

# A. Organization & Contact Information

**Case Id:** 16253  
**Name:** HAWS HOME TBRA FY 23/24 - 2023/24  
**Address:** \*No Address Assigned

Completed by kchurch@haws.org on 11/15/2022 2:03 PM

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## A. Organization & Contact Information

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The Request for Proposals and additional materials to assist with completing the application can be found on the City's webpage for [Community Agencies](#)

### A.1. Organization Name

Housing Authority of Winston-Salem

### EXECUTIVE DIRECTOR/MANAGER

#### A.12. Name, Title

Kevin Cheshire, Executive Director

### A.2. Project/Program

HOME TBRA (Tenant-based Rental Assistance Program for Forsyth County

#### A.13. Email

kcheshire@haws.org

### A.3. FY 2023-24 Funding Request Amount

\$240,000.00

#### A.14. Phone

(336) 917-6119

### A.4. Agency's Total Operating Budget

\$49,456,294.00

### CONTACT

#### A.15. Name, Title

Kelly Church, VP/COO

### A.5. Mailing Address

500 W. 4th Street Suite 300 Winston-Salem, NC 27101

#### A.16. Email

kchurch@haws.org

### A.6. Project/Program Location Address

500 W. 4th Street Suite 300 Winston-Salem, NC 27101

#### A.17. Phone

(336) 917-6087

### A.7. Organization Website

www.haws.org

### BOARD CHAIR

#### A.18. Name

Andrew M. Perkins, Jr.

### A.8. Year 501(c)(3) status obtained

Not Necessary\_HAWS is a Quasi-Governmental Agency

#### A.19. Term Expiration

09/30/2023

### A.9. Organization Fiscal Year

October 1

#### A.20. Email

perkins@ncat.edu

### A.10. Federal Tax ID Number

56-6003102

#### A.21. Phone

(336) 509-0344

### A.11. Federal DUNS Number

8068420220000

## B. Project Overview

Completed by [kchurch@haws.org](mailto:kchurch@haws.org) on 11/15/2022 2:05 PM

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### B. Project Overview

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Please provide the following information.

#### APPROACH (7 POINTS)

**B.1. Provide a concise description of the proposed project/program, indicating specifically how City funds will be used. Briefly, what are the goals/objectives of the project/program?**

This project provides rental assistance and/or security deposit assistance to approximately 40 homeless and formerly homeless individuals and families, disabled households and/or working poor households making less than 80% of median income. Individuals and families are referred to the Authority by other agencies who are members of the Winston-Salem/Forsyth County Continuum of Care Membership Agencies and/or through the Coordinated Intake Center (CIC). A minimum of 20 slots per year will be referrals from CIC. The referring agencies commit and provide supportive services while the Authority administers the rental assistance in accordance with its Housing Choice Voucher Administrative Plan. The Authority has agreed to convert up to 25% of these individuals/families to a permanent HCV, annually, in order for this program to serve as a transition and allow for more participants to enter into the program. The conversion will be seamless for the participating individual/family and will be offered to participants based on recommendations from the referring agency. By converting a set number of households annually, it allows for new families to continue to enter into the program. The ultimate goal of this program is to reduce the number of homeless, disabled, or working poor who are currently living in shelters, on the streets or who are paying in excess of 30 percent of their monthly income toward rent and utilities.

**B.2. How will a participant access the proposed project/program, use the services, and derive a beneficial outcome from participation?**

Participants are selected and assessed by the homeless service providers and/or the coordinated intake process and are screened by the Authority and then housed based on a first-come, first-serve basis as funds are available. Participants agree to participate in case management or continue employment. Up to 25% of existing participants, who have actively participated in their case management and followed all program guidelines, will be eligible to receive a permanent Housing Choice Voucher. By providing the Housing Choice Voucher assistance, it allows referring agencies to make additional referrals to slots made available. The program becomes a stepping stone to permanent housing.

#### NEED (7 POINTS)

**B.3. Describe the unmet need that the proposed project/program seeks to address. Include data supporting the need.**

The population that this program will serve does not have incomes sufficient to rent housing in the private market, for varying reasons would not benefit from the short-term Rapid Re-Housing Program and are in need of more long-term rental subsidies. This funding allows for almost immediate permanent housing solutions for the City's homeless. It is reasonable to believe that many of our case managers from the referring agencies are required to assist clients to overcome self sufficiency barriers. The program allows subsidies to the clients for up to 3 years. It is expected that within the 3 year period, clients will grow to self-sufficiency and have the ability to afford market rents; or, they will be referred to public housing or HCV in order to obtain permanent subsidized housing.

#### COLLABORATION (6 POINTS)

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**B.4. Describe any specific collaborative relationships with other organizations (public or private) and how they will impact the project/program. How will collaboration contribute to the planning, implementation, operation, oversight, and performance measurement of the proposed project/program?**

The Authority has been a member of the Continuum of Care Homeless Council for a number of years and is very involved with assisting in the creation of programs for the homeless. Due to this collaboration, in 2012, the Authority set aside 34 units of its public housing inventory specifically for the chronically homeless that were referred to the Authority and receiving case management services through the Bethesda Center. Due to the success of this program in 2014, 8 more units were added to this set-aside program. The Authority is also an active member and provides staffing, in the Coordinated Intake Center. In addition, the Authority has establish a local preference in its HCV program for participants of the permanent supportive housing and HOME TBRA programs who are in good standing and have completed at least one year of case management by their referring agency. The Authority has a long history in working with Salvation Army, Bethesda Center, ACS, City of Winston-Salem, Rescue Mission, Domestic Violence agencies, Family Services and Faith-based Organizations. These collaborative relationships are instrumental in housing our City's most vulnerable individuals and families. The Authority continues to be an active participant in Homeless Connect and the Fair and Affordable Housing Summit.

## C. Strategy and Performance

Completed by [kchurch@haws.org](mailto:kchurch@haws.org) on 11/16/2022 10:57 AM

Case Id: 16253

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### C. Strategy and Performance

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Please provide the following information.

#### STRATEGY (5 POINTS)

**C.1. The City of Winston-Salem's strategic priorities, adopted most recently in the [2017-2021 Strategic Plan \(2019 Update\)](#) and under review for adoption by City Council for FY 2022 - FY 2025 Strategic Plan, are used as guiding principles to establish community priorities based on the vision, mission, and values set forward by the Mayor and City Council.**

**Indicate which of the City's strategic focus areas your program aligns with best (select one):**

Livable Neighborhoods

**C.2. Select the service area(s) that your project/program relates to:**

- Housing/Homelessness
- Economic Development
- Construction Rehabilitation
- Poverty Reduction
- Arts and Culture
- Youth
- Public Safety
- Transportation
- Other

#### PERFORMANCE (15 POINTS)

**C.3. Describe the system to be used to track participant and program data. List any key reports and their frequency that will be used to capture project/program performance.**

Participants are tracked by the Authority by internal tenant accounting software, monthly Neighborly report submission and case files. Referring agencies have their own tracking mechanisms. Monthly billing statements will reflect the number of program participants, program participants "graduating" to a permanent HCV, program participants terminated from the program, and program participants moving to unsubsidized units.

**C.4. Explain the steps that will be taken if the stated program goals provided in C.3. are not achieved.**

If goals are not being met, we will inform and work with case managers for additional case management and/or increase numbers in the program.

**C.5. Use the chart below to show how your agency measures program effectiveness. List goals, activities, and performance measures you will use to evaluate services, facilities, and programs that will be funded by the City. Performance measures can be quantitative and/or narrative.**

**Applicants will be reimbursed funds based upon timely submissions of eligible invoices. These invoices should describe services rendered and should align with the goals and objectives cited here. Where outcomes do not align with goals, please be prepared to provide a written summary of shortcomings.**

Stated Program Goals	Program Activities in Support of Goals	FY 21-22 Previous Year Results	FY 22-23 Current Year Projected Results	FY 23-24 Next Year Anticipated Results
The FY 23-24 program goals are to have 15 new clients transition from local shelters, a homeless situation or rent burdened into TBRA housing; 5 clients will transition from TBRA housing to a permanent HCV; 50 clients will retain their TBRA assistance; and, 0 clients will transition to market rate housing.	Participants agree to participate in case management or continue employment. Up to 35% of existing participants, who have actively participated in their case management and followed all program guidelines, will be eligible to receive a permanent Housing Choice Voucher.	During the FY 21-22 program year, 7 new clients transitioned from homeless shelters, a homeless situation or a rent-burdened situation to TBRA assistance, 0 have transitioned to HCV, and 25 retained their assistance.	The FY 22-23 projections are to have 10 new clients transition from local shelters, a homeless situation or rent burdened into TBRA housing; 10 clients transition from TBRA housing to a permanent HCV; 31 clients will retain their TBRA assistance.	During unprecedented times, it is imperative to offer housing to those that may be experiencing long-term homelessness, as well as those who are newly homeless. The Home TBRA program has been a huge success and the Authority expects to have the same, if not improved, results this program year.

	Total Unduplicated Number Served	Total Number Served
FY 21-22 Previous Years Results	31	31
FY22-23 Current Year Projected Results	40	40
FY 23-24 Next Year Anticipated Results	50	50

**C.6. FY 21-22 Program Accomplishments**

During the FY 21-22 program year, 7 new clients transitioned from homeless shelters, a homeless situation or a rent-burdened situation to TBRA assistance, 0 have transitioned to HCV, and 25 retained their assistance.

**C.7. FY 22-23 Key Objectives**

The FY 23-24 program goals are to have 15 new clients transition from local shelters, a homeless situation or rent burdened into TBRA housing; 5 clients will transition from TBRA housing to a permanent HCV; 50 clients will retain

their TBRA assistance; and, 0 client will transition to market rate housing.

## D. Organizational Capacity

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### D. Organizational Capacity

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Please provide the following information.

#### MISSION (5 POINTS)

**D.1. Provide an overview of the organization. Include the organization's mission statement and the major services, programs, and activities provided. How does the proposed project/program help advance the mission of your organization?**

The Housing Authority of the City of Winston-Salem's mission is to create and maintain sustainable communities through partnerships to benefit the residents of Winston-Salem. We provide subsidized housing, affordable housing and housing vouchers to the extremely low and very low income citizens of Forsyth County. The proposed project/program advances the Authorities mission by offering affordable and decent housing to the homeless, disabled and working poor families of Forsyth County.

#### FUNCTION (5 POINTS)

**D.2. How long has your organization been in operation?**

60+ years

**D.3. How does your organization benefit and serve the City of Winston-Salem and its citizens?**

The Authority provides subsidized housing, affordable housing and rental assistance to low income individuals and families throughout the City and County. This serves the City by providing decent and affordable housing to the most vulnerable citizens who cannot afford market-rate housing. The community will have less homeless families and individuals on the streets and in shelters as well as have less disabled and working poor paying in excess of 30 percent of their monthly income toward rent and utilities which inevitably will cause homelessness. Less tax dollars will be spent on police enforcement and health issues related to being homeless. Participants in the program develop a sense of pride and are more willing to give back to the community.

#### STRUCTURE (5 POINTS)

**D.4. In the chart below, list key personnel and executive staff involved in the proposed project/program.**

Position Title	Activities/Inputs	Total Work Hours Per Week	% of hours proposed to be funded
Director of HCV	Oversees all aspects of the Project	40	7.00 %
HCV Specialist	Process re-examinations	40	20.00 %
Inspections Supervisor	Perform new move-in and annual inspections	40	15.00 %
HCV Application Specialist	Determine eligibility	40	10.00 %

**D.5. List all executive staff and their compensation (other than per diem).**

Executive Staff Name	Title/Role	Compensation	% of Hours
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			Proposed to be Funded
Kelly D. Church	VP/COO	\$0.00	0.00 %

**D.6. Attach an organizational chart**

 **Organizational Chart \*Required**

HAWS Org Chart 2022.docx

D.7. Please complete the Diversity of Employment and the Employment Profile below. See the [Request for Proposals \(RFP\)](#) for definitions of position types used in the Employment Profile.

**Describe the hiring process and how it is structured to provide the most diverse candidate pool. Best practices for accessing a diverse hiring process and candidate pool include:**

The Housing Authority of Winston-Salem (HAWS) strives to attract a highly skilled, experienced and diverse applicant pool for our positions. To do this we develop and maintain accurate and thorough job descriptions for all of our positions and salary ranges for every job. Each time a position is vacated, the hiring supervisor is reminded and encouraged by the Human Resources office (HR) of the opportunity to make any changes in the job description to ensure that it is accurate and up-to-date. If a new position is created, a new job description is also created by management.

Job descriptions are used to generate vacancy postings and those postings are placed in a variety of locations and publications to ensure a broad and diverse “audience.” HAWS job vacancies are posted on our website, on various electronic sites such as Indeed, sometimes at targeted educational institutions based on the type of job and on the websites and in the print publications of professional organizations which would be associated with the position. We also publish our jobs in local newspapers when appropriate and we encourage hiring managers to simply “put the word out” among their colleagues and professional connections. Our Human Resources office also participates in job fairs in our community. We also send the job description out to our entire agency to make all employees aware of posted vacancies in the hopes that they too will help to recruit strong, diverse applicants.

Our Human Resources office screens the applicants and forwards all who meet the job qualification requirements, to the hiring supervisor. Once the supervisor has a sufficient pool, an interview committee is selected and the group meets with those applicants who the hiring supervisor has put forward. The committee is generally comprised of various employees inside and/or outside of the hiring department and the hiring supervisor. All efforts are made to ensure that there are people on the committee who understand what the person will do in the job and have an interest in making sure we select the best candidate for the job. Efforts are also made to ensure diversity among committee members. They interview and rate each applicant and share their scores, observations and recommendations with the hiring supervisor. Copies of that documentation is retained in HR and the hiring supervisor uses that information to determine who he/she would like to move forward in the process.

Reference and background checks are then completed by HR and the hiring supervisor to ensure that the applicant’s background makes him/her the best suited person for the position and to verify that past work history is in keeping with the needs and expectations of HAWS as an employer. The hiring supervisor uses the reference information, along with the interview feedback and the background check results, to determine if he/she will make an offer to a candidate. At this point the hiring supervisor is also seeking guidance, review and approval from his/her own boss (Director, Vice-President, etc.) in making this decision.

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Once the decision is made to offer the job, the supervisor and his/her boss, in conjunction with HR, review the applicant's background and experience and agree upon a salary offer, within the range already established by HAWS for the position, and that offer is presented to the finalist.

Please enter the total number of **Full-Time Positions and Employees** you have in the table below, as well as the employee's appropriate race/ethnicity and gender identity.

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers	5	2	1	4	5	0
Professionals	3	7	0	2	9	0
Technicians	1	15	4	0	1	0
Office/Clerical	0	2	0	2	21	2
Laborers/Service Workers	0	0	0	0	1	0
<b>Total Full-Time</b>	<b>9</b>	<b>26</b>	<b>5</b>	<b>8</b>	<b>37</b>	<b>2</b>

Please enter the total number of **Temporary/Part-Time Positions (FTE) and Employees** you have in the table below, as well as the employee's appropriate race/ethnicity and gender identity.

	Male - White	Male - Black	Male - Other	Female - White	Female - Black	Female - Other
Executives/Managers	0	0	0	0	0	0
Professionals	0	0	0	0	0	0
Technicians	0	0	0	0	0	0
Office/Clerical	0	0	0	0	2	0
Laborers/Service Workers	0	1	0	0	1	0
<b>Total Part-Time/Temp</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>

**D.8.**



Attach a list of all Board Members AND compensation (other than per diem) **\*Required**

2022 Board Roster.docx

**D.9. Number of full Board meetings held during the last twelve months**

12

**D.10. Number of Board's Executive Committee meetings held during the last twelve months**

2

**ABILITY (5 POINTS)**

**D.11. If this is an application for new funding, please describe the steps your organization will take to establish an action plan for successful program launch, including appropriate stakeholder training and coordination. Articulate a clear methodology for service delivery within the context of established goals and include a timeline of key action items and approximate dates for delivery.**

The Authority is requesting a renewal grant. The program is already running effectively within Forsyth County. No contingencies for start-up are known.

**D.12. Describe your organizations' past success with flexibly responding to unforeseen events, which had the potential to negatively impact deliverables. What were best practices learned, if any? How would you successfully use these practices with the proposed program, if necessary?**

Our agency has been able to make adjustments to our policies and procedures to respond to the operational changes associated with COVID-19 to continue to provide housing services to our clients and participates. The agency has learned that being flexible in the various ways we offer communication methods to our clients and participates has allowed us to continue to operate under the unforeseen circumstances over the past 18 months. We would implement the same flexibility practices within the proposed programs for the special vouchers that we are currently utilizing.

**D.13. How does your program's policies/procedures ensure fair treatment, equitable access, and utilization of benefits for all persons, particularly marginalized and underserved groups and communities (i.e., marketing, outreach, eligibility determination and appeals)?**

Participants are selected and assessed by the homeless service providers and/or the coordinated intake process, are screened by the Authority and then housed based on a first-come, first-served basis, as funds are available. Participants agree to participate in case management or continue employment. Up to 25% of existing participants who have actively participated in their case management and followed all program guidelines will be eligible to receive a permanent Housing Choice Voucher. By providing the Housing Choice Voucher assistance, it allows referring agencies to make additional referrals to slots made available. The program becomes more of a stepping stone to permanent housing. This is an existing program in which our homeless service providers (all of whom also participate in the Continuum of Care Homeless Council and Coordinated Intake) would continue to make referrals. Referrals also will be made from Rapid Re-Housing to transition into the HOME TBRA program

## E. Cost Effectiveness

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

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Address: \*No Address Assigned

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### E. Cost Effectiveness

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Please provide the following information.

#### BUDGET AND FUNDING (10 POINTS)

E.1. Please complete the table to show the organization's operating budget.

Expenditures by Program	Budgeted FY 22-23	Projected Actuals FY 22-23	Proposed Budget FY 23-24
Program Services	\$24,029,335.00	\$0.00	\$27,571,179.00
Fundraising	\$0.00	\$0.00	\$0.00
Management and General	\$21,706,866.00	\$0.00	\$23,474,239.00
<b>Total Expenditures by Program</b>	<b>\$45,736,201.00</b>	<b>\$0.00</b>	<b>\$51,045,418.00</b>

Expenditures by Category	Budgeted FY 22-23	Projected Actuals FY 22-23	Proposed Budget FY 23-24
Employee Salaries and Wages	\$5,722,774.00	\$0.00	\$5,676,279.00
Employee Benefits	\$2,010,884.00	\$0.00	\$2,112,863.00
Facility Rent and Utilities	\$2,371,453.00	\$0.00	\$2,402,532.00
Training and Conference Registration	\$40,325.00	\$0.00	\$49,150.00
Membership and Dues	\$22,933.00	\$0.00	\$28,965.00
Travel and Transportation	\$2,295.00	\$0.00	\$15,900.00
Grants to Individuals and Organizations	\$0.00	\$0.00	\$0.00
Contracted Fundraising Services	\$0.00	\$0.00	\$0.00
Goods Purchased for Resale	\$0.00	\$0.00	\$0.00
Other Contracted Services	\$3,055,171.00	\$0.00	\$8,870,838.00
Other Operating Expenditures	\$30,063,879.00	\$0.00	\$30,188,891.00
Capital Outlay	\$2,446,487.00	\$0.00	\$1,700,000.00
<b>Total Expenditures by Category</b>	<b>\$45,736,201.00</b>	<b>\$0.00</b>	<b>\$51,045,418.00</b>

Revenues by Category	Budgeted FY 22-23	Projected Actuals FY 22-23	Proposed Budget FY 23-24
City of Winston-Salem	\$240,000.00	\$0.00	\$240,000.00
Forsyth County	\$0.00	\$0.00	\$0.00
State of North Carolina	\$0.00	\$0.00	\$0.00
Federal Government	\$34,048,359.00	\$0.00	\$41,373,855.00
Admissions/Program Revenues/Sales	\$0.00	\$0.00	\$0.00

Memberships	\$0.00	\$0.00	\$0.00
Donations	\$0.00	\$0.00	\$0.00
Foundation Grants	\$0.00	\$0.00	\$0.00
Interest and Investment Income	\$396,304.00	\$0.00	\$395,445.00
Parent Organization	\$0.00	\$0.00	\$0.00
Other	\$10,188,303.00	\$0.00	\$9,036,118.00
<b>Total Revenues by Category</b>	<b>\$44,872,966.00</b>	<b>\$0.00</b>	<b>\$51,045,418.00</b>

**Describe any amounts listed under "Other Operating Expenditures" or "Other Revenues." Provide details on any specific federal government revenue sources.**

Other Operating Expenditures include, but are not limited to, legal expenses, marketing, office equipment, miscellaneous administrative expenses, etc. Other Revenues include, but are not limited to, tenant/rental income, investment income, development fees, etc.

**E.2. Has the City of Winston-Salem provided funding in the past? If so, provide a funding history of the most recent five years of City contributions in the table below.**

Year	Funding Source	Funding Amount
2017	HOME TBRA	\$240,000.00
2018	HOME TBRA	\$240,000.00
2019	HOME TBRA	\$240,000.00
2020	HOME TBRA	\$240,000.00
2021	HOME TBRA	\$240,000.00

**E.3. Complete the table below to show specific details of proposed City funding and other leveraged funding for the proposed project/program. List each additional funding source for the program.**

Activity	Funding Requested from City	Funds from Other Sources	Other Funds Source
Rental Assistance	\$219,300.00	\$90,000.00	HAWS/HCV Funds
Security Deposits	\$1,500.00	\$0.00	
Admin Fee (8%)	\$19,200.00	\$0.00	
Coordinated Intake and Case Management	\$0.00	\$240,000.00	United Way, SHP, CDBG, ESR, Bethesda Center
Utility Deposits, Bus Passes, Food, Furniture	\$0.00	\$60,000.00	d Pantry, Bethesda Center
	\$240,000.00	\$390,000.00	

**E.4. For each activity and line item above, please provide a short but detailed description of how City resources will be used to carry out proposed programming.**

The rental assistance and/or security deposit enables the Authority to provide assistance to approximately 40 homeless and formerly homeless individuals and families, disabled households and/or working poor households making less than 80% of median income. The Admin Fee allows us to compensate staff that facilitate the implementation of the project to secure assistance for those individuals and families.

**E.5. Where another stakeholder or agency is providing non-monetary assistance with a particular aspect of your**

**programming, please provide a short description of those activities and how they will supplement the use of City funds.**

The Authority does not have additional stakeholder's providing assistance with our programming at this time.

**E.6. If this year's request is different in any way (amount, activities, etc.) from a prior year's request, explain how and why. If you are a new applicant, please describe how you would adjust your project/program if your funding request is not funded at the full amount.**

For the FY 23-24, the Authority is requesting the historical amount of \$240,000.00.

#### **SUSTAINABILITY (7 POINTS)**

**E.7. Describe the plan to sustain the project/program funding in future years. Include information about other funding sources to leverage City funds requested.**

This program allows for housing low-income homeless individuals/families, the disabled and the working poor quickly when other types of subsidized or affordable housing are unavailable. The Authority will continue to convert up to 25% of the participants to permanent HCV - this allows for a consistent flow of new participants to enter into the HOME TBRA program. The current HCV Administrative Policy allows for the conversion of up to 25% of HOME TBRA participants whom are in good standing. The funds for case management and miscellaneous are through United Way (Coordinated Intake Center), Experiment in Self Reliance, Salvation Army, and Bethesda Center and based on past funding sources that they project to continue.

#### **BARRIERS (3 POINTS)**

**E.8. Describe any potential programmatic barriers to project implementation (e.g. recruitment or outreach challenges, etc.) and your plans for overcoming them.**

There are no known barriers to the program. The program has been very effective in substantially reducing the homeless population in Forsyth County.

**E.9. Describe any institutional barriers to project implementation (e.g. staff vacancies, pending departures, etc.) and your plans for overcoming them.**

There are no known barriers to the program. The program has been very effective in substantially reducing the homeless population in Forsyth County.

#### **AVERAGE COST (5 POINTS)**

**E.10. Use the table below to show the average amount of City funds requested per beneficiary to be served during the year and the average total cost of the service per beneficiary to be served during the year (including all funding sources)**

Proposed funds from the City for this project:	240,000.00
Number proposed to be served for the year:	50
Average City funds per beneficiary:	4,800.00
Proposed funds from all sources:	630,000.00
Number proposed to be served for the year:	50
Average total funds per beneficiary:	12,600.00

## F. Required Documents

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Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### F. Required Documents

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Please provide the following information.

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#### Documentation

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**Code of Conduct/Conflict of Interest Policy \*Required**

Board Code of Conduct.pdf

**Submit a copy of the agency's latest 990 Form as submitted to the Internal Revenue Service. \*Required**

Form 990.docx

**Organization By-Laws \*Required**

HAWS Bylaws.pdf

**Articles of Incorporation \*Required**

HAWS Articles of Incorporation.pdf

**Organization Policies (including personnel, formal non-discrimination, procurement, accounting, etc) \*Required**

HAWS Employee Handbook 2019.pdf

HAWS Procurement Policy - Adopted 12142010.pdf

INFORMATION TECHNOLOGY POLICY - HAWS IT Policy.pdf

HAWS Asset Disposal Policy - updated June 2019.pdf

HAWS Accounting Policies.pdf

**IRS 501(c)3 Designation Letter \*Required**

Form 990.docx

**Audited Financial statements or third-party review from 2020 and 2021 \*Required**

HAWS audit FY2020.pdf

HAWS audit FY2021.pdf

**North Carolina Secretary of State - Current and Active Status (<https://www.sosnc.gov/search/index/corp>)**

**\*Required**

North Carolina Secretary of State Search Results.pdf

**Other**

TBRA Report Doc..pdf

## G. Income Based Projects/Services Only

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### G. Income Based Projects/Services Only

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\*\* Complete this section only if you are requesting funds for a Community Development project (for CDBG, HOME and/or ESG funding).\*\*

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

**G.1. In the right-hand column below, indicate the number of participants to be served by the proposed project/program within each income category during the year. Click [here](#) to see Winston-Salem income limits by household size.**

Income Range	# to be served
0 to 30% of median	35
31% to 50% of median	5
51% to 80% of median	0
Greater than 80% of median	0

**G.2. Describe policies, procedures, and criteria for determining who is eligible. Describe the procedures for screening, eligibility determination, intake, assessment and orientation of participants**

Participants will continue to be selected and assessed by the referring agency. Once the participant has been approved and referred to the Authority, the Authority does additional screening for violent criminal and drug related criminal activity and past Housing Authority debts. Once the participant is deemed eligible, the participant attends an orientation. The case manager assists the participants in locating housing and negotiating with the owner.



## H. Construction/Rehab Only

Completed by kchurch@haws.org on 11/17/2022 11:42 AM

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### H. Construction/Rehab Only

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\*\* Complete this section only if you are requesting funds for a Housing Construction or Rehabilitation project.\*\*  
If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

**H.1. Describe the proposed project and provide plans. If the project is approved, we will need a detailed work write-up.**

**H.2. Provide a projected timeline for the proposed work.**

**H.3. Describe how the project will be managed, including the contractor procurement process.**

**H.4. Describe the target market, including any special populations to be served.**

**H.5. Describe the services or program you plan to provide.**

**H.6. Describe the property management plan.**

**H.7. List the development team members.**

**H.8. Describe the financial capability of the sponsor/owner organization.**

**H.9. Listing of projects undertaken by principals over the past ten years, identifying project name and address, type of project, and number of units; please note any projects for which local government funding was received.**

Project Name	Address	Type of Project	No. Units	Govt Funding
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### Documentation

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Development budget that include a detailed sources and uses statement of all funds, including the requested loan from the City, in electronic format, preferably a spreadsheet.

Not applicable.docx

**Participant/program data sample report**

Not applicable.docx

**Market study or other analysis to verify the need for the project.**

Not applicable.docx

**Operating pro forma that includes rent and operating cost assumptions and all estimated loan payments, in electronic format.**

Not applicable.docx

# I. Emergency Shelter Only

Completed by kchurch@haws.org on 11/17/2022 11:42 AM

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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## I. Emergency Shelter Only

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\*\* Complete this section only if you are requesting funds for an Emergency Shelter project.\*\*

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

### Emergency Shelter: Essential Services

Activity	Total Budget (\$)
Case Management	\$0.00
Child Care	\$0.00
Education Services	\$0.00
Employment Assistance	\$0.00
Job Training	\$0.00
Outpatient Health Services	\$0.00
Transportation	\$0.00
Legal Services	\$0.00
Services to Special Population	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

### Emergency Shelter: Operating Costs

Activity	Total Budget (\$)
Rent	\$0.00
Shelter Security	\$0.00
Fuel	\$0.00
Equipment	\$0.00
Insurance	\$0.00
Utilities	\$0.00
Food	\$0.00
Furnishings (limited to less than \$500 per item)	\$0.00
Supplies	\$0.00
Maintenance or Minor Repairs	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00
	\$0.00

## J. Rapid Rehousing and HMIS Only

Completed by kchurch@haws.org on 11/17/2022 11:42 AM

Case Id: 16253

Name: HAWS HOME TBRA FY 23/24 - 2023/24

Address: \*No Address Assigned

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### J. Rapid Rehousing and HMIS Only

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\*\* Complete this section only if you are requesting funds for a Rapid Rehousing project.\*\*

If the section is not applicable to your project, please leave the questions blank and mark the step "Complete."

Prior to the beginning of any funding year, any ESG-funded program must participate in the local Homeless Management Information System (HMIS) designated by the Winston-Salem/Forsyth County Continuum of Care, or for domestic violence programs, a comparable database in accordance with HUD's standards.

#### Rapid Rehousing Financial Assistance

Activity	Total Budget (\$)
Rent Assistance	\$0.00
Rental Application Fees	\$0.00
Security Deposits	\$0.00
Last Month's Rent	\$0.00
Utility Deposits	\$0.00
Utility Payments	\$0.00
Moving Cost Assistance	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

#### Rapid Rehousing Services

Activity	Total Budget (\$)
Case Management	\$0.00
Housing Search and Placement	\$0.00
Mediation	\$0.00
Legal Services	\$0.00
Credit Repair	\$0.00
Counseling	\$0.00
Information and Referral	\$0.00
Monitoring/Evaluation of Progress	\$0.00
Overhead Costs (limited to 15% of total activity request)	\$0.00

#### HMIS/Data Collection Budget

HMIS Activity	City ESG Request	State ESG Request
Staff Costs	\$0.00	\$0.00
Equipment	\$0.00	\$0.00
User Fees	\$0.00	\$0.00
	\$0.00	\$0.00

## Submit

Completed by kchurch@haws.org on 11/17/2022 12:55 PM

**Case Id:** 16253

**Name:** HAWS HOME TBRA FY 23/24 - 2023/24

**Address:** \*No Address Assigned

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## Submit

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I certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Kelly D. Church

Electronically signed by kchurch@haws.org on 11/17/2022 12:55 PM

# IDIS Setup

No data saved

**Case Id:** 16253

**Name:** HAWS HOME TBRA FY 23/24 - 2023/24

**Address:** \*No Address Assigned

---

## IDIS Setup

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Please provide the following information.

**Project Name**

**National Objective**

**Activity Number ID**

**HUD Activity Code**

**Project Description**

**Accomplishment Type**

**Initial Application Date**

**Service Area**

**Ward**

**Census Tract(s)**

**Block/Group**

**MWBE**