

Capital Improvements to Support COVID Prevention and Mitigation

RFP for Coronavirus State and Local Fiscal Recovery Funds

Haywood Street Congregation

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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. 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](#)

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Capital Improvements to Support COVID Prevention and Mitigation

Amount of Funds Requested*

\$38,874.00

Recovery Fund Eligible Category*

Please select one:

Small business and non-profit support

Brief Project Description*

Provide a short summary of your proposed project.

The Downtown Welcome Table provides free community meals to individuals and families experiencing homelessness or food insecurity. Prior to COVID, we served on average 450 hot meals every Wednesday for lunch and 450 hot meals every Sunday for breakfast. Throughout the pandemic we have continued serving these meals with a “to-go” format, distributing more than 50,000 hot, boxed meals from our parking lot. This

project will enable us to resume indoor meals with a safer configuration that allows for increased spacing and fewer diners at each table. It also expands outdoor seating options with the construction of a new deck and picnic tables with pass through service to/from the main dining room.

Project Plan*

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

The physical space and setup for our Downtown Welcome Table meals prior to COVID involved 108 diners eating together in a 36 X 40 sq ft dining room with 9 people seated at 12 large round tables. On a typical Wednesday we would reset the tables four times -- every 45 minutes between 10:30 and 1:30 -- serving a hot lunch family style to between 400 - 450 people. A second weekly meal was offered every Sunday for breakfast. Re-opening with this same format is not feasible while COVID-19 and its variants remain active.

This project includes modifications to our physical space and meal service format that will support COVID-19 prevention and mitigation. It allows for increased spacing and social distancing of diners indoors, and incorporates outdoor spaces as part of normal operations. With the use of commercial grade heaters we anticipate being able to use the new outdoor dining area during all but the coldest days of winter, and recognize that it will prove very useful in the event that building closures are again recommended.

Key components of the project include:

- * Constructing a 20 X 20 deck with a concrete slab base on the North side of our building, just outside the main dining room;
- * Installing five powder-coated cluster seating unit tables on the deck;
- * Placing six additional steel frame picnic tables in the garden area adjacent to the deck;
- * Installing an outdoor water fountain in the deck and garden area;
- * Establishing a second dining room in a large room adjacent to the main dining room, so that tables may be spaced farther apart with fewer people per table; and
- * Purchasing 60 inch tables for both indoor dining areas.

As soon as the project is funded we will order the new tables and outdoor water fountain. The water fountain is not only helpful with our meal program, it is a response to the critical need for access to clean drinking water experienced by unhoused individuals during the pandemic. Many businesses, churches and service organizations are now routinely closed and locked as they continue to exercise COVID-19 precautions. The expectation is that many will continue this practice even when COVID is eradicated.

As soon as the project is funded we will authorize our selected contractor to request a building permit to construct the new deck. Our hope is to have the deck constructed within two months from the time of permitting.

Statement of Need*

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

The Downtown Welcome Table not only helps address hunger, it fosters connection with supportive community and facilitates access to many health and wellness resources for unhoused and low income individuals. Prior to COVID Manna Food Bank staffed a table weekly alongside the Downtown Welcome Table to enroll diners in the Supplemental Nutrition Assistance Program. Outreach staff from Homeward Bound, Appalachian Mountain Community Health Services, RHA, Mission Health Partners and other safety net providers were frequently onsite connecting with clients. WNCAP routinely offered HIV/STD screening and

prevention services, and Sunrise Community for Recovery & Wellness organized recovery oriented activities and peer support.

Homeless people have, on average, 8-9 concurrent health problems and many struggle with substance abuse and mental health challenges (National Health Care for the Homeless). Homeless individuals face significant barriers to meeting their basic needs for food, shelter and health care and there is a need for convenient access through multiple locations. HSC is a trusted and safe place where this access can occur.

Locally, there are 547 unhoused individuals on any given night and 3,000 over the course of a year (City of Asheville Point-in-Time Count and Homeward Bound agency data). Just over 12% of the county's total population, approximately 30,600 people, live below the federal poverty line (US Census).

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.

The pandemic necessitated the closure of our building and discontinuation of indoor dining. It also interrupted access to important health and wellness resources for Asheville's unhoused community and severely diminished Haywood Street's ability to pursue its mission of "Relationship, above all else."

Manna Food Bank has documented the impact of the pandemic on food insecurity by collecting data from its partner agencies. Manna reported a 40% increase in the number of individuals served by its partner agencies in May 2021, compared to pre-pandemic levels. The need for our Downtown Welcome Table meals is greater than ever, not just for the way they help alleviate hunger but also because of the important role the program can play enabling unhoused and impoverished individuals to connect to needed resources.

The National Institutes of Health and Mental Health, along with many others, have documented a worsening of mental health status and increase in substance use by Americans during the pandemic. Locally, behavioral health providers such as RHA, October Road and Family Preservation Services have described heightened demand for services since the pandemic began.

Population Served*

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

We anticipate serving hot meals to approximately 500 people every Wednesday and Sunday. This includes many who are unsheltered and others living in temporary shelters or transitional housing. Some are formerly homeless and living in Asheville Housing Authority neighborhoods or other low income housing. We do not require ID, proof of income, proof of homelessness or any other verification in order for someone to receive a meal at the Downtown Welcome Table. Our best estimate is that 85% of individuals served will be unhoused/unsheltered or very low income.

This project will enable us to more effectively serve a specific subpopulation of homeless/low income individuals -- those whose mental illnesses make it difficult for them to access services indoors and in crowded spaces. Prior to COVID there were always some individuals who struggled to participate with our meal program due to conditions such as PTSD that were easily triggered by our crowded and busy dining room. We are pleased to have discovered that the outdoor meal service necessitated by COVID has allowed us to better serve this population. While resuming indoor meal service for most is our goal, we are grateful that COVID has inspired us to develop a better format for outdoor meals that will enable us to better serve this subpopulation.

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.

A Coronavirus State and Local Fiscal Recovery grant from Buncombe County will enable us to reformat our meal program in ways that incorporate public health recommendations to prevent and mitigate the spread of COVID-19.

1. The number of diners who can safely eat indoors at the Downtown Welcome Table for one meal period will increase from 54 (half capacity in current crowded dining room) to 175 (full capacity in two rooms with adequate table spacing).
2. New / updated outdoor seating spaces will accommodate an additional 64 diners outdoors.
3. Individuals experiencing hunger and/or homelessness will have easy access to a wide range of health and wellness resources while visiting the Downtown Welcome Table.

Evaluation*

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

Deck construction and new seating options are tangible, visible outcomes that can be verified upon completion.

The total number of meals served weekly will be documented to substantiate program utilization and impact addressing food insecurity.

A detailed listing of partner agency representatives offering onsite services will accompany documentation of meals served.

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?

Homelessness disproportionately affects people of color in Buncombe County. African Americans represent 26% of our local homeless population but only 6% of the county's total population. Likewise the impact of food insecurity is magnified for people of color in Buncombe County, who are more likely to live in poverty than white residents. HSC is deeply committed to advancing equity. Our core programs provide practical help in the form of food, clothing and medical respite care, but the core programs provide a platform for a deeper purpose and intention. The deeper purpose include reminding each person of their inherent worth and value. One way we do this is by trying to engage as volunteers those individuals who are often located on the receiving end of public assistance or social services. We use the word 'companion' instead of 'volunteer' to describe someone who helps out at HSC, in part to move away from a stereotypical assumption that only the people of privilege can be volunteers and people in poverty are simply there to receive something.

Experience has shown us that when homeless individuals become companions (volunteers), they develop a sense of purpose and belief in themselves that can lead to positive steps such as quitting drugs or alcohol; pursuing employment or a GED; or moving indoors after years of camping. These are all actions taken by companions at HSC who credit the ministry for providing motivation and support for personal change.

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.

- 1) A contractor will be hired to construct the outdoor deck. We are in the process of securing bids from three different contractors.
- 2) Deck construction represents 49% of the total project budget.

Health and human services organizations anticipated to provide onsite services in conjunction with the Downtown Welcome Table include: MAHEC, Mission Health Partners, WNCCHS, RHA ACTT, The Steady Collective, Sunrise Community for Recovery & Wellness, Homeward Bound WNC, Buncombe County Community Paramedics, Buncombe County Health Department, Appalachian Mountain Community Health Services, Manna Food Bank, Street Feet Foot Clinic, Daoist Traditions College of Chinese Medical Arts and WNCAP.

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.

Founded in 2009, Haywood Street Congregation (HSC) pursues its mission -- "Relationship, above all else" -- in the context of programs that help address the needs of individuals who are homeless or living in poverty. Core programs include a clothing closet, a community garden, a free community meal known as the Downtown Welcome Table, and Haywood Street Respite, where unhoused adults have a safe place to rest and recover following outpatient surgery or an inpatient hospital stay.

A decade of bold programming growth for HSC is the result of a steadily expanding base of volunteers, donors and partners, as well as strong volunteer leadership. HSC's board of directors is highly engaged, attendance at monthly meetings is strong, and board members participate on committees and in programs. The annual operating budget is now just over \$1.2 million and HSC maintains four months' worth of operating reserves. In total, HSC has 275+ organizational partners, including health and social services agencies, schools, churches, businesses, and homeless services providers. Despite the need to adapt programming in dramatic ways during the pandemic, in 2020 HSC provided medical respite care to more than 150 unhoused individuals; distributed 3,000 pounds of clothing and personal care items; and delivered more than 50,000 hot, nutritious meals to individuals in need.

In addition to managing multiple private foundation grants, HSC has received federal Health Care for the Homeless grant funds via subcontract from WNC Community Health Services since 2016. HSC was awarded HUD Community Development Block Grant funding from the City of Asheville for its medical respite program in fiscal years 2020 and 2021.

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.

Recovery-Funds-budget-template (2).xlsx

Special Considerations*

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

N/A

File Attachment Summary

Applicant File Uploads

- Recovery-Funds-budget-template (2).xlsx

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

| | |
|---------------------------|---|
| Organization Name: | Haywood Street Congregation |
| Project Name: | Capital Improvements to Support COVID Prevention and Mitigation |
| Amount Requested: | \$38,874 |

| Proposed Project Revenue Funder | Amount | Confirmed or Pending? | Notes |
|--|---------------------|-----------------------|-------|
| Proposed Buncombe COVID Recovery Funds | \$ 38,874.00 | Pending | |
| Individual Donors | \$ 6,184.00 | Confirmed | |
| List other sources here | | | |
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| Total | \$ 45,058.00 | | |

| Proposed Project Expenses | Proposed Recovery Funds | Other Funds | Total | Capital or Operating Expense? | Notes |
|--|-------------------------|-------------|---------------------|-------------------------------|---|
| Construct 20 X 20 deck on concrete slab | \$ 22,000.00 | | \$ 22,000.00 | Capital | |
| Convert existing window for food pass-through service | \$ 1,275.00 | | \$ 1,275.00 | Capital | |
| 5 powder coated cluster seating unit tables @ \$1,085 | \$ 5,425.00 | | \$ 5,425.00 | Capital | |
| 6 powder coated steel frame picnic tables @ 295 | \$ 1,770.00 | | \$ 1,770.00 | Capital | |
| ADA accessible concrete outdoor drinking fountain | \$ 2,220.00 | | \$ 2,220.00 | Capital | |
| 12 indoor resin top dining tables w/ metal base @ \$515.29 | \$ 6,184.00 | | \$ 6,184.00 | Capital | |
| 12 Indoor resin top dining tables w/ metal base @ \$515.29 | | \$ 6,184.00 | \$ 6,184.00 | Capital | We intend to replace the tables in our current dining room with same type selected for new indoor dining room |
| List expenses here | | | \$ - | | |
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| Total | | | \$ 45,058.00 | | |