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**Application for Designation as a Warming Center(s)**

**Deadline: September 30, 2018**

**PROPOSAL SUBMITTED BY:**

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

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

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

**FAX** 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 this Request for Proposals.***

Organizations who wish to be considered as a City of Spokane designated Warming Center must respond to the following questions in writing and meet all conditions and requirements as stated in the City of Spokane Request for Proposals Notice. Submission of this application does not guarantee that an agency will be approved.

**Person Responsible for Day-to-Day Management of Warming Center –**

**Contact Information**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

**Person Completing Application –**

**Contact Information**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

1. **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 below and detail additional partners in question two of the Proposal Outline. Applications must be no greater than 10 pages in length.

Proposal Name**:** Click or tap here to enter text.

Lead Agency Name: Click or tap here to enter text.

Amount Requested for Lead Agency**:** Click or tap here to enter text.

Partner Agency Names (If Applicable): Click or tap here to enter text.

Amount Requested for Partner Agencies (If Applicable):Click or tap here to enter text.

1. **Proposal Outline**
2. Outline the scope of work to be performed, including a detailed work plan, project timeline, and the services to be provided.

Click or tap here to enter text.

1. Will you be partnering with one or more agencies on this project? If so, please list the other partner(s) involved, their roles, and how partnering will lead to better project results.

Click or tap here to enter text.

1. Describe the experience of the key staff that will be administering this project.

Click or tap here to enter text.

1. Please outline your timeline and plan for getting the Warming Center operational by November 1, 2018.

Click or tap here to enter text.

1. Capacity of proposed Warming Center (please fill in maximum persons, base occupancy A3 at 20 SF/person net area):

Click or tap here to enter text.

1. What population(s) will be served? (Check all that apply)

Individual Adult Men

Individual Adult Women

Couples

Young Adults (18-24)

Other, please specify:

Click or tap here to enter text.

1. If you are proposing to serve more than one population in one location please detail your plan to provide separate space for each population and adequate supervision.

Click or tap here to enter text.

1. **Relevant Experience**

Have you ever operated as a shelter? (Please check the response that applies)

No  Yes

**If no**, please explain your interest in operating a Warming Center and why your agency’s experience would be a good fit.

Click or tap here to enter text.

**If yes**, please provide the following information:

Location: Click or tap here to enter text.

Type of shelter:  Day  Overnight  Other

Capacity: Click or tap here to enter text.

Date opened: Click or tap here to enter text.

Date closed: Click or tap here to enter text.

* + - 1. Please describe your experience working with people involved in the following life situations:
         1. Intimate partner/domestic violence
         2. Mental health issues
         3. Chemical dependency issues
         4. People experiencing homelessness

Limit your response to half-page.

Click or tap here to enter text.

* + - 1. Please describe the accessibility of the proposed Warming Center in relationship to the population you plan to serve. What steps are you taking to ensure it is low-barrier and accessible to this group?

Click or tap here to enter text.

* + - 1. Is an incident log maintained?

No  Yes

* + - 1. Does the organization have standardized incident reporting form and practices? If yes, please provide documentation.

No  Yes

* + - 1. The staffing ratio for the facility will be (please complete the following):

Click or tap here to enter text. number of staff/volunteers per Click or tap here to enter text. number of persons

* + - 1. The facility will be staffed as follows (check all that apply):

1 person on site at all times with a current first aid certificate

1 person on site at all times with a current CPR certificate

There is a minimum of 2 staff/volunteers on-site at all times and a minimum of one trained staff, trained volunteer, or trained coordinator for every 20 clients

Staffing model is different than those listed. A description of the proposed model (including the staffing pattern and training) is as follows:

* + - 1. Does your organization have a training program for employees and volunteers?

No  Yes (if yes, complete “a” through “g”)

1. Does the training include information on appropriate referrals for (check all that apply):

Coordinated Assessment

Mental and Behavioral Health

Substance Use / Chemical Dependency

Domestic Violence, Dating Violence, Stalking

Medical Connections (including HIV/AIDS, STI, general care)

Cultural, diversity, and/or sensitivity training

Please include a copy of the most recent training schedule/manual or documentation to support identified trainings above.

1. Client confidentiality

No  Yes

1. First-aid

No  Yes

1. Fire and emergency procedures including the proper use of fire extinguishers

No  Yes

1. Client complaint and grievance procedures (please attach)

No  Yes

1. The appropriate lines of authority within the Warming Center

No  Yes

1. How will you provide the training?

One-on-one training to each new or transitioning staff member

Small group sessions

Other, please briefly explain

1. Will staff be trained ahead of the November 1, 2018 start date?

No  Yes

* + - 1. Does your organization’s screening process for volunteers include a criminal background check?

No  Yes

* + - 1. Fire and safety procedures in place (check all that apply):

Current annual fire inspection certificate (Please attach a copy)

Fire exit diagram is posted next to exit in all rooms (Please attach a copy)

Current staff training certification on fire extinguisher use

Standard procedures and regular fire drills are practiced (Please attach a copy)

Available First Aid kits will accommodate the maximum capacity of proposal

1. **Monitoring and Evaluation**
   * + 1. A Warming Center Policy Manual exists and includes the following items (check all that apply):

First aid, fire, and emergency procedures

A copy is provided to all volunteers

Fire extinguisher use

Phone locations, and instructions for dialing emergency numbers including 911 and poison control

First aid kit location and procedure for accessing

Client grievance policy

Documentation of emergency procedures

A plan for handling and procedures for documenting critical incidences

Please provide a copy of the policies and procedures that will be used for this project, including any external/client-facing documents to be used.

* + - 1. Have staff been trained on utilizing the Homeless Management Information System (HMIS)?

No  Yes

* + - 1. Are you prepared to maintain HMIS records on a regular basis, including collection of data elements required by the City of Spokane (e.g. basic demographics, stays, etc.) and providing data quality reports by the 5th of each month during the project?

No  Yes

1. **Budget Narrative**

The budget template must have an accompanying budget narrative and justification that provides in detail the total amount for implementation of the program 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. The budget narrative should be laid out in the same format relative to the budget categories as provided in the budget template and provide information regarding the basis of estimate 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.).

Click or tap here to enter text.

1. If the budget includes indirect costs, please provide an explanation of the proposed indirect cost method.

Click or tap here to enter text.