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 (SÂM) 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:

Applicant: City of Winston-Salem
Project: Pathways to Healthy Housing

102488934
188512
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
      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: Pathways to Healthy Housing

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: 07/01/2022
   b. End Date: 06/30/2023

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: 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: 11/10/2021
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
4a. Total Amount Requested for this project: $115,892.00

(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? 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>
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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:

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 X

New Project Application FY2021 Page 12 11/30/2021
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: $115,892.00

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. 

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
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: X

Authorized Representative for: City of Winston-Salem
Prefix: Mr.
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: $112,101

<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>$44,826</td>
</tr>
<tr>
<td>United Health Centers</td>
<td>M. Nonprofit with 501C3 IRS Status</td>
<td>$67,275</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
   If "Other" specify:

c. Employer or Tax Identification Number: 23-7357234

d. Organizational DUNS: 007942253

 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: $44,826

j. Contact Person
   Prefix: Ms.
   First Name: Andrea
   Middle Name:
Last Name: Kurtz  
Suffix: J.D.  
Title: Senior Director, Housing Strategies  
E-mail Address: Andrea.Kurtz@uwforsyth.org  
Confirm E-mail Address: Andrea.Kurtz@uwforsyth.org  
Phone Number: 336-721-9373  
Extension:  
Fax Number: 336-724-1045  

2A. Project Subrecipients Detail  

a. Organization Name: United Health Centers  

b. Organization Type: M. Nonprofit with 501C3 IRS Status  
If "Other" specify:  

c. Employer or Tax Identification Number: 05-0589120  

<table>
<thead>
<tr>
<th></th>
<th>d. Organizational DUNS:</th>
<th>164721495</th>
<th>PLUS 4:</th>
</tr>
</thead>
</table>


e. Physical Address  
Street 1: 2101 Peters Creek Parkway  
Street 2:  
City: Winston-Salem  
State: North Carolina  
Zip Code: 27127  

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: $67,275

j. Contact Person

Prefix: Mrs.

First Name: Brittany

Middle Name:

Last Name: Fryer

Suffix: LCSW

Title: Director of Behavioral Health

E-mail Address: bfryer@uhcenters.org

Confirm E-mail Address: bfryer@uhcenters.org

Phone Number: 336-955-1379

Extension:

Fax Number:
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.

The United Way of Forsyth County (UWFC) led the completion of the Ten Year Plan to End Chronic Homelessness which resulted in a 90% decrease in chronic homelessness. In their support of the strategic work of the CoC, UWFC began our coordinated entry and assessment in 2013, and serves as the CoC’s SSO-CE Lead for our Coordinated Intake Center. UWFC also leads our participation in Built for Zero, and were instrumental in our CoC’s effort to end Veteran homelessness as recognized by USICH in 2015. The UWFC, one of 17 thought leaders, participated in the August 2017 USICH family homelessness conference. UWFC is the subrecipient for the proposed project. In advancing the end of homelessness, UWFC, as a subrecipient of the City, has led our CoC’s rapid re-housing collaborative since 2009, and coordinated entry/assessment since 2013. UWFC staff also partnered with the City and CoC members to develop the CoC Action Plan to implement the HEARTH Act. As part of this effort, UWFC has applied for and received CoC and ESG funds from the City for rapid rehousing programs and provides assistance to agencies in improving data quality as they participate in coordinated intake and assessment. UWFC also led the development of a new strategic plan for the CoC which was adopted in June 2018. In total, UWFC administers $746,659 in
CoC and ESG funded activities. UWFC also receives a $824,497 Supportive Services for Veterans Families (SSVF) annual renewal grant and $456,091 Shallow Subsidy grant from Veterans Affairs, which provides rental assistance and supportive services. UWFC staff also were instrumental in the development of a $925,000 VA Grant Per Diem program to provide transitional housing for homeless veterans beginning in 2012, as well as other supportive housing programs in our community. During the pandemic the UWFC supported the WSFC CoC in developing its strategic response to the pandemic, which included operating the isolation shelter, and designing and implementing the CoC Homeless Prevention program.

United Health Centers (UHC) has over a decade of experience in effectively utilizing federal funds and performing the activities proposed in various projects and initiatives aimed at improving the health of our patients and the community we serve. UHC received status as a Federally Qualified Health Center (FQHC) in 2012, making our organization Forsyth County’s only public health center with this designation. As an FQHC, UHC receives funding from Health Resources and Services Administration (HRSA) that covers; general operating expenses, hypertension control initiative, behavioral health services, COVID-19 mitigation and treatment, and health care for the homeless. UHC has also received Primary Care Medical Home (PCMH) certification, which means our organization has met high standards in quality and safety enhancements and has established a foundation for coordination across the continuum of care, thus, underscoring our ability to achieve projected clinical and administrative outcomes set forth in our application for federal grant funding.

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.

The United Way of Forsyth County used HPRP funds to build the infrastructure, including staff and key relationships both within and external to the CoC, for both coordinated intake and rapid rehousing, which now serve as key resources for our ESG- and CoC-funded programs. The Community Intake Center and Forsyth Rapid Rehousing Collaborative currently are leveraging a $824,497 Supportive Services for Veterans Families (SSVF) grant from Veterans Affairs, in addition to services from many mainstream and private services. Private contributions to United Way also provide much of the foundational support for agencies serving the homeless in our community.

UHC has a proven track record of leveraging federal, state, local and private sector funds, as evidenced by our ability to successfully manage grants received from each funding sector to provide services that grow our medical practice. The organization’s HRSA/federal funding allows us to provide access to comprehensive medical services to the community, while effectively managing daily operational tasks, projects, and initiatives. UHC has utilized
funding from the City of Winston-Salem to provide continuum of care, and we have leveraged private sector funds to establish a thriving dental practice, provide Board of Directors and organizational leadership training, and off-set the cost of rental expenses for one of our clinical facilities. UHC’s leadership is mindful to be good stewards of our funds, and to be helpful and involved community partners with other safety net organizations. Building and maintaining these standards promotes synergy, that in turn, creates valuable relationships which benefits our patients and the community we serve. UHC will continue to leverage our funding sources and our human capital to provide care that builds healthier communities.

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 SNAPS grants are administered through the City's Community Development Department. The City is an entitlement jurisdiction for CDBG and ESG programs and is 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, City Attorney's Office, and 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. Both City and United Way staff are active members of the CoC. Adequate financial controls are in place based on City monitoring activities and review of audits of all subrecipients.

The United Way of Forsyth County (UWFC) is a nonprofit corporation with approximately 50 employees, an annual budget of over $16 million per year, and a 35-member Board of Directors which provides governance for the organization. The President and CEO provides management for the operations of UWFC and its programs. The Chief Impact Officer, Vice President of Resource Development, and CFO provide executive management to the departments: Community Planning & Investment, Resource Development, Finance & Administration, and Data & Evaluation. UWFC maintains financial policies and procedures to manage a FY20 budget of over $16 million; receives a full financial audit, including an A-133 audit for federal funds, from an independent firm each year; and reports no external findings. Additionally, UWFC earned a 2019 Platinum Seal of Transparency—the highest level of recognition offered by GuideStar, the world’s largest source of nonprofit information.

UHC is a non-profit, 501c3 entity, whose financial management structure has been built around its ability to effectively manage, leverage, and sustain a growing medical practice. The organization currently employs approximately 47 team members who work across two primary areas—clinical and administrative—to deliver high-quality, comprehensive medical, dental, and behavioral health services to Forsyth County residents. UHC’s 13-member Board of Directors provide governance for the organization’s overall operations, financial policies and procedures, and strategic planning. UHC’s financial
leadership is judicious in its stewardship of the organization’s $4M, annual operating budget, and is certified by the NC Secretary of State. The organization undergoes annual audits, not only by an outside, independent accounting firm, but also by our federal funder, HRSA, when they perform site visits. UHC has had no findings, and is in good operating status on the state and federal level.

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: Pathways to Healthy Housing

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.

Pathways to Healthy Housing is a permanent supportive housing program that is a partnership between the Winston-Salem/Forsyth County CoC, as represented by the United Way of Forsyth County, and United Health Centers, our local Federal Qualified Health Center. The goal of this project is to support people experiencing chronic homelessness and chronic health conditions obtain and maintain permanent housing as a critical component of improving their health outcomes. Chronically homeless people experience substantially higher morbidity in both physical and mental health, as well as increased mortality. The traumas many experiences while on the streets or in shelters has been demonstrated to have long-standing adverse impacts on psychological well-being. These and other challenges related to the experience of homelessness can result in persistently high health care expenditures due to emergency department and inpatient hospital use. By providing permanent housing with supportive services including health care and case management focused on connecting individuals to community and mainstream support, this project will improve individuals housing stability, income, and health outcomes.

The Pathways to Healthy Housing project will work with the Community Intake Center (CIC), our CoC's coordinated assessment program, to identify individuals with co-occurring health and mental health co-morbidities who have been homeless for longer than 12 months and help them identify safe, healthy, affordable housing. In addition, the CIC staff will conduct warm referrals to the United Health Centers for Case Management and Primary Care. On at least an annual basis, CIC staff will follow-up with program participants to assess ongoing housing stability needs.

The United Health Centers' Case Manager will work with the program participants to develop a housing stability and health care plan, including individualized goals. Program participants will be supported by the case manager in completing applications for housing vouchers and mainstream services such as SNAP and SSI/SSDI, accessing local food and nutritional programs, and connecting to vocational services or vocational rehabilitation services as appropriate to their health conditions and other community-based services which aid the program participant in achieving their housing and health care goals.

The Case Manager will meet with the program participants at least monthly or more frequently based on individual needs and desires to evaluate progress on their housing and health goals. During these meetings the case manager will provide guidance, support and education to help program participants overcome barriers to their housing and health goals.

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.
### Project Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Days from Execution of Grant Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin hiring staff or expending funds</td>
<td>A: 30</td>
</tr>
<tr>
<td>Begin program participant enrollment</td>
<td>A: 30</td>
</tr>
<tr>
<td>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</td>
<td>A: 60</td>
</tr>
<tr>
<td>Leased or rental assistance units or structure, and supportive services near 100% capacity</td>
<td>A: 90</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)

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

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 **Yes**
into permanent housing?

5b. Will the project enroll program participants who have the following barriers? Select all that apply.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having too little or little income</td>
<td>X</td>
</tr>
<tr>
<td>Active or history of substance use</td>
<td>X</td>
</tr>
<tr>
<td>Having a criminal record with exceptions for state-mandated restrictions</td>
<td>X</td>
</tr>
<tr>
<td>History of victimization (e.g. domestic violence, sexual assault, childhood abuse)</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure to participate in supportive services</td>
<td>X</td>
</tr>
<tr>
<td>Failure to make progress on a service plan</td>
<td>X</td>
</tr>
<tr>
<td>Loss of income or failure to improve income</td>
<td>X</td>
</tr>
<tr>
<td>Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area</td>
<td>X</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
</tr>
</tbody>
</table>

5d. Will the project follow a "Housing First" approach? (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? No
4A. Supportive Services for Participants

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

Pathways to Healthy Housing program participants will be connected through the CoC’s coordinated assessment system. The Pathways to Healthy Housing Case Manager, housed with the United Health Centers, will confirm program eligibility as well as assess the participants needs related to health, housing, and other social determinants of health. In partnership with the United Way of Forsyth County’s Housing Navigators, the Case Manager will assist the participant in securing a permanent housing unit and transitioning into the unit. Once the individual is housed the Case Manager will support the client in developing strategies to stabilize their housing and health through access to income, health insurance, furniture, health care service, food, mental health care, peer support, and other community-based services as needed to address each individual’s needs.

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.

United Health Centers is planning to hire a SOAR worker, and this individual will be SOAR trained and able to work with Pathways to Healthy Housing participants to secure income. The Pathways to Healthy Housing Case Manager will assist participants and connect them to DSS to secure SNAP, Medicaid/Medicare, and other income support benefits that they need and are eligible to receive.

The Pathways to Healthy Housing Case Manager will support the client to identify any mental or behavioral health needs and support their connection to appropriate behavioral health providers including counseling, psychiatry, peer support, ACT Team, representative payee and services, as well as to address substance use, making connections as needed to the Harm Reduction Task Force and/or treatment.

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.

<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>Monthly</td>
</tr>
<tr>
<td>Assistance with Moving Costs</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Case Management</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
</tbody>
</table>

Click ‘Save’ to update.
<table>
<thead>
<tr>
<th>Child Care</th>
<th>Partner</th>
<th>As needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Employment Assistance and Job Training</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Food</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Housing Search and Counseling Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Legal Services</td>
<td>Subrecipient</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>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outpatient Health Services</td>
<td>Subrecipient</td>
<td>As needed</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>Subrecipient</td>
<td>Daily</td>
</tr>
<tr>
<td>Substance Abuse Treatment Services</td>
<td>Partner</td>
<td>As needed</td>
</tr>
<tr>
<td>Transportation</td>
<td>Subrecipient</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 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. No
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: 4
Total Beds: 8
Total Dedicated CH Beds: 8

<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>4</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

Applicant: City of Winston-Salem
Project: Pathways to Healthy Housing
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:  4  
   2b. Beds:  8  

3. How many beds in “2b. Beds” are dedicated to persons experiencing chronic homelessness?  
   
   8  

   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:  301 North Main Street, Suite 1700  
   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>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>Number of Households</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons over age 24</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Persons ages 18-24</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unaccompanied Children under age 18</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Persons</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>8</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>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>
<tr>
<td>Persons ages 18-24</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>
<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>0</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>

#### 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>8</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Persons ages 18-24</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>
<tr>
<td>Total Persons</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</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>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>
<tr>
<td>Unaccompanied 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>0</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>
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? CoC Bonus

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.

3a. Complete the indirect cost rate table 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>NA</td>
</tr>
</tbody>
</table>

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

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

4. Select a grant term: 1 Year

* 5. Select the costs for which funding is requested:

   - Acquisition/Rehabilitation/New Construction
   - Leased Units
   - Leased Structures
6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)

No
6E. 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>4</td>
<td>$39,600</td>
</tr>
</tbody>
</table>

Total Request for Grant Term: $39,600
Total Units: 4
### Rental Assistance Budget Detail

**Instructions:**

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

# of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at http://www.huduser.org/portal/datasets/fmr.html.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

Grant Term: This field is populated based on the grant term selected on Screen “6A. Funding Request” and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

---

### Type of Rental Assistance: TRA

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

<table>
<thead>
<tr>
<th>Size of Units (Applicant)</th>
<th># of Units (Applicant)</th>
<th>FMR Area (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>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>0 Bedroom</td>
<td>x</td>
<td>$624</td>
<td>x 12</td>
<td>= $0</td>
</tr>
<tr>
<td>1 Bedroom</td>
<td>x</td>
<td>$670</td>
<td>x 12</td>
<td>= $0</td>
</tr>
</tbody>
</table>

---

New Project Application FY2021  Page 45  11/30/2021
<table>
<thead>
<tr>
<th>Units</th>
<th>x</th>
<th>$</th>
<th>x</th>
<th>12</th>
<th>=</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Bedrooms</td>
<td>4</td>
<td>$825</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$39,600</td>
</tr>
<tr>
<td>3 Bedrooms</td>
<td>1</td>
<td>$1,111</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>4 Bedrooms</td>
<td>1</td>
<td>$1,322</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>5 Bedrooms</td>
<td>1</td>
<td>$1,520</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>6 Bedrooms</td>
<td>1</td>
<td>$1,719</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>7 Bedrooms</td>
<td>1</td>
<td>$1,917</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>8 Bedrooms</td>
<td>1</td>
<td>$2,115</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td>9 Bedrooms</td>
<td>1</td>
<td>$2,314</td>
<td>1</td>
<td>12</td>
<td>=</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Units and Annual Assistance Requested</strong></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$39,600</td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$39,600

Click the 'Save' button to automatically calculate totals.
### 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 @ United Health Centers (1.0 FTE @ $65,000)</td>
<td>$65,000</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>0.075 FTE Housing Specialist (1.0 FTE @ $49,480)</td>
<td>$3,711</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><strong>Total Annual Assistance Requested</strong></td>
<td></td>
<td><strong>$68,711</strong></td>
</tr>
</tbody>
</table>

**Grant Term**

1 Year

**Total Request for Grant Term**

$68,711

Click the 'Save' button to automatically calculate totals.
6i. 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.

<table>
<thead>
<tr>
<th>Summary for Match</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Amount of Cash Commitments:</td>
<td>$0</td>
</tr>
<tr>
<td>Total Amount of In-Kind Commitments:</td>
<td>$49,452</td>
</tr>
<tr>
<td>Total Amount of All Commitments:</td>
<td>$49,452</td>
</tr>
</tbody>
</table>

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>Private</td>
<td>United Way of For...</td>
<td>$28,973</td>
</tr>
<tr>
<td>In-Kind</td>
<td>Private</td>
<td>United Health Cen...</td>
<td>$20,479</td>
</tr>
</tbody>
</table>
Sources of Match Detail

1. Type of Match commitment: In-Kind
2. Source: Private
3. Name of Source: United Way of Forsyth County
4. Amount of Written Commitment: $28,973

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: United Health Centers
4. Amount of Written Commitment: $20,479

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.
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>$39,600</td>
<td>1 Year</td>
<td>$39,600</td>
</tr>
<tr>
<td>4. Supportive Services</td>
<td>$68,711</td>
<td>1 Year</td>
<td>$68,711</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>$108,311</td>
</tr>
<tr>
<td>8. Admin (Up to 10%)</td>
<td></td>
<td></td>
<td>$7,581</td>
</tr>
<tr>
<td>9. Total Assistance Plus Admin Requested</td>
<td></td>
<td></td>
<td>$115,892</td>
</tr>
<tr>
<td>10. Cash Match</td>
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<td></td>
<td>$0</td>
</tr>
<tr>
<td>11. In-Kind Match</td>
<td></td>
<td></td>
<td>$49,452</td>
</tr>
<tr>
<td>12. Total Match</td>
<td></td>
<td></td>
<td>$49,452</td>
</tr>
<tr>
<td>13. Total Budget</td>
<td></td>
<td></td>
<td>$165,344</td>
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</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>Pathways to Healt...</td>
<td>10/18/2021</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>
Attachment Details

Document Description: Pathways to Healthy Housing Nonprofit Documentation

Attachment Details

Document Description:

Attachment Details

Document Description:
# 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>Pathways to Healt...</td>
<td>11/10/2021</td>
</tr>
</tbody>
</table>
Attachment Details

Document Description: Pathways to Healthy Housing 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

X
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

Applicant must click the submit button once all forms have a status of Complete.
<table>
<thead>
<tr>
<th>Page</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>10/06/2021</td>
</tr>
<tr>
<td>1E. SF-424 Compliance</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1F. SF-424 Declaration</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1G. HUD 2880</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1H. HUD 50070</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1I. Cert. Lobbying</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1J. SF-LLL</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>IK. SF-424B</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>1L. SF-424D</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>2A. Subrecipients</td>
<td>11/09/2021</td>
</tr>
<tr>
<td>2B. Experience</td>
<td>11/10/2021</td>
</tr>
<tr>
<td>3A. Project Detail</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>3B. Description</td>
<td>11/09/2021</td>
</tr>
<tr>
<td>3C. Expansion</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>4A. Services</td>
<td>11/09/2021</td>
</tr>
<tr>
<td>4B. Housing Type</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>5A. Households</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>5B. Subpopulations</td>
<td>No Input Required</td>
</tr>
<tr>
<td>6A. Funding Request</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>6E. Rental Assistance</td>
<td>10/06/2021</td>
</tr>
<tr>
<td>6F. Supp Srvcs Budget</td>
<td>11/09/2021</td>
</tr>
<tr>
<td>6I. Match</td>
<td>11/10/2021</td>
</tr>
<tr>
<td>6J. Summary Budget</td>
<td>No Input Required</td>
</tr>
<tr>
<td>7A. Attachment(s)</td>
<td>10/18/2021</td>
</tr>
<tr>
<td>7A. In-Kind MOU Attachment</td>
<td>11/08/2021</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>7D. Certification</td>
<td>10/12/2021</td>
</tr>
</tbody>
</table>
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

TPA1001tr
Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Based on the information you submitted in your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as listed at the top of this letter, is retroactive to your date of revocation.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar.
UNITED HEALTH CENTERS

to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,

[Signature]

Stephen A. Martin
Director, Exempt Organizations
Rulings and Agreements
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 United Way of Forsyth County, 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 Pathways to Healthy Housing project, with an estimated grant amount $115,892. The one year term of this MOU shall began with an anticipated start date of July 1, 2022. During the term, the Agency unconditionally commits to document the match amount shown below, with projected 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>Phone, internet, supplies, transportation and similar costs for peer support and case management</td>
<td>$14,485</td>
</tr>
<tr>
<td>☑ Administration</td>
<td>Private Funding</td>
<td>Supervision of Peer Support and Case Management</td>
<td>$14,488</td>
</tr>
</tbody>
</table>

Total Expected Match: $28,973

Scope of Work: The project provides transitional housing, rapid re-housing and supportive services to homeless youth.

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:

Sandra Cohen, City Secretary

Lee Garry, City Manager

ATTEST:

Cynthia S. Gordiner

Trisha Coleman

Printed Name: Cynthia S. Gordiner
Printed Name: Trisha Coleman

Title: President and CEO
Board Officer Title: UWFC Board Treasurer

Approved as to form and legality

This the ______ day of ________, 20____.

Angela L. Carman, 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.
Letter of Agreement

BETWEEN

United Health Centers
PO Box 12341
Winston-Salem, NC 27117

AND

Winston-Salem/Forsyth County Continuum of Care
101 North Main Street
Winston-Salem, NC 27101

BACKGROUND:
This Document serves to establish an agreement between United Health Centers (UHC) and the Winston-Salem/Forsyth County Continuum of Care (WS/FC CoC), NC-504. The terms contained in this agreement are not comprehensive and it is expected that additional terms may be added, and existing terms may be modified, changed, or deleted based upon situational conditions.

PROJECT NAME: Pathways to Healthy Housing

VALUE OF COMMITMENT: $520,479

PROJECT TERM: 7/01/2022 to 06/30/2023

Goals and objectives
UHC and WS/FC CoC will work together to accomplish the goal of supporting people experiencing chronic homelessness and chronic health conditions, to obtain and maintain permanent housing as a critical component of improving their health outcomes.

Roles and responsibilities
UHC’s caseworker will coordinate with the WS/FC CoC team to help program participants develop a healthcare plan that includes creating individual goals for improved health, completing applications for resource assistance such as Housing, SNAP and SSI/SSDI, accessing local food and nutritional programs and connecting to vocational services or vocational rehabilitation services as appropriate. The case worker will provide access to treatment and/or recovery services for all program participants who qualify and choose those services.

Duration of the MOU
This Letter of Agreement between UHC and WS/FC CoC, will apply for the duration of the Pathways to Healthy Housing Project; July 1, 2022 to June 30, 2023, or until termination by either party on the giving of one (1) month's written notice.

This Document accurately reflects the understanding between the UHC and WS/FC CoC.

United Health Centers:

[Signature]

Name/Title

Date

Winston-Salem/Forsyth County Continuum of Care

[Signature]

Name/Title

Date