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 (SÅM) 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 and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing 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).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.
1A. SF-424 Application Type

1. Type of Submission:
2. Type of Application: New Project Application
   If Revision, select appropriate letter(s):
   If "Other", specify:
3. Date Received: 11/10/2021
4. Applicant Identifier:
   a. Federal Entity Identifier:
5. Federal Award Identifier:
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

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-N-25
   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:
   Forsyth PSH Collaborative Expansion

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

17. Proposed Project
   a. Start Date: 08/01/2022
   b. End Date: 07/31/2023

18. Estimated Funding ($)
   a. Federal:
   b. Applicant:
      c. State:
      d. Local:
      e. Other:
   f. Program Income:
      g. Total:
1E. SF-424 Compliance

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: ✔

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: 11/10/2021
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: Forsyth PSH Collaborative Expansion
4a. **Total Amount Requested for this project:** $110,000.00

(Requested amounts will be automatically entered within applications)

5. **State the name and location (street address, City and State) of the project or activity.**

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?**
   
   (For further information, see 24 CFR Sec. 4.3).

   **Yes**

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>
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</tr>
</tbody>
</table>

**Note:** If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.
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
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>

Note: If there are no other people included, write NA in the boxes.

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: X

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

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

Date Signed: 11/10/2021
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. |
| 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. |
| 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.; |
| 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; |
| 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; |
| 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; |
| g. | Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f. |

2. 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. 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.

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
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: 11/10/2021
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: X

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: 11/10/2021
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: $110,000.00

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 Representative: Considered signed upon submission in e-snaps.
Date Signed: 11/10/2021
IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

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.
8. 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.


10. 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.

11. 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).


14. 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.

15. 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.

16. 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.

17. 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, "Audits of States, Local Governments, and Non-Profit Organizations."

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19. 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.

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

Authorized Representative for:  City of Winston-Salem
Prefix:  Mr.

New Project Application FY2021  Page 19  11/30/2021
First Name: Lee  
Middle Name: D.  
Last Name: Garrity  
Suffix:  
Title: City Manager  
Signature of Authorized Certifying Official: Considered signed upon submission in e-snaps.  
Date Signed: 11/10/2021
1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application?  No

No SF-424D is required. Select “Save and Next” to move to the next screen.
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:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Type</th>
<th>Sub-Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

This list contains no items
2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

The Applicant, the City of Winston-Salem, is an entitlement jurisdiction for CDBG, ESG, and HOPWA programs. For FY21, the City’s allocations are $2,136,671 in CDBG, $1,348,537 in HOME, $710,304 in HOPWA funds, and $188,585 in ESG funds. The City has a long history of operating HUD-funded activities and meeting commitment and expenditure requirements.

The City also serves as the Collaborative Applicant for the CoC. Since 1995, the CoC has received over $36 million in CoC funding, with the City coordinating the process. The City receives CoC funds for rental assistance, supportive services, leasing, HMIS, and administration. All current projects are meeting timelines and expenditure requirements. The City is in the ninth year of serving as the CoC’s applicant for state ESG funds, with an allocation for FY21 of $188,585 for seven projects for shelter operations, rapid rehousing, and HMIS.

As part of the Consolidated Planning process, the City administers a HUD-approved monitoring strategy. During the current program year, the City's responsibility includes 61 subgrantee and contractor contracts, of which 48 support programs serving homeless persons, funded by CDBG, HOME, ESG, CoC, and local funds. Activities include supportive services, rental assistance, operating support, and other activities. The City and CoC leadership work in close collaboration to meet needs and operate programs effectively and in compliance with regulations.

2. Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Based on the FY21 Consolidated Annual Performance and Evaluation Report (CAPER), the City/County Participating Jurisdiction used $5,306,767 in community development funding to leverage $32,793,107 in other funds for affordable housing projects. In addition, the City and CoC ensure that CoC projects consistently leverage a high percentage of funds, including funds from other mainstream sources. In the FY2020 CoC award, $2.3 million of CoC funds leveraged over $575,000 in matching resources.

3. Describe your organization’s (and subrecipient(s) if applicable) financial management structure.

The City of Winston-Salem is a North Carolina municipal corporation with over 2,500 employees and an FY20 budget of $532.2 million. HUD CPD and SNAP...
grants are administered through the City's Community Development Department. The City is an entitlement jurisdiction for the CDBG and ESG programs and is the lead entity of the HOME participating jurisdiction.

The City is governed by a Mayor and 8-member City Council. Key City offices and departments in administration of HUD funds include Community Development, Accounting, Accounts Payable, Finance Administration, Purchasing, Internal Audit, Risk Management, the City Attorney's Office, and the City Manager's Office. A City/County Commission conducts planning and implementation of efforts to end homelessness. City and County staff work closely with the United Way staff, as well as the Commission on Ending Homelessness. City staff are active members of the Continuum of Care. Adequate financial controls are in place based on City monitoring activities and review of audits of all subrecipients.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No
3A. Project Detail

1. **CoC Number and Name:** NC-500 - Winston-Salem/Forsyth County CoC
2. **CoC Collaborative Applicant Name:** City of Winston-Salem
3. **Project Name:** Forsyth PSH Collaborative Expansion
4. **Project Status:** Standard
5. **Component Type:** PH
5a. **Select the type of PH project:** PSH
6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** No
7. **Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition?** (Attachment Requirement) No
8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** No
9. **Will this project include replacement reserves in the Operating budget?** No
3B. Project Description

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

Recently, our CoC has faced increasing challenges within our homeless system. Homeless participants are presenting with more intensive service needs due to their mental and physical health, our unsheltered population has grown, our CoC has lost several homeless participants to drug overdose, and our CoC is facing an affordable housing crisis. As such, the City of Winston-Salem has already begun providing direct case management services and housing location services to RRH participants, and since doing so, 80% of those households were referred and connected to housing. The City's housing navigator has connections with multiple landlords, building relationships that allows homeless households to easily be referred to housing options. The City hopes to further expand its efforts through this proposed Forsyth PSH Collaborative Expansion.

This Expansion is designed to address system needs and improve client outcomes. The City plans to assist chronically homeless households and to increase the intensity of services provided to our permanent supportive housing (PSH) participants, by adding both case management services and housing navigation services to chronically homeless individuals and families with children in the Forsyth PSH Collaborative.

In following with Housing First, this project will expedite and assist households with their transition from homelessness to the stability of long-term housing. The Forsyth PSH Collaborative and this Expansion work seamlessly with our Coordinated Intake Center, so participants are assessed using the VI-SPDAT and prioritized for housing on the By-Name List. Project staff use the Harm Reduction model and complete the VI-SPDAT Informational Summary and the VI-SPDAT.

This project employs a housing first, scattered-site approach and assists each chronically homeless family or individual with securing appropriate community-based PSH, stabilized with case management and life-skills support, to create economic self-sufficiency and independent living. The project seeks to assist households with obtaining housing, which is getting increasingly more difficult, and thus requires more intensive housing navigation assistance. Once participants are enrolled into the PSH program, the goal is to provide intensive case management and connection of households to supportive services to assist them with moving on to PH. This is done through promoting individual self-sufficiency, positive self-esteem, dignity, and personal growth that helps participants achieve and maintain stable sources of income, develop healthy supportive social relationships, and have positive housing outcomes.

In addition to system performance improvements, this project seeks to reduce the length of time people are homeless, house at least 80% of those who enter, increase the income for at least 5% through employment or mainstream benefits, and connect at least 15% to resources such as mental health, substance abuse, or disability services.
2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

<table>
<thead>
<tr>
<th>Project Milestones</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Begin hiring staff or expending funds</td>
<td></td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td></td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td></td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td></td>
</tr>
<tr>
<td>Closing on purchase of land, structure(s), or execution of structure lease</td>
<td></td>
</tr>
<tr>
<td>Start rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Complete rehabilitation</td>
<td></td>
</tr>
<tr>
<td>Start new construction</td>
<td></td>
</tr>
<tr>
<td>Complete new construction</td>
<td></td>
</tr>
</tbody>
</table>

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.
   (Select ALL that apply)

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

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements?  
Yes
5. Housing First

5a. Will the project quickly move participants into permanent housing? Yes

5b. Will 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

5c. 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

5d. Will the project follow a "Housing First" approach? Yes

(Click 'Save' to update)

6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? No

7. Will more than 16 persons live in a single structure? No

100% Dedicated or DedicatedPLUS
A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

1. experiencing chronic homelessness as defined in 24 CFR 578.3;
2. residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

8. Is this project 100% Dedicated or DedicatedPLUS? 100% Dedicated
3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

   Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.

   1a. Eligible Renewal Grant PIN: NC0402
   1b. Eligible Renewal Grant Project Name: Forsyth PSH Collaborative

2. Will this expansion project increase the number of program participants? No

3. Will this expansion project provide additional supportive services to program participants? Yes

   3a. Indicate how the project will provide additional supportive services to program participants.
       (Check one or both boxes)

       Increase number of or expand supportive services provided
       Increase frequency or intensity of supportive services

4. Will this expansion project bring existing facilities up to government health or safety standards? No
4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in permanent housing.

The case manager will provide follow-up services in the aspect of providing additional community resources such as connections to food banks, assistance with low income energy programs, or assistance with other needs. The follow-up services will be done every 30 days while financial assistance is being provided, and at 30, 90, and 180 days mark after financial assistance ends. The ensures that after assistance ends the household is still able to maintain housing.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

As a much needed expansion to our CoC's Forsyth PSH Collaborative, this program increases the intensity of services provided to support each resident’s individualized case management plan. The case manager and client jointly develop a plan that is based on a broad range of on-site and off-site social services that include as needed: employment counseling, health care, housing placement, money management, mental health care, public assistance advocacy, substance abuse treatment services, and veteran services. Goals are monitored for success. The case manager and resident meet on an ongoing basis to assess and reassess goals in order to ensure that effective progress is being made toward achieving permanent housing, self-sufficiency, and independent living. Clients are encouraged to participate in saving money as much as possible to assist with any future housing costs. The program is case management-driven because it seeks positive goals and outcomes for families and individuals while at the same time caring for their immediate need for shelter. Together with the case manager, the clients create an Individualized Service Plan (ISP) with specific goals to accomplish. The case manager provides assistance, support, and referrals to other resources which aid clients in achieving their goals. Sustaining housing is very important therefore for this program an aftercare plan will be created with the support of the client with follow-up at 30, 90, 180 days after financial assistance ends. This allows the client to acknowledge additional resources they may need after being connected to housing. The CoC expects to improve both client outcomes and system performance as a result of these increased services.

3. 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>Applicant</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Child Care</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Partner</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>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Life Skills Training</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Applicant</td>
<td>Monthly</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>Monthly</td>
</tr>
<tr>
<td>Transportation</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
<tr>
<td>Utility Deposits</td>
<td>Applicant</td>
<td>As needed</td>
</tr>
</tbody>
</table>

Identify whether the project will include the following activities:

4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?  
   Yes

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

6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?  
   Yes

6a. 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.

Total Units: 40
Total Beds: 52
Total Dedicated CH Beds: 52

<table>
<thead>
<tr>
<th>Housing Type</th>
<th>Housing Type (JOINT)</th>
<th>Units</th>
<th>Beds</th>
<th>Dedicated CH Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scattered-site apartments (...)</td>
<td>---</td>
<td>40</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>
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.
   
   2a. Units: 40
   2b. Beds: 52

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness? 52
   This includes both the “dedicated” and “prioritized” beds.

4. 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: 500 W. 4th Street, Suite 300
   Street 2: 
     City: Winston-Salem
     State: North Carolina
     ZIP Code: 27101

*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

   373180 Winston-Salem, 379067 Forsyth County
# 5A. Project Participants - Households

## Households Table

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Number of Households</th>
<th>Adult Households without Children</th>
<th>Households with Only Children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households with at Least One Adult and One Child</td>
<td>12</td>
<td>28</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>Adult Households without Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Persons</td>
<td>24</td>
<td>28</td>
<td>0</td>
<td>52</td>
</tr>
</tbody>
</table>

Click Save to automatically calculate totals
### 5B. Project 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>11</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</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>12</td>
</tr>
<tr>
<td>Total Persons</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>12</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>26</td>
<td>0</td>
<td>0</td>
<td>13</td>
<td>1</td>
<td>13</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>1</td>
<td>15</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</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>0</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>0</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:
Persons not represented are children of listed subpopulations.
6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? Reallocation

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:
   - Leased Units
   - Leased Structures
   - Rental Assistance
   - Supportive Services X
   - Operating
   - HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No
# 6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Quantity AND Description (max 400 characters)</th>
<th>Annual Assistance Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assessment of Service Needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assistance with Moving Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Case Management</td>
<td>1.0 FTE Case Manager (@ $55,000)</td>
<td>$55,000</td>
</tr>
<tr>
<td>4. Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Education Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Employment Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Housing/Counseling Services</td>
<td>1.0 FTE Housing Navigator (@ $55,000)</td>
<td>$55,000</td>
</tr>
<tr>
<td>9. Legal Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Life Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Mental Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Outpatient Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Outreach Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Substance Abuse Treatment Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Utility Deposits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Operating Costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Assistance Requested</td>
<td></td>
<td>$110,000</td>
</tr>
<tr>
<td>Grant Term</td>
<td></td>
<td>1 Year</td>
</tr>
<tr>
<td>Total Request for Grant Term</td>
<td></td>
<td>$110,000</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
61. 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 Amount of Cash Commitments: | $0 |
| Total Amount of In-Kind Commitments: | $27,500 |
| Total Amount of All Commitments: | $27,500 |

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>Name of Source</th>
<th>Amount of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Kind</td>
<td>Government</td>
<td>City of Winston-S...</td>
<td>$27,500</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match commitment: In-Kind
2. Source: Government
3. Name of Source: City of Winston-Salem CDBG
4. Amount of Written Commitment: $27,500

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.
6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

<table>
<thead>
<tr>
<th>Eligible Costs</th>
<th>Annual Assistance Requested (Applicant)</th>
<th>Grant Term (Applicant)</th>
<th>Total Assistance Requested for Grant Term (Applicant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Acquisition</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1b. Rehabilitation</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>1c. New Construction</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2a. Leased Units</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>2b. Leased Structures</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>3. Rental Assistance</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$110,000</td>
<td>1 Year</td>
<td>$110,000</td>
</tr>
<tr>
<td>5. Operating</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>6. HMIS</td>
<td>$0</td>
<td>1 Year</td>
<td>$0</td>
</tr>
<tr>
<td>7. Sub-total Costs Requested</td>
<td></td>
<td></td>
<td>$110,000</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td>$0</td>
<td></td>
<td>$110,000</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td>$0</td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>10. Cash Match</td>
<td>$0</td>
<td></td>
<td>$27,500</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td>$27,500</td>
<td></td>
<td>$27,500</td>
</tr>
<tr>
<td>12. Total Match</td>
<td>$27,500</td>
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</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$137,500</td>
</tr>
</tbody>
</table>

Click the 'Save' button to automatically calculate totals.
# 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></td>
<td></td>
</tr>
<tr>
<td>2) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other Attachment(s)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 7A. In-Kind 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>Forsyth PSH Collaborative Expansion</td>
<td>11/10/2021</td>
</tr>
</tbody>
</table>
Attachment Details

**Document Description:** Forsyth PSH Collaborative Expansion In-Kind Match MOU
7D. 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 part 578 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.**

**15-Year Operation Rule.**

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.**

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 provide

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:** 11/10/2021

**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

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New Project Application FY2021  Page 48  11/30/2021
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.

Applicant: City of Winston-Salem
Project: Forsyth PSH Collaborative Expansion
8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Page Description</th>
<th>Last Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. SF-424 Application Type</td>
<td>No Input Required</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>
<tr>
<td>1D. SF-424 Congressional District(s)</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>IK. SF-424B</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>1L. SF-424D</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>No Input Required</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>11/10/2021</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>4A. Services</td>
<td>11/10/2021</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/14/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>10/12/2021</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>10/05/2021</td>
</tr>
<tr>
<td>6l. Match</td>
<td>10/11/2021</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>No Input Required</td>
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<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>11/10/2021</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>10/12/2021</td>
</tr>
</tbody>
</table>
This Memorandum of Understanding (MOU) is entered into this 19th day of November, 2021, by the City of Winston-Salem, a North Carolina municipal corporation (City). 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 agrees to the terms in this MOU regarding the Forsyth PSH Collaborative Expansion project with estimated grant amount of $110,000. The one-year term of this MOU shall begin on August 1, 2022. During the term, the City shall 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 Funds</th>
<th>Type of Activity</th>
<th>Amount of Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Supportive Services</td>
<td>Local Funds And Private Funding</td>
<td>Office space, utilities, cleaning and utilities for case management office space</td>
<td>$4,500</td>
</tr>
<tr>
<td>☑ Administration</td>
<td>Supervision of Case Managers</td>
<td>$23,000</td>
<td></td>
</tr>
</tbody>
</table>

Total Expected Match: $27,500

Scope of work: The project will provide permanent supportive housing case management services to households referred by the Community Intake Center.

The City will keep track of all expenditures and report to HUD as required. 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 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 Tew (SEAL)
Sandra Keelley, City Secretary
Mary Beth Tew, Deputy City Clerk
Lee Garrity, City Manager

Approved as to form and legality

This the 1st day of November, 2021.

Angela I. Carmon, City Attorney
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.