

A. Organization & Contact Information

Case Id: 16110
Name: HARRY VCOS - 2023/24
Address: *No Address Assigned

Completed by harryvcos@gmail.com on 11/13/2022 9:06 PM

A. Organization & Contact Information

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

HARRY Veterans Community Outreach Services, Inc/d/b/a
HARRY VCOS

EXECUTIVE DIRECTOR/MANAGER

A.12. Name, Title

Ciat Shabazz - Executive Director

A.2. Project/Program

Emergency/Supportive Service Assistance

A.13. Email

harryvcos@gmail.com

A.3. FY 2023-24 Funding Request Amount

\$35,000.00

A.14. Phone

(336) 624-3254

A.4. Agency's Total Operating Budget

\$90,000.00

CONTACT

A.15. Name, Title

Ciat Shabazz - Executive Director/CoFounder

A.5. Mailing Address

897 Peters Creek Parkway Suite 102 Winston-Salem, NC
27103

A.16. Email

harryvcos@gmail.com

A.6. Project/Program Location Address

897 Peters Creek Parkway Suite 102 Winston-Salem
Winston-Salem, NC 27103

A.17. Phone

(336) 725-3410

A.7. Organization Website

www.harry4you.org

BOARD CHAIR

A.18. Name

Alfonzo Boyd

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

August 2009

A.19. Term Expiration

04/01/2023

A.9. Organization Fiscal Year

January-December

A.20. Email

harryvcos@gmail.com

A.10. Federal Tax ID Number

26-3110530

A.21. Phone

(336) 725-3410

A.11. Federal DUNS Number

969289912

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B. Project Overview

Completed by harryvcos@gmail.com on 11/13/2022 10:24 PM

Case Id: 16110

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B. Project Overview

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?

HARRY VCOS aligns nonmedical supportive services to veterans and their eligible family members, inclusive of the veteran's family caregiver who is the proxy for the veteran. Supportive services provide for emergency financial assistance that covers a wide range of needs i.e., rental application fees, rental deposits that do not exceed \$500, prevention of electric/water/gas disconnection, minor car repairs, out of pocket OTC nonprescription drugs, food and small/minor house repairs.

Supportive Services additionally engage the veterans in positive interactions with the community, intergenerational youth projects and participation in honor programs.

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

Veterans' self-and/or are referred by way of the Goodwill/Salvation Army Supportive Services for Veterans & Family, Kernersville/Salisbury VAMC, Dept. of Veterans Affairs and Social Workers from hospitals and/or other entities that service veterans.

NEED (7 POINTS)

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

COVID continues to exacerbate the preexisting medical challenges of the veterans who have combat injuries. Veterans who are not 100% service connected and their incomes are well below the median income range continue to find themselves in crisis conditions. Veterans, with housing vouchers, are being displaced at an alarming rate. The major factors that contribute to veterans in need of supportive services and emergency financial assistance are;(1) PTSD (medications often make them unemployable), (2) social isolation, and (3) substance abuse. The Dept. of Veterans Affairs reports 50% of the homeless and/or at risk of being homeless vets have serious mental health issues; 51% have disabilities; 20% are males, 40% are age 31-50 and is much younger than the general homeless population and 68% reside in principal cities of which 1 out of 5 live alone without social support.

Female veterans are increasingly experiencing many of the same medical challenges as their male counterparts and are single parents.

These statistics reflect veterans with combat status.

The delay in receiving their service compensation for the most part can add to their homelessness and/or at risk due to a wait period for benefits is a minimum of about 107 days or more.

COLLABORATION (6 POINTS)

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,

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and performance measurement of the proposed project/program?

HARRY VCOS allies are VA HUD Vash housing program, Kernersville/Salisbury VAMC, VA Supportive Services for Veterans & Families (housed in Goodwill Industries/Salvation Army), Triad Veterans & Military Resource Coalition, WS Continuum of Care and Forsyth Tech Veterans Resource Center. HARRY Vets collaborate, for Outreach, with community and faith-based organizations

C. Strategy and Performance

Completed by harryvcos@gmail.com on 11/16/2022 4:10 PM

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C. Strategy and Performance

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.

A list of required documents for intake accompanies the Agency/Self-Referral request for assistance is required for a scheduled appointment. Request are reviewed to identify the specific need/s of the veteran. Service requests are logged and filed. A detailed cumulative quarterly report of veterans/nonveteran in receipt of services, stakeholders' participation in community projects and collaboration for outreach with entities that provide services that address needs of veterans that HARRY VCOS does not provide for i.e. education, employment, addictions and permanent housing served is submitted to the budgeting department quarterly during the fiscal year.

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

A strategic planning session for program management/planning will address any issues that are problematic for staff

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and/or membership stakeholders. Key performance of program implementation will require identifying resources and collaborations that can/will help HARRY VCOS to achieve their goals.

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
Emergency Financial Assistance	Program assists veterans experiencing a crisis that affects their ability to meet the temporary need for help for utilities, housing, food, minor home/auto care repairs etc. A maximum of \$500 is allowed with that being for extreme circumstances due to budget constraints.	Provided financial assistance to 156 veterans with 75% receiving maximum housing benefits. 25% of this assistance did not include housing benefits.	Veterans are being displaced at an alarming rate. We're anticipating an increase in bridging the gap for about 175 -200 veterans of which about 75% will be for housing assistance.	Housing assistance will continue to be a major focus. An anticipated decline the need for transitional housing will decrease the number of veterans in need of maximum assistance to about 150. We're predicting a 35% utility assistance.
Supportive Services	This initiative encourages/engage veteran stakeholders in peer outreach collaboration for a healthy/wholesome lifestyle. Stakeholders engage in community outreach and intergenerational youth mentoring.	Veteran stakeholders participated in 2 honor programs, 2 standdowns, planning for intergenerational mini-Science initiative and were VIP guest at 2 WS Dash games. Outreached to 192 veterans.	Increase collaboration for peer outreach to about 200, collaborate with allies to increase number of honor events participation continue to plan for intergenerational initiative.	As COVID eases opportunities for networking and community outreach increases. Identifying an infrastructure to house membership meetings to decrease anxiety/stress of the veteran/s.
Advocacy	The veteran network meets monthly to identify and strategically plan how to address	Promise to Address Comprehensive Toxics Act of 2022, or PACT Act, expands VA health care and	20% of the time spent is to prep vets for documents that will assist our attorney in his	Network continues to address housing pandemic, 2022 PACT Act, follow-up with our attorney

	and/or draft legislation that addresses the veteran's benefits.	benefits for Veterans exposed to burn pits and other toxic substances. H.R.6482 - Camp Lejeune Justice Act of 2022 (exposure to contaminated water) passed by the United States House of Representatives, the Senate, and signed into law by President Biden.	preparation for their Camp Lejeune Federal Tort Claim.	regarding our referrals for the Camp Lejeune Justice Act Federal Tort claims.
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	Total Unduplicated Number Served	Total Number Served
FY 21-22 Previous Years Results	156	267
FY22-23 Current Year Projected Results	175	250
FY 23-24 Next Year Anticipated Results	150	325

C.6. FY 21-22 Program Accomplishments

Outreached to 192 veterans. Participated in Syracuse University's Institute for Veterans & Military Families symposium, WSSU "Rooted In Resilience" Community Day, collaboration with Happy Hill Neighborhood Association and Forsyth Tech for Memorial Day/Veterans Day honor programs, 2 standdowns, planning for intergenerational mini-Science initiative and were VIP guest at 2 WS Dash games.

C.7. FY 22-23 Key Objectives

Continue to identify professional services of an affordable CPA for auditing/process review to ensure our fiscal stability.

Continue to bridge the gap and to help provide economic relief for veterans hardest hit with financial challenges due to delays in adjudication of claims for compensation, unemployment and/or their housing instability.

Continue to work with the County on our infrastructure needs assessment. Continue to meet with Dr. English Bradshaw, President of the Memorial Industrial CDC for the proposed youth initiative.

Continue to collaborate on honor programs and outreach.

D. Organizational Capacity

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D. Organizational Capacity

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?

HARRY VCOS is a passionate network of veterans, family and concerned members of the community that is responsive to the economic, social, health, educational and the total well-being of the men/women who have served our nation in the Armed Services. HARRY VCOS advances its mission by providing 3 primary services: (1) Supportive Services; (2) Emergency Financial Services and (3) Advocacy.

The services are distinct in that a holistic community approach is the basis for providing valuable resources to help our veterans maintain a good quality of life. Promises made; Promises kept..."make them whole upon their return from serving our county".

FUNCTION (5 POINTS)

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

To date HARRY VCOS has been in operation for 13 years - Tax Exempt status 2009

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

HARRY VCOS services/initiatives address the veterans that reside in Winston-Salem health disparities which help to build stronger neighborhoods and prevents an uptick in veteran homelessness. Healthy veterans add to the economic mobility of the city and eliminate barriers to employment opportunities for the veterans who are not totally disabled. We help to identify the housing needs of the veterans and provide them with supportive services. We partner/collaborate with community agencies that also provide services such as education, housing, employment and work to ensure the total needs of the veterans are addressed and met. We further partner with the aforementioned for outreach, promoting and hosting events

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
ED	Manages the daily operation of the agency. Responsible for quarterly reports and manages volunteer/stipend staff. Reports all reports and/or executive decisions to the BOD.	35	0.00 %
Occupational	Veteran certified peer that consults with veterans on	15	20.00 %

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Therapist	healthy activities/exercises that help them develop practices that can minimize their pain. Assist with intake		
Stipend Youth Office Assistant	Crosby scholar who ensures storage room is tidy, small office duties such stuffing bags for outreach and setting up for events. Help ED to organize and maintain a filing system for reports/documents.	16	65.00 %

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

Executive Staff Name	Title/Role	Compensation	% of Hours Proposed to be Funded
Ciat Shabazz	ED	\$0.00	0.00 %

D.6. Attach an organizational chart



Organizational Chart *Required

ORGANIZATION STRUCTURE.doc

Amended EMPLOYEE HIRING PROCESS 2022.doc

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:

Copy of the hiring process is attached to the uploads with the Organizational Chart (D.6.)

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					1	
Professionals						
Technicians						
Office/Clerical						
Laborers/Service Workers						
Total Full-Time	0	0	0	0	1	0

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						
Professionals				1		
Technicians						

Office/Clerical		1			1	
Laborers/Service Workers						
Total Part-Time/Temp	0	1	0	1	1	0

D.8.



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

2021 BOARD OF DIRECTORS DIRECTORY #2.doc

Amended NON DISCRIMINATION EQUAL OPPORTUNITY POLICY.doc

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

4

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

4

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.

N/A

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 best practices risk assessment utilized the rental unit infrastructure that has a full-size room separated with plexiglass allowing for safe interaction with clients during COVID. Volunteer staffing is pre-screened prior to entry into the open office space. All BOD meetings were/are virtual. To that point we continue to practice Safe Distancing during the intake process.

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)?

Non-Discrimination Equal Opportunity Policy is uploaded in "D.6. - Our target population is veterans and their eligible family members, active duty, National Guard and Reservist.

E. Cost Effectiveness

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E. Cost Effectiveness

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	\$57,000.00	\$45,000.00	\$59,500.00
Fundraising	\$0.00	\$0.00	\$0.00
Management and General	\$33,000.00	\$31,000.00	\$35,500.00
Total Expenditures by Program	\$90,000.00	\$76,000.00	\$95,000.00

Expenditures by Category	Budgeted FY 22-23	Projected Actuals FY 22-23	Proposed Budget FY 23-24
Employee Salaries and Wages	\$5,000.00	\$5,000.00	\$5,000.00
Employee Benefits	\$0.00	\$0.00	\$0.00
Facility Rent and Utilities	\$14,000.00	\$14,000.00	\$14,000.00
Training and Conference Registration	\$0.00	\$0.00	\$0.00
Membership and Dues	\$0.00	\$0.00	\$0.00
Travel and Transportation	\$6,000.00	\$6,000.00	\$6,000.00
Grants to Individuals and Organizations	\$50,000.00	\$40,000.00	\$55,000.00
Contracted Fundraising Services	\$0.00	\$0.00	\$0.00
Goods Purchased for Resale	\$500.00	\$0.00	\$0.00
Other Contracted Services	\$5,500.00	\$4,000.00	\$8,000.00
Other Operating Expenditures	\$2,000.00	\$0.00	\$0.00
Capital Outlay	\$7,000.00	\$7,000.00	\$7,000.00
Total Expenditures by Category	\$90,000.00	\$76,000.00	\$95,000.00

Revenues by Category	Budgeted FY 22-23	Projected Actuals FY 22-23	Proposed Budget FY 23-24
City of Winston-Salem	\$30,000.00	\$25,000.00	\$30,000.00
Forsyth County	\$30,000.00	\$30,000.00	\$30,000.00
State of North Carolina	\$0.00	\$0.00	\$0.00
Federal Government	\$30,000.00	\$0.00	\$0.00
Admissions/Program Revenues/Sales	\$1,500.00	\$0.00	\$1,500.00

Memberships	\$1,000.00	\$1,500.00	\$1,000.00
Donations	\$8,000.00	\$10,000.00	\$8,000.00
Foundation Grants	\$0.00	\$30,000.00	\$30,000.00
Interest and Investment Income	\$0.00	\$0.00	\$0.00
Parent Organization	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Revenues by Category	\$100,500.00	\$96,500.00	\$100,500.00

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

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
2022	Operating/Promgram Services	\$25,000.00
2021	Operating/Program Services	\$25,000.00
2020	Operating/Program Services	\$25,000.00
2019	Operating/Program Services	\$25,000.00
2018	Operating/Program Services	\$25,000.00

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
Operating Expenses	\$15,000.00	\$20,500.00	County, Membership, Donations
Program Services	\$15,000.00	\$44,500.00	County, Dues, Membership, Donations and Grants
	\$30,000.00	\$65,000.00	

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.

City funds are essential in offsetting HARRY VCOS operating budget, programing services and initiatives.

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.

HARRY VCOS does not have a parent organization.

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.

A request for an increase of \$5K will help to retain the service of a CPA.

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.

Looking to identify funding sources that align with our mission/goals. Plans are to seek a grant writer/researcher that will donate and/or include cost of service in a MOA/MOU.

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.

COVID continues to be problematic for staff members that have compromised immune systems. In person appears to work well as only one client is at a time and appointments must be scheduled to ensure safe distancing even in the safe area with the plexiglass.

In person membership meetings continue to be on hold until an accommodating infrastructure is identified. Working with the County to find a resolution.

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

At this time funding does not allow for paid staffing. ED is co-founder of agency and is not a paid staff. Youth volunteer is stipend, Occupational Therapist is a nonpaid stakeholder staff and data input clerk is a volunteer veteran spouse.

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:	15,000.00
Number proposed to be served for the year:	30
Average City funds per beneficiary:	500.00
Proposed funds from all sources:	100,500.00
Number proposed to be served for the year:	175
Average total funds per beneficiary:	500.00

F. Required Documents

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F. Required Documents

Please provide the following information.

Documentation

Code of Conduct/Conflict of Interest Policy *Required

Code of Conduct.doc

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

2021 Tax File 990.pdf

Organization By-Laws *Required

By-Laws.JPG

Articles of Incorporation *Required

Articles of Incorporation.JPG

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

HARRY VCOS Accounting Manual.doc

IRS 501(c)3 Designation Letter *Required

Updated IRS Tax Exempt Doc..JPG

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

2022 Audit Letter.doc

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

***Required**

Secretary of State Nov. 22.docx

Other

***No files uploaded*

G. Income Based Projects/Services Only

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G. Income Based Projects/Services Only

** 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	0
31% to 50% of median	0
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

H. Construction/Rehab Only

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Case Id: 16110

Name: HARRY VCOS - 2023/24

Address: *No Address Assigned

H. Construction/Rehab Only

** 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

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.

***No files uploaded*

Participant/program data sample report

***No files uploaded*

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

***No files uploaded*

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

***No files uploaded*

I. Emergency Shelter Only

Completed by harryvcos@gmail.com on 11/18/2022 1:21 AM

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I. Emergency Shelter Only

** 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

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Case Id: 16110

Name: HARRY VCOS - 2023/24

Address: *No Address Assigned

J. Rapid Rehousing and HMIS Only

** 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 harryvcos@gmail.com on 11/18/2022 1:21 AM

Case Id: 16110

Name: HARRY VCOS - 2023/24

Address: *No Address Assigned

Submit

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.

Ciat Shabazz

Electronically signed by harryvcos@gmail.com on 11/18/2022 1:21 AM

IDIS Setup

No data saved

Case Id: 16110

Name: HARRY VCOS - 2023/24

Address: *No Address Assigned

IDIS Setup

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