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**CITY OF SPOKANE
TRAC Shelter Operator**

Project applicants may submit applications to operate 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 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. 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. **Please describe your experience in managing a low barrier shelter including providing supportive services.**

[Click or tap here to enter text.]

1. **Please describe your experience in administering federal grants.**

[Click or tap here to enter text.]

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 utilize or subdivide the existing space to ensure safe, sanitary, and appropriate sleeping and day space for the unique needs of;
* Homeless single adults
* Homeless couples and nontraditional family units
* Persons with mental health disorders
* Persons with substance abuse disorders
* Persons with co-occurring disorders
* Persons with disabilities:

[Click or tap here to enter text.]

* 1. Describe how you will manage entry into the facility including.
* Bed assignment
* Storage of personal belongings
* Pet and service animal management
* Security and weapons management
* Entry and exit policy
* De-escalation
* Substance Use
* Data collection

[Click or tap here to enter text.]

* 1. Please provide as attachments, the policies and procedures applicable to this facility, please note that this facility is low barrier per SMC 18.05.030;
* Entry/Re-entry policies and procedures
* Trespassed/Temporary Ban policy and procedures
* De-escalation policy and procedures
* Substance Use on premise policy and procedures
* Violent acts policy and procedures
* Grievance policy and procedures
* Financial policies and procedures
* Nondiscrimination policies and procedures
1. **Please describe how you will implement and manage access to core services including;**
* Access to restrooms
* Daily meal distribution
* Storage facilities
* Hygiene resources
* Clothing banks
* Showers

[Click or tap here to enter text.]

1. **Please describe how you will staff the facility by December 31, 2023 with the capability to scale for flex capacity during inclement weather. Staff to guest ratio is expected to be a minimum of one staff to every 25 guests.**
	1. Please describe your plan for staffing this facility and confirm your ability to take over full operations of the location effective December 31, 2023

[Click or tap here to enter text.]

* 1. Describe the experience/qualifications required/held by your staff for financial report preparation, management, and frontline positions:

[Click or tap here to enter text.]

1. **Please describe how you will manage security at the location.**

[Click or tap here to enter text.]

1. **Please describe how you plan to meet the expectations for maintaining proactive communication and a favorable relationship with the neighborhood:**

[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 (not to exceed 10% MTDC or applicant must provide documentation of their federally negotiated rate)**

[Click or tap here to enter text.]

**HMIS/Data Collection**

[Click or tap here to enter text.]

**Required Attachments**

**In addition to any attachments requested above please provide the following items with this application:**

1. **Business license**
2. **Certificate of insurance**
3. **Copy of most recent financial audit (as applicable)**
4. **Completed Risk Assessment Questionnaire**