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**CITY OF SPOKANE  
COMMUNITY, HOUSING, AND HUMAN SERVICES (CHHS) DEPARTMENT**

**Deadline:** Ongoing, Based on Need and Available Funding. First review schedule for 11.15.21.

**Flexible Surge Capacity Project Application**

**Description:** The City of Spokane, through its Community, Housing, and Human Services (CHHS) Department (hereinafter “City”) is initiating a Request for Proposals (RFP) to solicit Applications from social service agencies serving the City of Spokane and Spokane County. The goal of the overall RFP process is to expand the system ability to flexibly and temporarily add low-barrierbed **space**, 24 hours a day to meet unanticipated emergent needs through June. Priority will be given to proposals serving single women and households with minors and with the ability to flex capacity to meet emergent needs.

**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 this City of Spokane CHHS Department opportunity must respond to the following questions in writing and meet all conditions and requirements as stated in the associated RFP. 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 organizations, please list the name of the lead agency in the Proposal Summary boxes and detail additional partners below.

Please be concise but complete in your responses.

**Proposal Summary**

**Organization** **Leadership Contact Info**

Name:

Title:

Mailing Address:

Phone:

E-mail:

**Organization Project Contact Info**

Name:

Title:

Mailing Address:

Phone:

E-mail:

**Submission Date:** [Click or tap here to enter text.]

**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 Agencies (If Applicable):** [Click or tap here to enter text.]

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

**Homeless Crisis Response System**

1. **Describe your organization’s experience operating a shelter:**

[Click or tap here to enter text.]

1. **Describe collaborative relationships your organization holds across systems:**
2. Describe how your organization currently interfaces with other services/resources to provide a referral network for your clients:

[Click or tap here to enter text.]

1. Describe how you will collaborate with key partners to deliver the program:

[Click or tap here to enter text.]

**Project Overview & Description Questions**

1. **Describe the scope of work to be performed and the services to be provided:** 
   1. Describe the scope of work for the project:

[Click or tap here to enter text.]

* 1. Describe the physical location of the shelter space:

[Click or tap here to enter text.]

* 1. List the capacity that would be provided with this project (maximum persons, based on current SRHD social distancing guidance):

[Click or tap here to enter text.]

1. **Select all population(s) that will be served (check all that apply):**

Individual Adult Men

Individual Adult Women

Couples

Young Adults (18-24)

Families

Other (specify): [Click or tap here to enter text.]

1. **Describe the staffing model of the project:**
   1. Describe the ratio of staff/operators to clients:

[Click or tap here to enter text.]

* 1. Describe the training required of staff/operators:

[Click or tap here to enter text.]

* 1. Describe the training required for volunteers:

[Click or tap here to enter text.]

1. **Describe the timeline and associated plan for getting your proposed project operational as soon as possible.**

|  |  |  |
| --- | --- | --- |
| **Timeline (By week)** | **Project Element** | **Plan** |
| *This week* | *Example: submit completed application to funding agency* | *Example: Have shelter manager complete the RFP application by the deadline, and submit to the City of Spokane* |
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***Please include any other relevant notes here:*** [Click or tap here to enter text.]

1. **Describe the plan to create a safe and secure environment for all clients accessing services, particularly for those who are typically marginalized or require culturally specific services (i.e., domestic violence survivors, transgender individuals, limited english speakers, individuals with disabilities).** 
   1. Describe how you will create a safe and secure environment for all clients accessing services:

[Click or tap here to enter text.]

* 1. Describe how you will ensure access to your service is equitable:

[Click or tap here to enter text.]

1. **Describe the accessibility of the proposed project in relationship to the population you plan to serve:**
   1. Describe how your program is accessible to clients:

[Click or tap here to enter text.]

* 1. Describe the steps you are taking to ensure that access to your services are low-barrier and accessible?

[Click or tap here to enter text.]

**Technical Questions**

1. **Entry/access to services requirements:**
   1. Under your proposed program, describe the criteria that people must meet to receive services:

[Click or tap here to enter text.]

* 1. Under your proposed program, describe the criteria that would cause someone to be denied entry/access to your services:

[Click or tap here to enter text.]

1. **Project/organization rules:**
   1. Once someone becomes a client of your services, describe the rules that clients are required to follow:

[Click or tap here to enter text.]

* 1. Describe what happens if a client does not follow the rules:

[Click or tap here to enter text.]

* 1. If a client is asked to leave your services (project), describe what steps are taken to ensure the client does not exit to unsheltered homelessness:

[Click or tap here to enter text.]

**Emergency & Incident Response Questions**

1. **Disaster & emergency response:**
   1. Describe your emergency scenario protocol, including any plans in place:

[Click or tap here to enter text.]

* 1. Describe how clients are made aware of emergency scenario plans, AHEAD of an emergency:

[Click or tap here to enter text.]

1. **Emergency incident documentation:**
   1. Describe the process you have in place for keeping documentation and/or a log of emergency incidents:

[Click or tap here to enter text.]

1. **COVID-19 related information:**
   1. Describe the protocols you have in place to PREVENT the transmission of COVID-19 across clients, staff/operators, volunteers, and other people:

[Click or tap here to enter text.]

* 1. Describe the process you have in place, once you identify a potential COVID-19 positive case amongst clients, staff/operators, or volunteers:

[Click or tap here to enter text.]

* 1. Describe what resources you have in place if required to temporarily quarantine or isolate clients on site:

[Click or tap here to enter text.]

* 1. Describe how you stay current on COVID-19 prevention and response protocols?

[Click or tap here to enter text.]

**Project Performance & Evaluation Questions**

1. **Homeless Management Information System (HMIS also known as CMIS):**
   1. Does your organization currently use HMIS:  Yes  No
   2. Describe how you plan to ensure the quality of data collected for & entered into HMIS:

[Click or tap here to enter text.]

1. **Client feedback & process improvement:**
   1. Describe how your organization elicits guest feedback about services:

[Click or tap here to enter text.]

* 1. Describe how you incorporate guest feedback into project design, policies, and/or procedures?

[Click or tap here to enter text.]

**Budget Narrative Questions**

Applicants will be required to complete and submit a *Flexible Surge Capacity* *Budget Workbook*, which outlines the total annual budget for the period of operation of the proposed project (inclusive of all funding sources). The *Flexible Surge Capacity* *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, please provide a cost breakdown of the expenses that will be incurred by each individual agency.

1. **List any other sources of funding that will support the proposed program, including the (a) funding source and (b) the terms for when the funds will be available for this proposed project.**

[Click or tap here to enter text.]

1. **Budget Narrative:** A budget narrative is used to outline how the requested funds will be used to support the clients served by the proposed project. The budget narrative should be laid out in the same format relative to the budget categories as provided in the *Budget Workbook*. The narrative should provide information regarding the basis of estimation for each line item, including reference to sources used to substantiate the cost estimate (i.e., organization’s policy, payroll document, and vendor quotes, etc.).

For each line item listed with a dollar figure (except expense category subtotals), provide a brief narrative including: (a) description of how the line item relates to the proposed service and (b) the method used to determine the line-item cost.

**Budget narrative:**

[Click or tap here to enter text.]

**Budget line items: [enter line item information in your preferred format below]**

1. **Describe all indirect costs associated with the project, including a detailed explanation of the process/method used to determine the proposed indirect cost:**

[Click or tap here to enter text.]