

“Sunrise Peer Support-led Recovery Community Center at Home Is Key”

RFP for Coronavirus State and Local Fiscal Recovery Funds

Sunrise Community for Recovery and Wellness

Sue Polston
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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. To date, Buncombe County has awarded projects totaling \$23,093,499, leaving a balance of \$27,639,791 available to award.

Visit <http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding><http://www.buncombecounty.org/recoveryfunding> for details.

This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Organization Type*

Nonprofit

Nonprofit documentation

If nonprofit, attach IRS Determination Letter or other proof of nonprofit status.

IRS Non Profit status letter SUNRISE.pdf

Name of Project.*

“Sunrise Peer Support-led Recovery Community Center at Home Is Key”

New/Updated Proposal*

Is this a new project proposal or an updated version of a proposal submitted during the earlier (July 2021) Recovery Funding RFP?

Updated version of previously submitted proposal

Amount of Funds Requested*

\$862,251.00

Category*

Please select one:

- Affordable Housing
- Aging/Older Adults
- Business Support/Economic Development
- Environmental/Climate
- Homelessness
- K-12 Education
- Infrastructure and/or Broadband
- Mental Health/Substance Use
- NC Pre-K Expansion
- Workforce

Enhance behavioral and mental health services

Brief Project Description*

Provide a short summary of your proposed project.

Sunrise Community for Recovery and Wellness, Inc. (Sunrise) in Buncombe County, North Carolina, is a non-profit 501(c)(3). We are proposing to create and run a Peer Support Specialist (PSS)-led Recovery Community Center (RCC) at Home Is Key. This is a permanent supportive housing site for 85 chronically unsheltered individuals slated to open in Dec. 2022 by Homeward Bound of WNC (Homeward Bound).

Our mission at Sunrise is to empower individuals and communities to manage and overcome substance use and mental health challenges. Our RCC at Home Is Key will assist residents seeking recovery for substance use and/or co-occurring mental health, and those with re-entry challenges. Through the valuable lived experience of our Peer Support Specialists (PSS), we will provide daily groups, individual peer support, education and training, referrals, resource linkage, and volunteer opportunities, all focused on building healthier and more sustainable recovery lifestyles.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

Sunrise Peer Support Specialists (PSS) will create and operate a PSS-led Recovery Community Center (RCC) at the Home Is Key permanent supportive housing site.

Prior to the Dec. 2022 Home Is Key opening, Sunrise will participate in meetings and planning with Homeward Bound to coordinate strategic timelines, ensuring readiness for launch. This will include in-person/virtual meetings, technical advice, site visits, and collaboration on physical-space for activities and services.

Sunrise will utilize our RCC coordinator prior to the Home Is Key opening to manage the final steps of program implementation and operation, including:

Staffing – 4 full-time equivalent (FTE) PSSs + 1 part-time PSS Coordinator +1 part-time Operations Director

Hours – Mon-Fri 8 hrs/day (possible weekend PSSs to support/enhance cohesion and stability). Initial start/end times (e.g., 9am-5pm) may be adjusted (e.g., 11am-7pm) to best serve participants. Our PSSs always work in pairs to ensure safety and security for one another and for participants.

Home Is Key residents will have access to regularly scheduled cost-free recovery and wellness groups daily (in-person and virtual). Groups will follow Sunrise’s existing schedules for Zoom, along with a daily group on-site. We will offer individual peer support for assisting residents in accessing and navigating community resources. These may include resume building, job applications, HepC/HIV/STD testing, volunteer opportunities, recovery events, and education and training.

Our PSS-led RCC will help create a safe place for Home Is Key residents to interact with others. RCC services will provide a sense of connection and create opportunities for residents to form healthy natural supports. They will develop social relationships, reconnect to primary care and mental health services (which likely lapsed or were greatly reduced during COVID-19), and get involved in recovery. Access to these services is crucial to the overall health and wellbeing of Home Is Key residents. This will align with current goals of the city and county and broader WNC region as we seek to support the fragile, chronically unsheltered people facing substance use and mental health challenges. Special attention will be focused on racial and cultural disparities.

Sunrise will offer Peer University and Recovery Coach Academy for those interested in volunteering or training (including initial shadowing as volunteers, paid internships, and potential PSS certification training and hours).

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

In Buncombe County, 31% of the unsheltered have serious mental health, 27% experience substance use disorders, and 19% are domestic violence victims.¹

Asheville’s 2021 Point-in-Time (PIT) count showed 527 homeless in the area on any given night.² The PIT count also revealed a 78% increase from 2020-2021 in those staying in unsheltered settings (sleeping outside in streets or encampments), representing over a fifth of the total homeless population.^{2,4}

Homeward Bound listed 225 chronically unsheltered in 2021.³ These are the most vulnerable with the greatest need for permanent housing and the fewest opportunities for access. Many have lived outside for years and have mental illness, substance use, and chronic health issues, often with histories of interacting

with public safety and healthcare systems due to behaviors related to living outside (staying on unfit or undesignated property, public intoxication, shoplifting, etc.).³

With integrated services, Home Is Key projects the annual cost of caring for 85 residents may be reduced from \$3-4 million to approximately \$1 million.³ As part of the integrated services, our RCC will promote safety and cohesiveness, contributing to the lowered need for expensive resources. Peer support models help cost-effectively reduce justice system involvement, hospitalizations, and relapse risk for folks with substance use/mental health issues, while improving housing stability, treatment retention, and social connections.⁵ Our own outcomes have shown decreases in substance use, court/jail involvement, ER use, inpatient stays and outpatient consultations (cost savings); and improvements in housing, employment, and functioning.⁶

Sources:

[1] Buncombe County Community Health Assessment - 2015 [2] City of Asheville's Point In Time Count – 2021 [3] Homeward Bound brochure – July 2021 [4] Mountain Xpress on Shelters and Housing Gaps – June 2021 [5] SAMHSA: The Value of Peers - 2017 [6] Sunrise, positive recovery impacts, ATR voucher, Appendix E

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

In the wake of COVID-19-related unemployment, evictions, and increased demands for services, our community support systems struggled to help the existing (and newly) homeless. As COVID-19 cases rose, many businesses reduced hours of operation or completely closed due to “shelter in place” restrictions and social distancing requirements, leading to lay-offs and firings. Many who lost jobs were evicted and sought supportive services, but service providers also needed to reduce or discontinue offerings due to pandemic-related restrictions.

Based on input from homeless support providers, the pandemic had considerable impact on community and social services in the past 16 months. Churches stopped offering rotating shelters in order to reduce exposures and meet social distancing requirements. Laundromats stopped washing clothes for the unsheltered. Community outreach and social support programs (needle exchange, drop-in centers) and in-person mental health and substance use services paused or drastically decreased services. Area shelters were obligated to increase space between beds and designate quarantine areas and many required negative COVID-19 tests for entry, leading to reduced bed availability and services. Support workers encountered longer waitlists and logistical challenges helping to secure housing because of COVID-19 restrictions.¹

Many of the folks who will be at Home Is Key were impacted by COVID-related service reductions/discontinuations and experienced exacerbations of existing conditions due to the stress of the pandemic. Sunrise worked to cover gaps, more than doubling the service episodes provided in our first four years (11,000) to 14,278 in the past year.

Our PSS-led RCC team will continue working to connect folks to supportive services and empower them to focus on overcoming substance use disorders and mental health challenges and to re-engage in building toward recovery.

[1] Homeward Bound Dwelling podcast Ep. 1 | COVID-19 – August 28, 2020

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

The 85 chronically unsheltered residents we will serve via our PSS-led RCC at Home Is Key are predominantly from WNC. Homeward Bound's tracking data indicates 70% of the individuals on their

chronic-by-name-list are from our local region. Approximately 83% report Buncombe County or another WNC county as the last place of residence, while another 7% report mid- to eastern-NC as the last place of residence.

The 2015 Buncombe County Community Health Assessment noted 1/3 of the homeless population has a serious mental illness or substance use disorder and 1/5 are domestic violence victims. The chronically unsheltered are the most vulnerable and have the greatest need for permanent housing. Many have lived outside for years and struggle with mental illness, substance use, and chronic health issues. They often have a history of interacting with public safety and healthcare systems due to behaviors related to surviving while living outside. This group's needs impose a heavy financial burden on our community. Homeward Bound indicates the national average cost per chronically homeless individual per year is \$30,000 to \$50,000, due to their greater need for and use of services (e.g., crisis centers, hospitals, ERs, ambulances, law enforcement).

The city's 2021 PIT count outlined key demographic characteristics of the area's homeless:

Age: 93% were 18 or older

Gender:

25.4% female; 74.2% male

.2% transgender and .2% gender nonconforming

Race/Ethnicity:

Nearly 3% Hispanic/Latinx ethnicity

Nearly 25% black

Another 6% indigenous, Asian, or of multiple races

In June of 2021, Sunrise surveyed 9.7% of the 527 unsheltered population in the city's PIT count. When respondents were asked about their primary reason for inability to maintain long-term housing, 17.5% indicated substance use instability and another 17.5% identified mental health instability. We recognize the necessity of providing services that are informed by systemic racism, discrimination and equity concerns.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

By operating our PSS-led RCC at Home Is Key, we envision positive recovery impacts in residents' engagement with services and improved overall functioning and wellbeing. As they work to increase recovery and balance, they will likely need (and seek) fewer high-cost services and require less intervention by EMS, mental health crisis services, law enforcement, and the courts.

Sunrise PSSs will conduct Self-Report Check-Ins (SCIs) with Home Is Key clients at regular intervals (e.g., at 1-, 3-, and 6-month intervals); timing will be determined in collaboration with Home Is Key.

Using baselines established through intake and the planning process, core performance measures will track at least the first three items initially, and likely many others, via the SCIs with Home Is Key residents:

Participation in peer support volunteering and training (goal to track interest/participation levels)

Establishment/re-establishment of/participation in routine primary medical care (goal to track establishment of and participation in care)

Increased engagement with other services (mental health, job training, résumé or financial planning education)

Frequency of substance use (goal to decrease)

Number of times experienced mental health crises (goal to decrease)

Number of days since last engaged in crisis services for mental health (goal to decrease)

Number of ER visits (goal to decrease)

Employment (goal to secure employment)

Participation in financial planning/wellness activities (goal to track participation levels)

We have been in conversation with Home Is Key and plan to regularly collaborate with them regarding outcome data and tracking to ensure optimal efficiency and consistency across organizations.

We will also continue examining other areas of outcome data that we believe are critical to the recovery community and to our work (e.g., may incorporate an SCI item asking about Perceived Quality of Life).

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Peer Support Specialists (PSSs) at the RCC will work with Home Is Key residents to ensure completion of Self-Report Check-Ins (SCIs) at appropriate time intervals. The SCIs will incorporate questions and rating items tying in key aspects of the Eight Dimensions of Wellness, as used by SAMSHA, including: emotional, environmental, financial, intellectual, occupational, physical, social, and spiritual.¹

The SCIs will be used to gather self-reported input/data from residents on the following areas: engagement in peer support volunteering and training; establishment/re-establishment of/participation in routine primary medical care; and increased engagement with other services (mental health, job training, résumé or financial planning education).

In coordination with Home Is Key, our SCIs will also likely track aspects of self-reported substance use, mental health crises, ER use, need for/use of mental health crisis services, employment status, and others. Using the SCI data, we will be able to report on service/outreach completions and trends in various aspects of residents' functioning.

Each client's unique needs and abilities will be taken into account in completing the SCIs. PSSs will go over the SCI with residents to determine the best approach for self-reporting (e.g., filling out by hand, completing via online secure portal, or offering to read items aloud and assist with completion, if needed). Sunrise uses a Google Doc system to store and aggregate data for auto-generated reports, facilitating analysis of outcomes and allowing for assessment of items needing deeper review.

We create, design, and utilize our own unique data tracking plans and systems for each of our distinct programs. We will ensure that our tracking system for this project is tailored to meet the reporting requirements. We will also use the Recovery Data Portal (RDP) software.

Source:

1 - SAMHSA – Eight Dimensions of Wellness - 2017

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

Homeward Bound notes many of the Home Is Key future residents are part of the chronically homeless population sleeping unsheltered outside in encampments, abandoned vehicles, behind buildings, etc. While some had been sleeping outside long-term prior to COVID-19 (due to shelter requirements, disallowance of pets, substance use, safety concerns, PTSD, feelings of disenfranchisement, etc.), this group's number grew dramatically from 2020 to 2021. During the pandemic, these folks became more scattered with less access to

(and availability of) programs and services. Because of COVID-19, shelters limited or discontinued offerings and there were drastic reductions or discontinuation of in-person mental health and substance use services.

Approximately 80% of the prospective Home Is Key clients have documented severe and persistent mental illness (SPMI) or substance use disorders and many have chronic health issues. Our PSS-led RCC will provide crucial services in supporting the residents as they address these areas. Our goal is to help remediate at least some of the inequities in service they experienced during COVID-19, while supporting their work on root causes of their co-occurring issues, leading to a more sustainable recovery with increased balance and wellbeing.

The city's 2021 PIT count listed nearly 30% of the area's homeless as black, indigenous, and persons of color. The disproportionate numbers of non-white people in unsheltered living point to the importance of this work. We recognize the critical necessity of providing services that are sensitive to and informed by an engaged awareness of systemic racism, discrimination, and equity issues. We are committed to this and have established relationships with non-white organizations such as Umoja, Beloved, and Jordan Peer Recovery. We also created a committee specifically focused on reviewing outreach and marketing materials to ensure our programming, practices, procedures, and protocols reflect equity and inclusion

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

Sunrise's key collaborative partner is Homeward Bound, who is developing the Home Is Key permanent supportive housing site where our PSS-led RCC services will be provided. We have been and will continue to be involved in regular collective planning with Homeward Bound to ensure the launch of our PSS-led RCC coincides with the planned opening of Home Is Key in December 2022.

We will also continue collaborative partnerships with Asheville-Buncombe Technical Community College (AB Tech) and with Goodwill for linkage to employment training and opportunities.

We plan to use a portion of this financial support, if awarded, to fund peer support specialist training provided virtually across the state by Vaya Health.

We anticipate some contracting for peer support training and alternative therapies such as acupuncture or Reiki. We do expect a variety of non-funded key partners (engaged by Homeward Bound/Home Is Key) who will be critical to our PSS-led RCC and with whom we will work closely. It is possible these will include psychiatry services provided by MAHEC, primary care medical services by the Appalachian Mountain Community Health Center/Dale Fell Health Center, EMS services by the county, and others yet to be identified.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

Sunrise became a 501(c)(3) nonprofit in 2015, after several years of recovery advocacy and organizing work. Our founders recognized the value of Peer Support Specialists (PSSs) and advocated for a local Recovery-Oriented System of Care (ROSC).

Our mission is to empower individuals and the community to manage and overcome substance use disorders and mental health challenges.

We are the only peer-run organization in WNC, with over 60% of our board and 100% of our staff being persons in recovery. We are highly skilled in developing/providing accessible programs and services and effectively engaging those impacted by substance use and mental health difficulties—including folks experiencing poverty and homelessness, justice-involvement, or the effects of trauma.

The RCC model offers peer support, peer-led recovery groups, information about recovery resources and services, and volunteer and internship opportunities. Our RCC in Asheville serves as a hub for outreach, community education, and training, including Recovery Coach Academy and Wellness Recovery Action Plan.

In the past six years, we have provided over 24,000 episodes of peer support, training and recovery advocacy. We have partnered successfully with the county justice system to provide Peer Support Specialists as a significant part of their recovery support offerings. Many of us participate in numerous groups' boards and committees and are involved in organizing and supporting local, regional, and statewide recovery initiatives.

We have grown from a small, volunteer-driven, peer-led network to a successful, regional nonprofit organization and leading recovery resource. Our initial funding was \$50,000 from Recovery Communities of North Carolina and we are now diversely funded with an annual budget of over \$2,000,000. Our staff has grown from one paid PSS to 48 full- and part-time PSSs. We've also built strategic partnerships with community organizations and stakeholders and now operate 11 peer-led programs.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Home is Key Budget-Sunrise Community - Sheet1.pdf

Special Considerations*

Provide any other information that might assist the County in its selection.

Sunrise Community is the only 100% peer run and managed organization in WNC. These funds would support authentic peer support services in our community. Sunrise looks forward to continued partnerships and collaborations with Buncombe County.

File Attachment Summary

Applicant File Uploads

- IRS Non Profit status letter SUNRISE.pdf
- Home is Key Budget-Sunrise Community - Sheet1.pdf

OGDEN UT 84201-0038

In reply refer to: 4055250277
Feb. 10, 2017 LTR 4168C 0
20-5775122 000000 00

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BODC: TE

SUNRISE COMMUNITY FOR RECOVERY AND
WELLNESS INC
% LARRY THOMPSON
PO BOX 845
ASHEVILLE NC 28802-0845

Employer ID Number: 20-5775122
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Dec. 29, 2016, regarding your tax-exempt status.

We issued you a determination letter in November 2007, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

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

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

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

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

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

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Feb. 10, 2017 LTR 4168C 0
20-5775122 000000 00
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UNRISE COMMUNITY FOR RECOVERY AND
WELLNESS INC
LARRY THOMPSON
PO BOX 845
SHEVILLE NC 28802-0845

Sincerely yours,



Jeffrey I. Cooper
Director, EO Rulings & Agreement

Organization Name:	Sunrise Community for Recovery Wellness			
Project Name:	Sunrise Peer Support-led Recovery Community Center at Home Is Key			
Amount Requested:	\$862,251			

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$862,251		
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
Total	\$862,251		

Proposed Project Expenses	Proposed Recovery Funds	Other Funds	Total	Capital or Operating Expense?	Notes
List expenses here	Operations Director .5 FTE		\$29,120	Operating	Oversee daily operations for the organization
List expenses here	12% Fringe		\$3,494	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)
List expenses here	RCC Coordinator .5 FTE		\$24,960	Operating	\$24/ hr .5 FTE
List expenses here	12% Fringe		\$2,995	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)
List expenses here	Laptop and printer for Coord.		\$1,300	Capital	1000 for laptop and 300 for printer
List expenses here	4 RCC Support Staff FTE		\$166,400.00	Operating	\$20/ hr FTE 4 Staff
List expenses here	12% Fringe		\$19,968.00	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)

List expenses here	Staff Development		\$2,500.00	Operating	Mental Health First Aid, Recovery Coach, De-escalation, ECPR, CPR, Etc.
List expenses here	Drop in center phone		\$1,000.00	Capital/Operating	Phone- \$520 Service 12 mos- \$480
List expenses here	Subcontracting		\$5,000.00	Operating	not limited to: Holistic practitioners, Reiki, Sound Healing, therapeutic massage, aromatherapy, etc.) Funds will be used as stated, dependent upon costs and availability at the time of utilization
List expenses here	Intern Stipend		\$7,800.00	Operating	Residents living at the Home is Key project will have the opportunity to learn more about peer support while interning in the drop in center. This will be a 4 week paid internship at \$150 per week
List expenses here	Zoom Account		\$200.00	Operating	Zoom acct for RCC 14/month
List expenses here	Office Supplies/Marketing Material		\$1,000.00	Capital	general office supplies, flyers for events at the center, business cards, etc.
List expenses here	Bookepping Services		\$1,000.00	Operating	
List expenses here	10% Overhead		\$22,014.00	Operating	
List expenses here	Total for year 2022		\$288,752		Total for year 1 \$ 220,146 + 10% overhead(22,014)= \$242,160
List expenses here					
List expenses here	Operations Director .5 FTE		\$29,120	Operating	Oversee daily operations for the organization.
List expenses here	12% Fringe		\$3,494	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)
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List expenses here	Drop in center phone		\$480.00	Operating	Service 12 mos- \$480
List expenses here	Subcontracting		\$5,000.00	Operating	not limited to: Holistic practitioners, Reiki, Sound Healing, therapeutic massage, aromatherapy, etc.) Funds will be used as stated, dependent upon costs and availability at the time of utilization
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List expenses here	Zoom Account		\$200.00	Operating	Zoom acct for RCC 14/month

List expenses here	Office Supplies/Marketing Material		\$1,000.00	Capital	general office supplies, flyers for events at the center, business cards, etc.
List expenses here	Bookepping Services		\$1,000.00	Operating	
List expenses here	10% Overhead		\$21,832.00	Operating	
List expenses here	Total for year 2023		\$286,750		Total for year 2 \$218,326 + 10% Overhead (21832) = \$240,158
List expenses here					
List expenses here	Operations Director .5 FTE		\$29,120	Operating	Oversee daily operations for the organization
List expenses here	12% Fringe		\$3,494	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)
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List expenses here	12% Fringe		\$19,968.00	Operating	12% OF EACH SALARY FOR Payroll fees, taxes, insurance, Lantern Health Membership, Delta Dental insurance, onboarding (background check, DL checks, ETC)
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List expenses here	Drop in center phone		\$480.00	Operating	Service 12 mos- \$480
List expenses here	Subcontracting		\$5,000.00	Operating	not limited to: Holistic practitioners, Reiki, Sound Healing, therapeutic massage, aromatherapy, etc.) Funds will be used as stated, dependent upon costs and availability at the time of utilization
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List expenses here	10% Overhead		\$21,832.00	Operating	
List expenses here	Total for year 2024		\$286,750		Total for year 3 \$218,326 + 10% Overhead (21832) = \$240,158
Total			\$862,251		