to above are homeless persons served by the organization that have not been diagnosed with or identified as falling under any of the previous subpopulation distinctions, and in many cases unlisted
subpopulations are spouses or family members of the disabled adults.
6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

   Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

   Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

   a. Please complete the indirect cost rate schedule below:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Indirect Cost Rate</th>
<th>Direct Cost Base</th>
<th>Date approved or enter “NA” if using 10% de minimis rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>0%</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

   The applicant must complete at least one row in the indirect cost rate schedule.

   b. Has this rate been approved by your cognizant agency? No

   c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited: 1 Year
5. Select the costs for which funding is requested:

- Rental Assistance [X]
- Supportive Services [X]
- HMIS [ ]
6C. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the icon. To view or update information already listed, select the icon.

<table>
<thead>
<tr>
<th>Type of Rental Assistance</th>
<th>FMR Area</th>
<th>Total Units Requested</th>
<th>Total Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRA</td>
<td>NC - Winston-Salem, NC HUD Metro FMR ...</td>
<td>36</td>
<td>$344,088</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $344,088
Total Units: 36
Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: NC - Winston-Salem, NC HUD Metro FMR Area (3705999999)

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (Applicant)</th>
<th>HUD Paid Rent (Applicant)</th>
<th>12 Months</th>
<th>Total Request (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SRO</td>
<td>x</td>
<td>$468</td>
<td>$468</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$624</td>
<td>$624</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>14 x</td>
<td>$670</td>
<td>$670</td>
<td>x 12</td>
<td>= $112,560</td>
</tr>
<tr>
<td>2 Bedrooms</td>
<td>18 x</td>
<td>$825</td>
<td>$825</td>
<td>x 12</td>
<td>= $178,200</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>4 x</td>
<td>$1,111</td>
<td>$1,111</td>
<td>x 12</td>
<td>= $53,328</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>0 x</td>
<td>$1,322</td>
<td>$1,322</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>x</td>
<td>$1,520</td>
<td>$1,520</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>x</td>
<td>$1,719</td>
<td>$1,719</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>x</td>
<td>$1,917</td>
<td>$1,917</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>x</td>
<td>$2,115</td>
<td>$2,115</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>x</td>
<td>$2,314</td>
<td>$2,314</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>Total Units and Annual Assistance Requested</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td>$344,088</td>
</tr>
</tbody>
</table>

Grant Term

1 Year

Total Request for Grant Term

$344,088

Click the 'Save' button to automatically calculate totals.
6D. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

| Total Value of Cash Commitments: | $0 |
| Total Value of In-Kind Commitments: | $191,604 |
| Total Value of All Commitments: | $191,604 |

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

<table>
<thead>
<tr>
<th>Type</th>
<th>Source</th>
<th>Contributor</th>
<th>Value of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>Bethesda Center f...</td>
<td>$27,511</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>Experiment in Sel...</td>
<td>$12,669</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>Experiment in Sel...</td>
<td>$36,138</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>United Way of For...</td>
<td>$115,286</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Private
3. Name of Source: Bethesda Center for the Homeless, Inc.
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $27,511

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Private
3. Name of Source: Experiment in Self-Reliance, Inc. (Samaritan)
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $12,669

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Private
3. Name of Source: Experiment in Self-Reliance, Inc.
(Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $36,138

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
Sources of Match Detail

1. Type of Match Commitment: In-Kind
2. Source: Government
3. Name of Source: United Way of Forsyth County ESG/SSVF
   (Be as specific as possible and include the office or grant program as applicable)
4. Amount of Written Commitment: $115,286

Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC’s final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Total Assistance Requested for 1 year Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Leased Units</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Leased Structures</td>
<td>$0</td>
</tr>
<tr>
<td>2. Rental Assistance</td>
<td>$344,088</td>
</tr>
<tr>
<td>3. Supportive Services</td>
<td>$375,226</td>
</tr>
<tr>
<td>4. Operating</td>
<td>$0</td>
</tr>
<tr>
<td>5. HMIS</td>
<td>$0</td>
</tr>
<tr>
<td>6. Sub-total Costs Requested</td>
<td>$719,314</td>
</tr>
<tr>
<td>7. Admin (Up to 10%)</td>
<td>$47,101</td>
</tr>
<tr>
<td>8. Total Assistance plus Admin Requested</td>
<td>$766,415</td>
</tr>
<tr>
<td>9. Cash Match</td>
<td>$0</td>
</tr>
<tr>
<td>10. In-Kind Match</td>
<td>$191,604</td>
</tr>
<tr>
<td>11. Total Match</td>
<td>$191,604</td>
</tr>
<tr>
<td>12. Total Budget</td>
<td>$958,019</td>
</tr>
</tbody>
</table>

Applicant: City of Winston-Salem  
Project: ESR-PH Case Management
# 7A. Attachment(s)

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Subrecipient Nonprofit Documentation</td>
<td>No</td>
<td>ESR PH-CM 3 Subre...</td>
<td>10/10/2021</td>
</tr>
<tr>
<td>2) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: ESR PH-CM 3 Subrecipients Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
7A. In-Kind Match MOU Attachment

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Required?</th>
<th>Document Description</th>
<th>Date Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind Match MOU</td>
<td>No</td>
<td>ESR-PH Case Manag...</td>
<td>11/08/2021</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: ESR-PH Case Management In-Kind Match MOU
7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.
It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Lee Garrity
Date: 11/08/2021
Title: City Manager
Applicant Organization: City of Winston-Salem
PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Active SAM Status Requirement.
I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.
### 8B Submission Summary

<table>
<thead>
<tr>
<th>Page</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1B. SF-424 Legal Applicant</td>
<td>No Input Required</td>
</tr>
<tr>
<td>1C. SF-424 Application Details</td>
<td>No Input Required</td>
</tr>
</tbody>
</table>

Applicant: City of Winston-Salem  
Project: ESR-PH Case Management
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1D</td>
<td>SF-424 Congressional District(s)</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1E</td>
<td>SF-424 Compliance</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1F</td>
<td>SF-424 Declaration</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1G</td>
<td>HUD-2880</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1H</td>
<td>HUD-50070</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1I</td>
<td>Cert. Lobbying</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>1J</td>
<td>SF-LLL</td>
<td>10/04/2021</td>
</tr>
<tr>
<td>IK</td>
<td>SF-424B</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>2A</td>
<td>Subrecipients</td>
<td>11/06/2021</td>
</tr>
<tr>
<td>3A</td>
<td>Project Detail</td>
<td>10/04/2021</td>
</tr>
<tr>
<td>3B</td>
<td>Description</td>
<td>10/04/2021</td>
</tr>
<tr>
<td>4A</td>
<td>Services</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>4B</td>
<td>Housing Type</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>5A</td>
<td>Households</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>5B</td>
<td>Subpopulations</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>6A</td>
<td>Funding Request</td>
<td>09/13/2021</td>
</tr>
<tr>
<td>6C</td>
<td>Rental Assistance</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>6D</td>
<td>Match</td>
<td>11/08/2021</td>
</tr>
<tr>
<td>6E</td>
<td>Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A</td>
<td>Attachment(s)</td>
<td>10/10/2021</td>
</tr>
<tr>
<td>7A</td>
<td>In-Kind Match MOU Attachment</td>
<td>11/08/2021</td>
</tr>
<tr>
<td>7B</td>
<td>Certification</td>
<td>10/10/2021</td>
</tr>
</tbody>
</table>
Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

[Signature]
Paul Williams
District Director
Employer ID Number: 56-6060100  
Form 990 required: YES

Dear Taxpayer:

This is in response to your request dated Apr. 26, 2016, regarding your tax-exempt status.

We issued you a determination letter in September 1964, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).
Sincerely yours,

Doris P. Kenwright, Operation Mgr.
Accounts Management Operations 1
Internal Revenue Service

District Director

Date: NOV 29 1993

United Way of Forsyth County Inc.,
PO Box 20669
Winston Salem, NC  27120-0669

Dear Taxpayer,

This is in response to your request for confirmation of your exemption from Federal income tax.

You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter of February 1974. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 170(b)(1)(A)(vi) and 509(a)(1).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service. Any change in your purposes, character, or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely,

F. Pressley
Exempt Organizations Coordinator

EIN: 23-7357234

Department of the Treasury

Returns Program Management
Staff - Taxpayer Assistance
P.O. Box 1055 - Room 1109
STOP 520
401 West Peachtree St., NW
Atlanta, GA  30370

Date of Inquiry:
11/24/93

Refer Reply To:
Person to Contact: F. Pressley
Telephone No.: 404 331-3006

TPA1001tr
Winston-Salem/Forsyth County Continuum of Care Homeless Assistance
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into this 5\text{th} day of November, 2021, by and between the City of Winston-Salem, a North Carolina municipal corporation (City) and BETHESDA CENTER FOR THE HOMELESS, INC., a North Carolina non-profit corporation (Agency). The purpose of this MOU is to document matching funds for Continuum of Care (CoC) Homeless Assistance funds from the U.S. Department of Housing and Urban Development (HUD). Match requirements are in Exhibit A, attached hereto and incorporated herein.

The City and Agency agree to the terms in this MOU regarding the ESR-PH Case Management project, for the renewal grant projected to succeed grant number, NC0274L4F002008 with estimated grant amount $771,864. The one-year term of this MOU shall begin on December 1, 2022. During the term, the Agency unconditionally commits to document the match amount shown below, with expected types and values as described below:

<table>
<thead>
<tr>
<th>Use of Match</th>
<th>Source of In-Kind Match Funding</th>
<th>Type of Activity</th>
<th>Amount of Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Supportive Services</td>
<td>KBR Trust and other local funds</td>
<td>Case Managers’ transportation</td>
<td>$600</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td>Client transportation</td>
<td>$500</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td>Telephone for case management</td>
<td>$300</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td>Internet for case management</td>
<td>$300</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td>Office Supplies for Case Managers</td>
<td>$150</td>
</tr>
<tr>
<td>☒ Administration</td>
<td></td>
<td>Supervision of Case Managers</td>
<td>$25,561</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Expected Match:</strong></td>
<td><strong>$27,511</strong></td>
</tr>
</tbody>
</table>

Scope of Work: The project provides case management to participants in the rapid re-housing program who have been referred from the Community Intake Center.

The Agency agrees to provide information and documentation on match to the City. Match is to be supported with back-up documentation (invoices, timesheets, etc.) in the same way as grant expenses and kept in program files. The City will report match to HUD. Failure to provide the required information and documentation may result in the recapture of that portion of the grant funds for which match documentation was not provided. The Agency will be notified in writing of the amount to be recaptured and the payment due date.

(The remainder of this page is blank.)
IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed in duplicate by their duly authorized representatives and signed under seal effective as of the date first written above.

ATTEST:

Mary Beth Ten
Sanda-Reeley, City Secretary
Mary Beth Ten, Deputy City Clerk

Lee Garrity, City Manager

CITY OF WINSTON-SALEM

ATTEST:

BETHESDA CENTER FOR THE HOMELESS INC.

Baraka Kayode
Printed Name: Baraka Kayode
Title: Executive Director

BETHESDA CENTER FOR THE HOMELESS INC.

Bryan Ledlow
Printed Name: Bryan Ledlow
Board Officer Title: Vice Chair

Approved as to form and legality
This the 1st day of November 2021.

Angela I. Carmon, City Attorney

If the Agency has a corporate seal, affix the seal to the signature page. If not, please complete the paragraph below:

I, ____________________ (Print Name) certify that I am the ____________________ (Print Position Title) for the Agency and that I am authorized to execute contracts on behalf of the Agency, which entity does not have a corporate seal; however, for purposes of the statute of limitations (NCGS § 1-47), both parties will treat this contract as if a corporate seal has been affixed hereto.
Exhibit A: Match Requirements

Match must be met in observance of 24 CFR 578.73 of the Continuum of Care Interim Rule. Continuum of Care (CoC) grant funds must be matched with no less than 25 percent of funds or in-kind contributions from other sources.

Cash Match

Cash match must be used for the costs of activities that would be eligible using Continuum of Care funds. Cash match may come from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The use of funds as match must be allowable under the laws governing the funds being used as match.

In-Kind Match

The federal uniform administrative requirements at 2 CFR 200.306 apply to in-kind match. In-kind contributions may include the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Agency had to pay for them with CoC grant funds, the costs would have been eligible activities for CoC funding under the CoC regulations. In-kind services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the local labor market and must be performed by staff who are qualified to perform the work identified. For in-kind services, during the term of the grant, the Agency must keep and make available for inspection, records documenting the service hours provided.
Winston-Salem/Forsyth County Continuum of Care Homeless Assistance
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into this \( \frac{4}{11} \) day of November, 2021, by and between the City of Winston-Salem, a North Carolina municipal corporation (City) and EXPERIMENT IN SELF-RELIANCE, INC., a North Carolina non-profit corporation (Agency). The purpose of this MOU is to document matching funds for Continuum of Care (CoC) Homeless Assistance funds from the U.S. Department of Housing and Urban Development (HUD). Match requirements are in Exhibit A, attached hereto and incorporated herein.

The City and Agency agree to the terms in this MOU regarding the ESR-PH Case Management project, for the renewal grant projected to succeed grant number NC0274L4F002008, with estimated grant amount $766,415. The one-year term of this MOU shall begin on December 1, 2022. During the term, the Agency unconditionally commits to document the match amount shown below, with expected types and values as described below:

<table>
<thead>
<tr>
<th>Use of Match</th>
<th>Source of In-Kind Match Funding</th>
<th>Type of Activity</th>
<th>Amount of Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Supportive Services</td>
<td>Private Funding</td>
<td>Office space, utilities, cleaning and utilities for case management office space</td>
<td>$6,728</td>
</tr>
<tr>
<td>☑ Administration</td>
<td></td>
<td>Supervision of Case Managers</td>
<td>$29,410</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total Expected Match:</strong> $36,138</td>
<td></td>
</tr>
</tbody>
</table>

Scope of Work: The project provides case management to participants in the rapid re-housing program who have been referred from the Community Intake Center.

The Agency agrees to provide information and documentation on match to the City. Match is to be supported with back-up documentation (invoices, timesheets, etc.) in the same way as grant expenses and kept in program files. The City will report match to HUD. Failure to provide the required information and documentation may result in the recapture of that portion of the grant funds for which match documentation was not provided. The Agency will be notified in writing of the amount to be recaptured and the payment due date.

(The remainder of this page is blank.)
IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed in duplicate by their duly authorized representatives and signed under seal effective as of the date first written above.

ATTEST:

Mary Beth Few, Deputy City Manager
Sandra Keeney, City Secretary

CITY OF WINSTON-SALEM

Lee Garrity, City Manager

(Seal)

EXPERIMENT IN SELF-RELIANCE, INC.

John Poebck (Seal)
Printed Name: John Poebck
Title: Executive Director

Karen B. Byars (Seal)
Printed Name: Karen B. Byars
Board Officer Title: Vice Chair

Approved as to form and legality

This the 4th day of March, 2021

Angela M. Cannon, City Attorney

If the Agency has a corporate seal, affix the seal to the signature page. If not, please complete the paragraph below:

I, ___________ (Print Name) certify that I am the ___________ (Print Position Title) for the Agency and that I am authorized to execute contracts on behalf of the Agency, which entity does not have a corporate seal; however, for purposes of the statute of limitations (NCGS § 1-47), both parties will treat this contract as if a corporate seal has been affixed hereto.
Exhibit A: Match Requirements

Match must be met in observance of 24 CFR 578.73 of the Continuum of Care Interim Rule. Continuum of Care (CoC) grant funds must be matched with no less than 25 percent of funds or in-kind contributions from other sources.

Cash Match

Cash match must be used for the costs of activities that would be eligible using Continuum of Care funds. Cash match may come from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The use of funds as match must be allowable under the laws governing the funds being used as match.

In-Kind Match

The federal uniform administrative requirements at 2 CFR 200.306 apply to in-kind match. In-kind contributions may include the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Agency had to pay for them with CoC grant funds, the costs would have been eligible activities for CoC funding under the CoC regulations. In-kind services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the local labor market and must be performed by staff who are qualified to perform the work identified. For in-kind services, during the term of the grant, the Agency must keep and make available for inspection, records documenting the service hours provided.
Winston-Salem/Forsyth County Continuum of Care Homeless Assistance
MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into this 4th day of November, 2021, by and between the City of Winston-Salem, a North Carolina municipal corporation (City) and EXPERIMENT IN SELF-RELIANCE, INC., a North Carolina non-profit corporation (Agency). The purpose of this MOU is to document matching funds for Continuum of Care (CoC) Homeless Assistance funds from the U.S. Department of Housing and Urban Development (HUD). Match requirements are in Exhibit A, attached hereto and incorporated herein.

The City and Agency agree to the terms in this MOU regarding the ESR-PH Case Management project, for the renewal grant projected to succeed grant number NC0274L4F002008, with estimated grant amount $771,664. The one-year term of this MOU shall begin on December 1, 2022. During the term, the Agency unconditionally commits to document the match amount shown below, with expected types and values as described below:

<table>
<thead>
<tr>
<th>Use of Match</th>
<th>Source of In-Kind Match Funding</th>
<th>Type of Activity</th>
<th>Amount of Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Supportive Services</td>
<td>Private Funding</td>
<td>Office space, utilities, cleaning and utilities for case management office space</td>
<td>$2,402</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td>Supervision of Case Managers</td>
<td>$10,267</td>
</tr>
<tr>
<td>☒ Supportive Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☒ Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Expected Match:** $12,669

Scope of Work: The project provides case management to participants in the rapid re-housing program who have been referred from the Community Intake Center.

The Agency agrees to provide information and documentation on match to the City. Match is to be supported with back-up documentation (invoices, timesheets, etc.) in the same way as grant expenses and kept in program files. The City will report match to HUD. Failure to provide the required information and documentation may result in the recapture of that portion of the grant funds for which match documentation was not provided. The Agency will be notified in writing of the amount to be recaptured and the payment due date.

(The remainder of this page is blank.)
IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed in duplicate by their duly authorized representatives and signed under seal effective as of the date first written above.

ATTEST:

Mary Beth Few
Sandra Keeney, City Secretary

Mary Beth Few, Deputy City Mgr.

CITY OF WINSTON-SALEM

(SEAL)

Lee Garrity, City Manager

(SEAL)

ATTEST:

EXPERIMENT IN SELF-RELIANCE, INC.

(SEAL)

K. B. Byars
Printed Name: Kevin B. Byars
Board Officer Title: Vice-Chair

Printed Name: Twana Roebuck
Title: Executive Director

Approved as to form and legality
This the 9th day of November, 2021

Angela L. Carron, City Attorney

If the Agency has a corporate seal, affix the seal to the signature page. If not, please complete the paragraph below:

I, ________________ (Print Name) certify that I am the ________________ (Print Position Title) for the Agency and that I am authorized to execute contracts on behalf of the Agency, which entity does not have a corporate seal; however, for purposes of the statute of limitations (NCGS § 1-47), both parties will treat this contract as if a corporate seal has been affixed hereto.
Exhibit A: Match Requirements

Match must be met in observance of 24 CFR 578.73 of the Continuum of Care Interim Rule. Continuum of Care (CoC) grant funds must be matched with no less than 25 percent of funds or in-kind contributions from other sources.

Cash Match

Cash match must be used for the costs of activities that would be eligible using Continuum of Care funds. Cash match may come from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The use of funds as match must be allowable under the laws governing the funds being used as match.

In-Kind Match

The federal uniform administrative requirements at 2 CFR 200.306 apply to in-kind match. In-kind contributions may include the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Agency had to pay for them with CoC grant funds, the costs would have been eligible activities for CoC funding under the CoC regulations. In-kind services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the local labor market and must be performed by staff who are qualified to perform the work identified. For in-kind services, during the term of the grant, the Agency must keep and make available for inspection, records documenting the service hours provided.
Winston-Salem/Forsyth County Continuum of Care Homeless Assistance

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) is entered into this N o v e m b e r 8th day of 2021, by and between the City of Winston-Salem, a North Carolina municipal corporation (City) and UNITED WAY OF FORSYTH COUNTY, INC., a North Carolina non-profit corporation (Agency). The purpose of this MOU is to document matching funds for Continuum of Care (CoC) Homeless Assistance funds from the U.S. Department of Housing and Urban Development (HUD). Match requirements are in Exhibit A, attached hereto and incorporated herein.

The City and Agency agree to the terms in this MOU regarding the ESR-PH Case Management project, for the renewal grant projected to succeed grant number NC0274L4F002008, with estimated grant amount $766,415. The one-year term of this MOU shall begin on December 1, 2022. During the term, the Agency unconditionally commits to document the match amount shown below, with expected types and values as described below:

<table>
<thead>
<tr>
<th>Use of Match</th>
<th>Source of In-Kind Match Funding</th>
<th>Type of Activity</th>
<th>Amount of Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Supportive Services</td>
<td>Entitlement and State Emergency Solutions Grants</td>
<td>Financial assistance and supportive services for the Rapid Re-Housing Program</td>
<td>$115,286</td>
</tr>
<tr>
<td>☒ Rental Assistance</td>
<td>Programs; Supportive Services for Veterans Families Program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Expected Match: $115,286

Scope of Work: The project provides rapid re-housing assistance to homeless participants referred from the Community Intake Center.

The Agency agrees to provide information and documentation on match to the City. Match is to be supported with back-up documentation (invoices, timesheets, etc.) in the same way as grant expenses and kept in program files. The City will report match to HUD. Failure to provide the required information and documentation may result in the recapture of that portion of the grant funds for which match documentation was not provided. The Agency will be notified in writing of the amount to be recaptured and the payment due date.

(The remainder of this page is blank.)
IN WITNESS WHEREOF, the parties hereto have caused this MOU to be executed in duplicate by their duly authorized representatives and signed under seal effective as of the date first written above.

ATTEST:

Mary Beth New
City Secretary

Mary Beth New
Deputy City Manager

ATTEST:

Cynthia S. Gordiner
President and CEO

Trisha Coleman
Board Officer Title: UWFC Board Treasurer

If the Agency has a corporate seal, affix the seal to the signature page. If not, please complete the paragraph below:

I, ___________________________ (Print Name) certify that I am the ___________________________ (Print Position Title) for the Agency and that I am authorized to execute contracts on behalf of the Agency, which entity does not have a corporate seal; however, for purposes of the statute of limitations (NCGS § 1-47), both parties will treat this contract as if a corporate seal has been affixed hereto.
Exhibit A: Match Requirements

Match must be met in observance of 24 CFR 578.73 of the Continuum of Care Interim Rule. Continuum of Care (CoC) grant funds must be matched with no less than 25 percent of funds or in-kind contributions from other sources.

Cash Match

Cash match must be used for the costs of activities that would be eligible using Continuum of Care funds. Cash match may come from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, provided that funds from the source are not statutorily prohibited to be used as a match. The use of funds as match must be allowable under the laws governing the funds being used as match.

In-Kind Match

The federal uniform administrative requirements at 2 CFR 200.306 apply to in-kind match. In-kind contributions may include the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the Agency had to pay for them with CoC grant funds, the costs would have been eligible activities for CoC funding under the CoC regulations. In-kind services provided by individuals must be valued at rates consistent with those ordinarily paid for similar work in the local labor market and must be performed by staff who are qualified to perform the work identified. For in-kind services, during the term of the grant, the Agency must keep and make available for inspection, records documenting the service hours provided.