THE PHOENIX CONCEPT

Residential Reentry, Literacy & Family Stability Initiative

Atlanta, Georgia

Founder	William Person
Document	Modernized Program Proposal
Proposed Pilot	10-bed residential program; scale to 20 beds
Date	September 2026

A practical path from release to stability, purpose, and self-sufficiency.

Working draft for partner, property, and funder development

Executive Summary

The Phoenix Concept is a proposed Atlanta-based residential reentry initiative founded by William Person, whose seven years of incarceration and firsthand work teaching men to read and write shaped the program's original vision. The program will help adult men returning from prison stabilize immediately, strengthen literacy and job readiness, reconnect with family, comply with supervision, and transition into safe housing and sustainable employment.

The recommended launch model is a 10-bed pilot with a six-month residential pathway and up to six additional months of aftercare. Once operations, outcomes, referrals, and financing are stable, the program can scale toward the founder's original vision of serving approximately 20 residents. Services will be individualized and trauma-informed, with case management coordinating housing, education, employment, behavioral health, transportation, identification, benefits, legal obligations, family reunification, and peer support.

Recommended first funding target: $1.35 million for facility start-up and the first 12 months of a 10-bed pilot. A defensible planning range is $1.15 million to $1.55 million, excluding property purchase. Final numbers require a specific site, staffing schedule, insurance quotes, and partner commitments.

The Phoenix Concept will center the needs of Black men because they are disproportionately represented among people released from Georgia prisons, while admissions and services will remain open and nondiscriminatory. In calendar year 2025, Georgia released 13,724 people from prison; 88.3% were men, 54.4% were Black, and Fulton County was the most frequently reported home county, accounting for 1,058 releases. Among people whose educational attainment was reported, approximately 44% had not reached grade 12 or a GED. These figures make Atlanta a compelling location for a literacy-centered, comprehensive reentry program.[1]

Proposal at a Glance

Element	Proposed Design
Program name	The Phoenix Concept
Service area	Atlanta and Fulton County, with selected metro Atlanta referrals
Population	Adult men returning from medium- or long-term incarceration; outreach intentionally reaches Black men while eligibility remains nondiscriminatory
Pilot capacity	10 residential beds, scaling toward 20 after proof of operations and outcomes
Length of stay	Up to 6 months, followed by 6–12 months of aftercare
Core promise	Safe housing, food, individualized planning, literacy, employment pathways, family support, behavioral-health coordination, and consistent human connection
Current status	Concept and program-design stage; no facility secured

Element	Proposed Design
Immediate priorities	Legal sponsor, advisory board, correctional partnership, property/zoning due diligence, start-up capital, policies, and pilot staffing

Document Status

This proposal is a strong concept-development and fundraising document. It is not yet a site-specific operating license package or a completed application to a named funder. Bracket-free narrative is ready for partner conversations; the decisions listed below must be finalized before formal submission.

- **Operating entity:** form a Georgia nonprofit, use a qualified fiscal sponsor, or select another eligible structure.
- **Property:** identify a site and obtain written zoning/use-and-occupancy confirmation before committing to a long-term lease or purchase.
- **Program classification:** determine whether the residence will be structured housing, a recovery residence, or another use based on services and referral population.
- **Leadership:** confirm executive, clinical, residential, financial, and governance roles.
- **Funding mix:** identify the lead request, match or leveraged commitments, and any reimbursable housing revenue.

Founder's Statement: "I Was There"

"I am not talking out of a textbook. I was there, and I understand."

The reason I conceived this program is personal. I had the unfortunate opportunity to be a guest of the State of Illinois for seven years. Before I arrived, I had no real understanding of prison. Once I got there, I began to see why so many men—especially Black men—were caught in that system, and how often a lack of knowledge, opportunity, support, and stable guidance had shaped their choices.

I entered the penitentiary with a college degree. I had never joined a gang, and because I never knew my father, I had learned early not to let other men define who I was or tell me who to become. That background did not make prison easy, but it gave me a perspective that helped me recognize how vulnerable a man can be to unfortunate guidance when he has never received sound guidance at all. I could understand how somebody searching for belonging, knowledge, or direction could be told the wrong thing—and believe it.

One day I was sitting in the day room with a man I knew. Another man asked me what time it was, even though a large clock was on the wall. I thought he might be testing me. My friend said, "Tree, he can't tell time." Tree was my nickname. I was stunned. A grown man could not tell time—not because he was stupid, but because he had never learned. Ignorant means not knowing. That moment changed how I looked at the men around me and at what genuine rehabilitation required.

There was also a big man in the prison who boxed. He would bring me letters from his girlfriend and ask me to read them. At first, I misunderstood his reason. Then I learned that he could not read. He wanted me to write back using the words he spoke to me. I told him that if I wrote every letter, she would be hearing me instead of him. So I sat down with the prison chaplain, and together we helped that brother learn to read and write.

When he wrote to her himself for the first time, he came back crying. I cried with him. That was not a small victory. It was dignity. It was a grown man gaining the power to speak in his own voice to someone he loved. That experience is at the heart of The Phoenix Concept.

I also talked with men about emotional responsibility. Sometimes a man would receive a "Dear John" letter, become angry, and tear up the shared telephone. I would tell him: you cannot make another person do your time with you. If she chooses to stay, that is her choice; if she is still there when you come home, you will know what the relationship is. But breaking the phone punishes everybody else who needs it and creates another problem when you may have only a short time left to serve. Slow down. Think past the moment. Your pain is real, but it does not give you the right to damage what the whole community depends on.

I know there are people who cause real harm, and public safety matters. I also know that not every person in prison has the same story, the same needs, or the same path back. Some men have never had

stable housing, a father, meaningful education, a job pathway, or people who could show them how to solve a problem without breaking the law. I never knew my own father. I understand what it means to enter manhood without that guidance.

The Phoenix Concept will not excuse harmful behavior. It will confront choices honestly while giving men a real alternative. You need a safe place to stay? I got you. You need food? I got you. You need to learn to read, prepare for work, care for your children, repair relationships, or talk with someone who understands? I got you. Then we build a plan together—and the participant must do his part.

My purpose is to show men that the life they want can be built without returning to prison. I cannot live a grown man's life for him, but I can stand beside him, show him lawful paths forward, hold him accountable, and make sure he is not facing every barrier alone. That is my passion. I was there. I understand. And I believe a man can rise again.

— William Person, Founder

Community Need and Opportunity

A National Challenge With a Local Atlanta Case

At year-end 2023, state and federal correctional authorities had jurisdiction over approximately 1.25 million people, and 453,200 people were released during that year. Black people represented 33% of sentenced state and federal prisoners, compared with 13.5% of the U.S. population identified as Black alone.[2][3] The founder's concern about racial disproportionality is therefore well grounded, although the original "91%" figure is not supported by current national data and should not be used in funding materials.

Georgia's current release profile sharpens the local case. In 2025, 13,724 people were released from Georgia prisons; 12,118 were men. Black people represented 54.4% of all releases and 57.1% of male releases. Fulton County was the most common self-reported home county, with 1,058 releases.[1]

Literacy Is a Core Reentry Issue

The founder's prison experience revealed that literacy barriers were not abstract. Georgia's 2025 release data show the same need: among 8,722 people with a reported highest grade level, about 44% had not reached grade 12 or a GED. Among the 12,820 people with a reported WRAT reading score, the mean was approximately grade 9.35; the mean reported mathematics score was approximately grade 6.66.[1] National prison literacy research likewise finds that incarcerated adults have lower literacy and numeracy proficiency than U.S. household adults, and that 30% had less than a high school education in the national prison study.[4]

Education is also connected with post-release outcomes. A U.S. Department of Justice-indexed meta-analysis found that people who participated in correctional education had 43% lower odds of

recidivating and 13% higher odds of post-release employment than nonparticipants, while noting limits in the employment evidence.[5] The Phoenix Concept therefore treats literacy, digital skills, and workforce preparation as integrated—not optional—services.

Successful Reentry Requires the Whole Person

National Institute of Justice guidance emphasizes that returning citizens commonly face multiple needs at once. Employment services alone may not succeed if housing, treatment, physical health, mental health, or family stability remain unresolved. NIJ also identifies cognitive behavioral approaches as a useful component of reentry programming, especially when paired with practical opportunities.[6][7] The Phoenix Concept responds with one coordinated plan instead of a collection of disconnected referrals.

Atlanta and Georgia Alignment

Georgia already operates a reentry infrastructure with which The Phoenix Concept can align. The Department of Community Supervision connects returning citizens to housing, employment, health, and community resources. Georgia's Reentry Partnership Housing program can pay approved providers for short-term housing and food access for eligible people under active state supervision. Current DCS information lists compensation of $750–$850 per person per month for up to six months, but placements are not guaranteed.[8][9] This creates a potential revenue stream and referral pathway, not a complete operating budget.

Vision, Mission, and Guiding Commitments

Vision

An Atlanta where men returning from incarceration have a fair, structured, and accountable opportunity to rebuild their lives, support their families, and contribute to safer communities.

Mission

The Phoenix Concept provides safe transitional housing and individualized reentry support that combines literacy, employment pathways, life skills, behavioral-health coordination, family restoration, and lived-experience mentorship so returning citizens can achieve long-term stability without returning to prison.

Guiding Commitments

- **Dignity and accountability:** Every participant is treated as a whole person and is expected to honor clear commitments to safety, growth, and the community.

- **Lived experience in leadership:** People directly affected by incarceration help shape strategy, service delivery, hiring, and evaluation.
- **Individualization:** Services follow assessed strengths, risks, needs, goals, release conditions, and learning levels.
- **Family and community connection:** When safe and desired, the program strengthens parenting, healthy relationships, and community belonging.
- **Public safety through stability:** Housing, education, employment, health, and prosocial support are treated as connected public-safety investments.
- **Evidence with humanity:** The program uses proven practices without losing the founder's promise of personal attention and authentic care.
- **Nondiscrimination:** Services are open to eligible participants without unlawful discrimination. Targeted outreach may address documented disparities without imposing race-exclusive admission.

Founder Qualification

William Person brings a distinctive combination of lived experience, education, empathy, and practical prison-based service. He entered incarceration with a college degree, served seven years in Illinois, remained unaffiliated with gangs, partnered with a prison chaplain, taught incarcerated men to read and write, and counseled peers on emotional regulation, personal responsibility, and respect for shared community resources. Before launch, these experiences should be documented in a formal founder biography and supplemented by a professional leadership team with current residential, clinical, financial, compliance, and evaluation expertise.

Theory of Change

If men returning from incarceration receive immediate safe housing and food; complete a credible individualized assessment; gain practical literacy, digital, employment, and decision-making skills; receive coordinated health and family support; build trusted relationships with peers and staff; and transition gradually into independent housing, then they will be more likely to sustain employment or education, comply with supervision, avoid new criminal involvement, support their families, and contribute positively to their communities.

Inputs	Activities	Near-Term Results	Long-Term Impact
Facility, staff, mentors, partners, data system, funding	Housing; assessment; literacy; employment; CBT-informed groups; care coordination; family support	Identification, benefits, safety, improved skills, job/education placement, supervision compliance	Stable housing, economic mobility, family well-being, reduced recidivism, safer neighborhoods

Who The Phoenix Concept Will Serve

Pilot Population

- Adult men, generally age 21 and older, returning to Atlanta/Fulton County or the surrounding metro area after incarceration.
- Priority for people leaving medium- or long-term incarceration who lack a safe, stable residence and need coordinated reentry support.
- Priority outreach to Black men because Georgia release data show disproportionate impact, while maintaining nondiscriminatory eligibility and services.
- People willing and able to participate in a structured residential community, develop an individualized plan, and comply with applicable supervision conditions.

Safety and Clinical Fit

Conviction history alone will not be used as a shortcut for deciding who can succeed. Applicants with serious or violent-offense histories may be considered individually through a documented assessment of current risk, supervision requirements, treatment needs, facility capacity, victim-safety considerations, and neighborhood or legal restrictions. The program will not accept anyone whose immediate clinical or security needs exceed the pilot's staffing and facility capabilities; warm referral—not abandonment—will be the goal.

Initial Exclusions or Deferrals

- A current, unmanaged threat of violence, active weapons possession, trafficking, intimidation, or predatory conduct.
- A medical, psychiatric, withdrawal-management, or treatment need requiring a level of care the program is not qualified to provide.
- A legal restriction that makes the proposed location impermissible or unsafe.
- Refusal to sign releases needed for coordination, the resident agreement, or a basic safety plan.

Important modernization: The original "no gang affiliation" rule is revised to prohibit active gang activity, recruitment, threats, and intimidation on site. Past affiliation should be assessed as a risk and support factor, not treated automatically as permanent disqualification.

Program Model

The Phoenix Pathway

Phase	Timing	Primary Work	Milestone
1. Prepare	30–90 days before release when feasible	Referral, consent, records, initial risks/needs screen, ID and benefits plan, housing and supervision coordination	Approved release and arrival plan
2. Stabilize	Days 1–30	Safety, orientation, food, clothing, health connections, identification, transportation, schedule, full assessment	Individual Phoenix Plan signed
3. Build	Days 31–90	Literacy/digital learning, CBT-informed groups, job readiness, family goals, budgeting, treatment and legal coordination	Skills and placement plan active
4. Advance	Days 91–180	Employment or education retention, savings, independent housing search, increased responsibility, relapse/recidivism prevention	Safe transition plan completed
5. Rise	6–12 months after exit	Aftercare coaching, employer/education check-ins, housing stabilization, alumni and peer support	Sustained community stability

Core Service Pillars

Safe housing and basic needs

Furnished residence, food access from day one, hygiene supplies, clothing coordination, transportation planning, and a calm environment structured around stability.

Assessment and case management

One accountable case plan integrating supervision, housing, health, education, employment, benefits, legal obligations, family goals, and emergency needs.

Literacy and digital fluency

Confidential reading, writing, numeracy, and digital-skills screening followed by individual or small-group instruction that respects adult dignity.

Employment and education

Career assessment, local labor-market pathways, occupational credentials, job-search skills, fair-chance employer relationships, retention coaching, GED and postsecondary connections.

Behavioral health and recovery

Screening, licensed-provider referral, medication continuity, trauma-informed support, substance-use services when indicated, and CBT-informed skill building by qualified personnel.

Family restoration and fatherhood

Safe family engagement, parenting support, communication skills, child-support navigation, and connection to family counseling or mediation where appropriate.

Financial and life skills

Budgeting, banking, credit, taxes, transportation, time management, conflict resolution, tenant readiness, household responsibilities, and civic participation.

Lived-experience mentorship

Consistent relationships with trained mentors who understand incarceration, model stability, and provide credible encouragement without replacing professional services.

Illustrative Weekly Rhythm

Time Block	Weekday Emphasis	Weekend Emphasis
Morning	House meeting or check-in; appointments; literacy/education; job search	House care; wellness; family time
Afternoon	Employment, training, case management, transportation, benefits/legal tasks	Community service, recreation, mentoring
Evening	Group skills session, study, recovery or support meeting, individual check-ins	Meal, planning, voluntary spiritual/community activities

Assessment and Individual Phoenix Plan

Each participant will complete an initial screen before admission when feasible and a full assessment within 10 business days of arrival. The process will identify strengths as well as needs. Literacy screening will be private and normalized so that no participant is shamed for what he has not yet learned.

Assessment Domains

- Release conditions, probation/parole obligations, court dates, fines, fees, restitution, and identification needs.
- Immediate safety, victim-related restrictions, conflict risks, and facility compatibility.
- Housing history, homelessness risk, tenant barriers, and preferred future housing.
- Reading, writing, numeracy, digital skills, educational history, learning differences, and credential goals.
- Employment history, transferable skills, occupational interests, transportation, documentation, and employer barriers.

- Physical health, mental health, substance use, medication continuity, disability, benefits, and insurance.
- Family relationships, parenting, child support, healthy supports, social network, and community connection.
- Financial situation, banking, credit, debt, budgeting, and immediate material needs.
- Personal strengths, values, motivations, cultural and spiritual preferences, and long-term aspirations.

Plan and Review Cycle

1. **Within 72 hours:** complete safety, medication, food, clothing, transportation, and supervision checklists.
2. **Within 10 business days:** complete the full assessment and agree on three to five prioritized goals.
3. **Every week:** record services, progress, barriers, participant voice, and immediate next actions.
4. **Every two weeks:** review the chart and adjust tasks, referrals, and support intensity.
5. **Every 30 days:** hold a formal participant-led plan review and document outcomes.
6. **Before exit:** confirm housing, income/education, health care, transportation, supervision, documents, savings, and aftercare contacts.

Resident Agreement and Community Standards

The residence will be safe, structured, and adult-centered. Rules will be written plainly, explained orally, and available in accessible formats. Participants will sign informed-consent, privacy, grievance, medication, emergency, transportation, and resident-agreement forms as applicable.

- No weapons, violence, threats, extortion, harassment, theft, active gang activity, or contraband.
- No sale, possession, or unauthorized use of alcohol or drugs on the property; substance-use responses will prioritize safety, clinical assessment, and recovery support.
- Compliance with lawful supervision conditions, curfew, visitor rules, medication procedures, and individualized schedules.
- Required participation in case planning and scheduled services, with reasonable accommodations for disability, work, education, health, and religious practice.
- Respect for residents, staff, neighbors, property, confidentiality, and quiet enjoyment of the home.

Graduated Response and Due Process

Except when immediate removal is required to protect safety or comply with law, rule violations will receive a proportional, documented response: coaching and problem solving; written improvement plan; increased supports or restrictions; case conference; and, only when necessary, planned transfer or discharge. Residents will receive notice of the concern, a chance to respond, a grievance path, and a

warm handoff whenever discharge occurs. This replaces the original policy of automatic discharge for any disruption and better supports stability, fairness, and public safety.

Staffing and Governance

Recommended 10-Bed Pilot Team

Role	Suggested Level	Core Responsibility
Executive/Program Director	1.0 FTE	Strategy, partnerships, fundraising, compliance, supervision, community accountability
Case Managers	2.0 FTE	Assessment, plans, referrals, documentation, transition and aftercare; target active caseload near 10 each including alumni
Residential/House Coverage	2.0–3.0 FTE equivalent	Daily operations, safety, evenings/weekends, resident support, incident response
Education & Workforce Specialist	1.0 FTE	Literacy, digital skills, education pathways, employer relationships, placement and retention
Peer Mentor Coordinator	0.5 FTE plus stipended mentors	Recruit, train, match, supervise, and support lived-experience mentors
Clinical Partner	Contract/MOU	Licensed screening, therapy, substance-use and crisis consultation; staff training
Operations/Data Administrator	0.75–1.0 FTE	Finance support, records, scheduling, procurement, outcomes dashboard, reporting

Case Management Standards

- Bachelor's-level case managers preferred, with relevant experience; lived experience valued alongside formal qualifications.
- Weekly participant contact and timely documentation, with biweekly chart review and monthly plan review.
- Training in motivational interviewing, trauma-informed care, de-escalation, suicide prevention, overdose response/Naloxone, boundaries, confidentiality, cultural humility, and reentry systems.
- Clear separation between peer mentorship, case management, and licensed clinical services.
- Routine supervision, case conferencing, incident review, staff wellness, and secondary-trauma support.

Governance and Lived-Experience Accountability

The operating organization should establish a governing board or fiscal-sponsor oversight structure and a Phoenix Advisory Council. At least one-third of the advisory council should have lived experience of incarceration or reentry. Other seats should include family, workforce, education, behavioral health,

housing, legal, victim-services/public-safety, faith/community, and data/evaluation perspectives. Written conflict-of-interest, whistleblower, financial-control, grievance, and safeguarding policies are essential before opening.

Partnership Strategy

Partner Type	Purpose	Priority Atlanta/Georgia Conversation
Corrections and supervision	Referral, prerelease coordination, supervision alignment, MOU	Georgia DCS; Georgia DOC; Fulton County justice partners
Housing and state reentry	RPH/THOR pathway, standards, placements, transition housing	DCS/DCA housing teams; approved providers
Adult education	Literacy assessment, GED, digital skills, postsecondary bridge	Atlanta Public Schools adult education; technical colleges; literacy nonprofits
Workforce and employers	Training, fair-chance hiring, job retention, bonding	WorkSource Atlanta; Georgia Department of Labor; employer consortium
Health and recovery	Primary care, mental health, substance-use care, medication continuity	Community Service Boards; FQHCs; licensed providers
Legal and benefits	Record restriction, IDs, benefits, child support, civil legal aid	Georgia Justice Project; legal-aid and benefits partners
Evaluation	Baseline, dashboard, quality improvement, external review	Atlanta-area university or independent evaluator

Outcomes, Measurement, and Learning

The Phoenix Concept will measure both human progress and public-safety outcomes. Recidivism must be defined consistently rather than treated as a single vague number. The recommended primary definition is a new conviction within 12 months of program exit, with separate tracking of arrest, technical violation, revocation, and reincarceration when reliable data are available.

Proposed Pilot Performance Framework

Domain	Measure	Draft Year-1 Target	Timing / Source
Engagement	Admitted residents who complete an Individual Phoenix Plan	95%	Within 10 business days; case file
Basic stability	Residents with required identification and active health/benefit connections	90%	Within 30 days; document checklist
Education	Residents below functional goal who improve at least one assessed skill level or earn a credential	70%	By exit; validated assessment/credential
Employment/ education	Residents employed, enrolled, or in approved training	75%	Within 120 days; verification

Domain	Measure	Draft Year-1 Target	Timing / Source
Retention	Placed participants retaining employment/education for 90 days	70%	Employer/school/ participant verification
Housing	Program completers exiting to safe, stable housing	85%	At exit and 90-day follow-up
Program completion	Residents completing the planned residential phase or making a positive planned transition	75%	At exit
Supervision	Participants without an avoidable technical revocation during enrollment	85%	During enrollment; participant/DCS data
Public safety	Participants without a new conviction	85%	12 months after exit; agreed data source
Experience	Participants reporting dignity, safety, and useful services	85% favorable	Quarterly anonymous survey

These are proposed planning targets, not historical results. Baselines and final targets should be approved with the evaluator and funders before enrollment. Data will be reviewed monthly for operations, quarterly by governance, and annually with a public-facing impact summary that protects participant privacy.

Quality Improvement Questions

- Who is referred, admitted, declined, discharged, and successfully transitioned—and are any groups experiencing unequal access or outcomes?
- Which barriers most often delay identification, employment, education, treatment, or housing?
- Which program dosage and combinations of services are associated with better outcomes?
- Where do residents say the program feels respectful, useful, burdensome, or disconnected from their real goals?
- What incidents recur, what conditions precede them, and what policy or staffing changes are needed?

Implementation Roadmap

Stage	Months	Key Deliverables	Go / No-Go Standard
1. Organize	0–2	Choose nonprofit/fiscal sponsor; appoint leadership and advisory council; approve concept and ethics; begin DCS/GDC outreach	Accountable entity and project lead in place
2. Validate	2–4	Market/referral interviews; service mapping; property criteria; zoning pre-consultation; staffing and risk model; preliminary fundraising	Documented demand, feasible model, and funder pipeline
3. Secure	4–7	Site control contingent on zoning/inspection; insurance; partner MOUs; RPH/THOR preparation; policies and data system	Written property compliance path and adequate committed capital
4. Prepare	7–9	Build-out/furnish; recruit/train staff; referral and admission workflow;	Facility, staffing, safety,

Stage	Months	Key Deliverables	Go / No-Go Standard
		emergency drills; soft-launch review	and records ready
5. Pilot	9–12	Admit 3–5 residents in cohorts; weekly launch review; correct operational gaps	Stable operations and acceptable incidents/engagement
6. Scale	12–18	Reach 10 beds; publish six-month learning brief; strengthen funding and employer/housing pipelines	Outcome trend and financing justify expansion
7. Expand	18–30	Evaluate additional site or 20-bed model	Independent review supports responsible growth

Funding Request and Financial Plan

Recommended Funding Position

Working launch goal: Raise $1.35 million to secure and open a 10-bed Atlanta pilot and operate it for the first 12 months. Use $1.15 million as a minimum viable threshold only if the property requires limited renovation and partners absorb clinical, education, or transportation costs. Build a $1.55 million contingency case for higher facility or staffing costs.

The Phoenix Concept should avoid asking one source to fund the entire model. The recommended structure is a lead institutional award combined with foundation support, corporate and faith-community investment, individual donors, in-kind partnerships, and eligible housing reimbursement. A property purchase would require a separate capital campaign or financing plan and is not included below.

Illustrative 10-Bed Launch Budget

Budget Category	Planning Amount	Assumption
Legal structure, accounting, policies, insurance setup	$35,000	Entity/fiscal sponsor, counsel, controls, initial coverage
Property deposit, due diligence, permits, minor build-out	$135,000	Assumes lease; subject to site and zoning
Furniture, appliances, safety, security, IT	$80,000	Beds, common areas, office, access, computers
Vehicle and transportation setup	$40,000	Used passenger vehicle or equivalent transportation plan
Pre-opening recruitment and training	$35,000	Background checks, onboarding, training, soft launch
Start-up reserve	$25,000	Unexpected pre-opening costs
Personnel	$470,000	Core team; exact coverage schedule to be

Budget Category	Planning Amount	Assumption
		finalized
Payroll taxes and benefits	$100,000	Planning allowance
Rent, utilities, maintenance, communications	$140,000	Site-dependent
Food and household supplies	$75,000	Food access from day one
Clinical, education, and workforce services	$50,000	Contracts, credentials, materials
Transportation operations	$35,000	Fuel, insurance, maintenance, transit
Participant assistance	$30,000	IDs, work gear, fees, emergency needs
Insurance, audit, legal, fundraising, administration	$50,000	Professional and operating overhead
Data and evaluation	$20,000	System, dashboard, independent support
Operating contingency	$30,000	Approximately 3% of operating subtotal
TOTAL WORKING LAUNCH BUDGET	**$1,350,000**	**Start-up plus first 12 months; excludes property purchase**

Scale Scenarios

Scenario	Capacity / Scope	Planning Range	Use
Pre-development	No facility; 6 months of planning, partnerships, property work, and limited navigation pilot	$175,000–$300,000	If full launch capital is not yet available
Recommended pilot	10 residential beds; full service model	$1.15M–$1.55M launch year	Best balance of safety, learning, and funder credibility
Expanded model	Approximately 20 beds; increased residential coverage and service capacity	$1.45M–$1.95M annual operations, plus start-up	Pursue after proof of outcomes and stable referrals

Potential Revenue and Leverage

- **Government grants:** Second Chance Act, workforce, behavioral health, community-development, and local public-safety opportunities.
- **Georgia housing reimbursement:** RPH may pay approved providers $750–$850 per eligible person per month for up to six months. Because placements are not guaranteed, count this conservatively and never as the sole funding source.[8][9]
- **Private foundations:** criminal-justice reform, Black male achievement, literacy, workforce, homelessness, family stability, and community safety portfolios.
- **Corporate partners:** cash, fair-chance hiring, training slots, equipment, transportation, technology, food, and professional services.

- **Faith and community partners:** mentoring, volunteers, meals, emergency assistance, family support, and congregational giving—with religious participation always voluntary.
- **Individual giving and major gifts:** founding-circle campaign built around William Person's lived-experience story and clear resident outcomes.

Funder Ask Menu

Investment	Illustrative Sponsorship
$25,000	Identification, work gear, emergency assistance, and transportation supports for a pilot cohort
$75,000	One year of food and household support for the 10-bed pilot
$150,000	Literacy, education, digital skills, and workforce pathway for one year
$350,000	Pre-opening property, furnishing, safety, and launch costs
$500,000–$1,000,000	Lead institutional investment underwriting staff and core operations
$1,350,000	Full launch and first-year operating partnership, subject to final site budget

Facility, Compliance, and Risk Readiness

The Phoenix Concept currently has no facility. Property selection is therefore the highest operational risk and should follow—not precede—basic program classification, legal, zoning, and funding decisions. No lease or purchase should become unconditional until the specific address has been reviewed for intended occupancy and services.

Georgia and Atlanta Due-Diligence Checklist

- Obtain legal advice on operating entity, contracts, employment, participant agreements, insurance, confidentiality, fair housing, and program-specific licensing.
- For any prospective property, request written zoning/use confirmation from the City of Atlanta or applicable local authority before commitment. Georgia's RPH application requires a deed or current lease, owner approval for leased sites, and written zoning confirmation.[8]
- Determine whether the model is structured housing, a recovery residence, or another category. If substance-use treatment is offered, determine Department of Community Health licensing or applicable accreditation requirements before advertising or delivering treatment.[9]
- Complete fire, building, occupancy, sanitation, bedroom/bathroom, accessibility, food, emergency, and habitability review. RPH standards include smoke detectors, extinguishers, first aid, Naloxone, sanitary food access, and property documentation.[9]
- Build written policies for admissions, rights, grievances, medication, visitors, searches, emergencies, overdose, suicide risk, violence, missing residents, transportation, confidentiality, records, incident reporting, discharge, and neighborhood relations.

- Complete required staff background checks and qualification verification. RPH currently requires annual checks for grantees and designated staff.[9]
- Execute MOUs for correctional referrals, clinical care, education, employment, legal services, emergency response, data sharing, and independent evaluation.
- Purchase appropriate general liability, property, workers' compensation, professional liability, abuse/molestation, directors and officers, cyber/privacy, automobile, and umbrella coverage as advised by a qualified broker.

Key Risks and Mitigation

Risk	Why It Matters	Mitigation
Property or zoning failure	Can delay or prevent opening after funds are spent	Contingent site control; written zoning confirmation; fire/building review before major commitment
Underfunding	A residential program cannot safely operate on housing reimbursement alone	Raise full operating runway; conservative occupancy assumptions; diversified funding; reserve policy
Referral mismatch	Participants may need more security or clinical care than the pilot can deliver	Written criteria; prerelease review; clinical and supervision coordination; warm referral network
Staff burnout or turnover	Destabilizes relationships and safety	Realistic coverage, supervision, training, backup staffing, wellness, competitive pay
Mission drift	Pressure to fill beds may override fit or quality	Board-approved model, admission audit, outcome dashboard, lived-experience oversight
Neighborhood opposition	Can threaten site approval and trust	Early lawful engagement, good-neighbor standards, contact protocol, transparent safety practices
Data or confidentiality breach	Harms participants and partnerships	Minimum necessary data, consent, access controls, retention schedule, secure systems, staff training

Immediate 90-Day Action Plan

7. **Name the accountable sponsor.** Choose between a new Georgia nonprofit, an established fiscal sponsor, or another structure after legal and funding review.
8. **Form a founding advisory group.** Include William Person, returning citizens, family, finance, housing, workforce, clinical, legal, public-safety, and Atlanta community voices.
9. **Meet Georgia reentry partners.** Request orientation conversations with DCS/DCA housing staff, GDC reentry staff, and Fulton/Atlanta referral partners; clarify RPH/THOR pathway and data/MOU expectations.
10. **Validate demand and referral fit.** Interview at least 12 referral and service partners and document annual volume, release timing, unmet needs, eligibility, and service gaps.

11. **Define the property box.** Translate program classification, resident count, staffing, transit, bedrooms, bathrooms, accessibility, and neighborhood considerations into a broker/zoning checklist.
12. **Build the operating package.** Finalize policies, staffing schedule, intake tools, Individual Phoenix Plan, incident workflow, partner MOUs, and outcome definitions.
13. **Raise pre-development capital.** Target $175,000–$300,000 first if full launch funding is not immediately available; do not sign an unconditional long-term property obligation without adequate runway.
14. **Prepare a funder data room.** Include this proposal, founder bio, entity documents, board roster, budget, timeline, policies index, partner letters, property strategy, and evaluation plan.

First strategic decision: The strongest funding route is usually a nonprofit or credible fiscal-sponsor structure because it preserves access to charitable grants and tax-deductible giving. A for-profit operator may still pursue selected contracts and federal opportunities, but it will face a narrower philanthropic market. Obtain Georgia legal and tax advice before choosing the structure.

Time-Sensitive Funding Alignment

BJA FY 2026 Second Chance Act Opportunity

As of September 8, 2026, the Bureau of Justice Assistance's FY 2026 Second Chance Act Improving Reentry Education and Employment Outcomes notice lists awards of up to $1 million for 36 months. The Grants.gov deadline is September 24, 2026, and the JustGrants deadline is October 1, 2026. Eligible applicants include governments, educational institutions, nonprofits, for-profits, and faith-based organizations. A nonprofit or non-correctional government applicant must include an MOU with the correctional agency serving the proposed recruitment population.[10]

The Phoenix Concept aligns most directly with the education and employment goals, particularly individualized career planning, marketable skills, local labor-market alignment, employer connections, and outcome tracking. However, this proposal alone is not a complete federal application. The opportunity requires an eligible applicant, registrations, correctional MOU, category-specific narrative, budget, and other attachments. Property purchase and general residential operations may not fit the allowable scope, so housing costs should be supported through a separate funding stack unless confirmed allowable by the NOFO and funder.

Immediate decision: If The Phoenix Concept wants to pursue this FY 2026 opportunity, select the applicant entity and correctional partner immediately. If those pieces cannot be responsibly secured before the deadlines, use this proposal to build a stronger pipeline for the next cycle rather than submit an unsupported application.

Conclusion

The Phoenix Concept begins with a simple truth drawn from William Person's own life: many men do not need another lecture from someone who has never stood where they stand. They need safety, practical knowledge, accountable relationships, and a real path forward. William's experience teaching men to read and write inside prison showed what becomes possible when dignity and opportunity meet disciplined support.

Atlanta has both the need and the infrastructure for this work. The program's next challenge is to convert passion into a safe, compliant, financially sustainable 10-bed pilot—then prove the model through transparent outcomes before expanding. With the right sponsor, property, partnerships, staff, and launch capital, The Phoenix Concept can become the place where returning citizens are not merely released, but prepared to rise.

Source Notes

[1] Georgia Department of Corrections, Profile of Inmates Released During CY2025 (Jan. 2, 2026). Source

[2] Bureau of Justice Statistics, Prisoners in 2023 — Statistical Tables (Sept. 2025). Source

[3] U.S. Census Bureau, QuickFacts: United States (Black alone, percent). Source

[4] National Center for Education Statistics, U.S. PIAAC Prison Study Results and related summary materials. Source

[5] Office of Justice Programs / RAND, Evaluating the Effectiveness of Correctional Education: A Meta-Analysis. Source

[6] National Institute of Justice, Five Things About Reentry (Apr. 26, 2023). Source

[7] National Institute of Justice, Reentry Research at NIJ: Providing Robust Evidence for High-Stakes Decision-Making (Apr. 11, 2022). Source

[8] Georgia Department of Community Supervision, Housing Programs / Reentry Partnership Housing FAQs. Source

[9] Georgia Department of Community Affairs, Reentry Partnership Housing Guidelines (May 2024). Source

[10] Bureau of Justice Assistance, FY 2026 Second Chance Act Improving Reentry Education and Employment Outcomes NOFO. Source

Terminology and Accuracy Note

This modernization uses "returning citizen," "participant," or "person returning from incarceration" in current narrative. "Ex-offender" appears only when referencing the title or language of the original concept. Statistical claims were updated using cited sources. Proposed budgets, targets, schedules, staffing levels, and capacity assumptions are planning estimates—not historical results, legal conclusions, or guarantees—and must be validated before a grant, lease, or public claim is finalized.