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**CITY OF SPOKANE  
COMMUNITY, HOUSING, AND HUMAN SERVICES (CHHS) DEPARTMENT  
COVID-19 Emergency Housing Grant**

**COVID-19 Emergency Housing Project Application**

Updated 4/7/2020

**Description:** The purpose of these funds is to address the COVID-19 outbreak related public health needs of people experiencing homelessness and who are in need of quarantine or isolation housing due to the COVID-19 outbreak. These funds are intended to:

* Create isolation and quarantine housing
* Create additional shelter capacity to replace shelter capacity lost when social distancing was increased
* Increase sanitation in existing homeless housing

**PROPOSAL SUBMITTED BY:**

**AGENCY** Click or tap here to enter text.

**POINT OF CONTACT** Click or tap here to enter text.

**PHONE** Click or tap here to enter text.

**E-MAIL** Click or tap here to enter text.

**SIGNATURE** \_\_\_\_\_\_\_\_

***Signature here will confirm compliance with all instructions, terms, and conditions of Funding Notice.***

Applicants that wish to be considered for funding under the City of Spokane CHHS Department new shelter opportunity must respond to the following questions in writing and meet all conditions and requirements as stated in the City of Spokane Notice of Funding Availability (NOFA). Submission of this application does not guarantee that a proposal will be approved.

**General Instructions**

Please complete a single narrative application for the proposal. If a proposal represents a partnership between multiple agencies, please list the name of the lead agency in the Proposal Summary boxes and detail additional partners below. If you are partnering with another agency on this project, be sure to include this information in the Proposal Summary.

Please be concise but complete in your responses. Applications must be no greater than 3 pages in length (beginning from the Narrative Questions section), with minimum margins of ½ inch and font size no smaller than 11 point. Question text may be removed to meet page limits, however applicants must include section headings and question numbers.

**Proposal Summary**

**Organization** **Leadership Contact Information**

Contact Person:

Mailing Address:

Telephone:

E-mail:

**Organization Project Contact Information**

Contact Person:

Mailing Address:

Telephone:

E-mail:

Submission Date:

Project Title: [Click or tap here to enter text.]

Applicant Organization / Lead Agency Name: [Click or tap here to enter text.]

Dollar Amount Requested from City of Spokane: [Click or tap here to enter text.]

Partner Agency Name(s) (If Applicable): [Click or tap here to enter text.]

Dollar Amount Requested from City of Spokane: [Click or tap here to enter text.]

**Narrative Questions**

1. Provide a brief general overview of the proposed project
2. Please select from the options below, which eligible activities the applicant is proposing:

Operations and creation of isolation and quarantine beds for households experiencing homelessness who are symptomatic or have been exposed to COVID-19

Creation of and operations for additional homeless shelter beds to account for lost inventory due to social distancing requirement

Increased sanitation activities in existing emergency shelters or warming centers for households experiencing homelessness

1. If applicable to the proposal, please describe any relevant experience the applicant has working in high-risk environments and/or with vulnerable populations that be will be relevant in addressing the quarantine and isolation housing needs of people living unsheltered or in homeless housing.
2. If applicable to the proposal, please describe actions the applicant will take to create additional shelter capacity to replace shelter capacity lost when social distancing requirements took affect.
3. If applicable to the proposal, please describe actions the applicant will take to increase sanitation and hygiene in existing homeless housing and encampments.
4. Please describe the actions the applicant will take to ensure appropriate coordination with the Spokane Regional Health District and medical providers to address the public health needs of people experiencing homelessness due to the COVID-19 outbreak.

**Budget Narrative**

Applicants are required to complete and submit a Detailed Budget Workbook that outlines the anticipated monthly ongoing costs of operations of the proposal and the anticipated one-time costs on a separate worksheet. The Detailed Budget Workbook must have an accompanying budget narrative and justification that provides, in detail, the total amount for implementation of the project your organization is proposing. If multiple agencies will be partnering on this proposal, provide a cost breakdown of the expenses that will be incurred by each individual agency.

1. In a budget narrative below, please explain how the requested funds will be used to support the participants served by this project. For each line item listed with a dollar figure (except expense category subtotals), provide a brief narrative detailing: (a) how the item relates to the proposed service and (b) the method used to determine the cost. The budget narrative should be laid out in the same format relative to the budget categories as provided in the budget worksheet and provide information regarding the basis of estimation for each line item, including reference to sources used to substantiate the cost estimate (e.g. organization’s policy, payroll document, and vendor quotes, etc.).
2. If the budget includes indirect costs, please provide an explanation of the proposed indirect cost method.