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**CITY OF SPOKANE  
Regional Flex Capacity Shelter Services Provider**

Project applicants may submit applications to provide services at a shelter located at 4320 E Trent, Spokane, WA, 99212 as described in the associated City of Spokane Notice of Funding Availability (NOFA) Regional Flex Capacity Shelter project document.

**PROPOSAL SUBMITTED BY:**

**ORGANIZATION** 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 opportunity must respond to the following questions in writing and meet all conditions and requirements as stated in the CNOFA. Submission of this application does not guarantee that a proposal will be approved.

**General Instructions**

Please complete a single narrative application for the proposal. Please be concise but complete in your responses.

**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.]

**Project Overview and Description Questions**

1. **Describe how you will meet the unique needs of the target and special sub populations within a single facility:** 
   1. Describe how you will provide services and connections to permanent housing for the following populations;

* Homeless single adults (men, women, gender diverse)
* Homeless couples and nontraditional family units
* Persons with mental health disorders
* Persons with substance use disorders
* Persons with co-occurring disorders
* Persons with disabilities:

[Click or tap here to enter text.]

* 1. Describe how you will connect guests with other needed services including;
* Inpatient/outpatient treatment
* Mental Health services
* ID/SS card procurement
* Employment
* Other income (ie:SSI, SSD, etc.)

[Click or tap here to enter text.]

1. **Please describe how you will connect temporary shelter guests with permanent housing:**
   1. Describe how you will utilize existing resources to move guests out of the shelter facility and into permanent housing:

[Click or tap here to enter text.]

* 1. Describe the challenges you expect to face in getting shelter guests into permanent housing, what additional community resources are needed to ensure success:

[Click or tap here to enter text.]

1. **Please describe your staffing model for this project, please include the training and experience required of frontline staff:**

[Click or tap here to enter text.]

1. **Please describe how you will implement practices that promote a culture of safety and empowerment for staff and shelter guests:**

[Click or tap here to enter text.]

1. **The Spokane City/County Continuum of Care measures of success and performance targets the length of stay in night-by-night emergency shelter at 30 days with exits to permanent housing from night-by-night shelter targeted at 50%. Can your organization meet these performance targets? If you cannot meet these performance measures please provide alternate performance targets and your rational behind these numbers:**

[Click or tap here to enter text.]

**Budget Narrative**

**Applicants are required to complete and submit a Summary Budget Workbook that outlines the costs of operations of the proposal. The Summary Budget Workbook must have an accompanying budget narrative and justification that provides the total amount for implementation of the project. 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 proposed service. 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.).

**Program Operations**

Salaries and Benefits:

[Click or tap here to enter text.]

Staff Expenses:

[Click or tap here to enter text.]

General Liability and Auto Insurance:

[Click or tap here to enter text.]

Other Program Operations:

[Click or tap here to enter text.]

**Facility Support**

Security and Janitorial:

[Click or tap here to enter text.]

Meals:

[Click or tap here to enter text.]

Maintenance:

[Click or tap here to enter text.]

Utilities:

[Click or tap here to enter text.]

Supplies:

[Click or tap here to enter text.]

Insurance:

[Click or tap here to enter text.]

Client Transportation:

[Click or tap here to enter text.]

Other Facility Support:

[Click or tap here to enter text.]

**Administration**

[Click or tap here to enter text.]

**HMIS/Data Collection**

[Click or tap here to enter text.]