



CITY OF SPOKANE
Homeless, Housing, Operations, and Services Application

Project applicants may submit applications for eviction prevention activities as described in the associated City of Spokane Homeless, Housing, Operations, and Services Notice of Funding Availability (NOFA).

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:

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 check the boxes for the project type which you are applying (if you are applying to be a HEN provider please only check the HEN box):

- Emergency Shelter Transitional Housing Rapid Re-Housing
- Permanent Supportive Housing Street Outreach Diversion
- Coordinated Assessment Housing and Essential Needs (HEN)*

2. Please check the boxes for the population(s) your project will serve:

- Youth and Young Adults Households w/Children Single Adults
- Veterans Chronic Homeless At-Risk of Homelessness

3. Are the funds requested for this project match for a CoC project? If so, please provide the WA number for the matching project.

[\[Click or tap here to enter text.\]](#)

4. Describe the project you are applying for:

[\[Click or tap here to enter text.\]](#)

5. Is this a new project or continuation of an existing project? If it is a continuation of an existing project, please provide the current CMIS project name.

[\[Click or tap here to enter text.\]](#)

6. How many households/individuals will your project serve annually?

[\[Click or tap here to enter text.\]](#)

7. How many beds/units will your project support annually? Beds/Units are required for Emergency Shelter, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing project types.

[\[Click or tap here to enter text.\]](#)

8. Describe your experience in working within the Coordinated Entry System and which coordinated entry system your project will be affiliated with

[\[Click or tap here to enter text.\]](#)

9. All homeless housing projects must adhere to state and federal anti-discrimination laws and meet the requirement of a low barrier project. Low barrier means that projects have flexible intake schedules and require minimal documentation. At a minimum, households are must not be screened out based on the following criteria:

Having too little or no income
Having poor credit or financial history
Having poor or lack of rental history
Having involvement with the criminal justice system
Having active or a history of alcohol and/or substance use
Having a history of victimization
Please describe how your project meets the qualifications of a low barrier project:
[\[Click or tap here to enter text.\]](#)

10. Describe how you will meet the project outcome measures for your project type as defined in the NOFA?

[\[Click or tap here to enter text.\]](#)

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

[\[Click or tap here to enter text.\]](#)

*The Housing and Essential Needs Referral Program provides access to essential needs items and potential rental assistance for low-income individuals who are unable to work for at least 90 days due to a physical and/or mental incapacity. DSHS/CSG determines eligibility for the referral and the actual eligibility for rental assistance and essential needs is determined by the Department of Commerce through the chosen HEN provider.

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.

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.). Full guidelines for eligible expenses are located here <https://deptofcommerce.app.box.com/s/9z5u4yiy7w1d19wrch6mhkeedt0o0h08>

Rent Payments

Monthly rent, rental arrears as described in SDG guidelines
[\[Click or tap here to enter text.\]](#)

Operations

Salaries and Benefits for staff costs directly attributable to the program, including but not limited to program staff, information technology staff, human resources staff, bookkeeping staff, and accounting staff:
[\[Click or tap here to enter text.\]](#)

Office space, utilities, supplies, phone, internet, and training related to grant management and/or service delivery.

[\[Click or tap here to enter text.\]](#)

Administration (not to exceed 7%)

[\[Click or tap here to enter text.\]](#)

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**