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**CITY OF SPOKANE  
2023 Surge Shelter Beds**

Project applicants may submit applications to provide surge shelter beds and services as described in the associated City of Spokane Notice of Funding Availability (NOFA) 2023 Surge Shelter Beds 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** **Signing Authority Contact Information**

Contact Person:

Mailing Address:

Telephone:

E-mail:

**Organization Project Contact Information**

Contact Person:

Mailing Address:

Telephone:

E-mail:

**Organization Financial Contact Information**

Contact Person:

Mailing Address:

Telephone:

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.]

**Project Overview and Description Questions**

1. **Describe the beds and services which will be continued if you receive funding through this NOFA:** 
   1. The number of beds for which you are requesting funding

[Click or tap here to enter text.]

* 1. The services which will be supported

[Click or tap here to enter text.]

* 1. The total number of guests to be served through this project during 2023 and the specific population(s) you will serve

[Click or tap here to enter text.]

* 1. The total cost per guest (please divide the total number of guests you will serve in 2023 by the total amount you are requesting)

[Click or tap here to enter text.]

1. **Please describe how your project will staff the facility with the capability to scale for flex capacity during inclement weather:**
   1. Describe your staff to guest staffing ratio:

[Click or tap here to enter text.]

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

[Click or tap here to enter text.]

1. **Please describe how you plan to meet the expectations in the good neighbor agreement for maintaining proactive communication and a favorable relationship with neighborhoods:**

[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.]

**Risk Assessment**

1. **Please provide a copy of your agencies most recent financial audit, if there were any findings please describe them below and the actions taken to address the situation :**

[Click or tap here to enter text.]

1. **Does your organization/entity have experience managing grant funds, loans or other types of financial assistance? List the type of funds managed (Federal, State, Local, or Foundation) and how many years managing each type:**

[Click or tap here to enter text.]

1. **Has your organization/entity had changes to key staff or positions in the past 12 months?:**

[Click or tap here to enter text.]

1. **Has your organization/entity had changes to business systems in the past 12 months?**

[Click or tap here to enter text.]

1. **Does your organization/entity have financial management policies and procedures including recording of financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions and maintenance of accounting records?**

[Click or tap here to enter text.]

1. **Does your organization/entity have an accounting system in place to segregate expenditures by funding source?**

[Click or tap here to enter text.]

1. **Does the accounting system produce a budget vs. expenditures report?**

[Click or tap here to enter text.]

1. **Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/ activity?**

[Click or tap here to enter text.]

1. **Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.**

[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**