



**CITY OF SPOKANE  
Eviction Prevention**

Project applicants may submit applications for eviction prevention activities as described in the associated Eviction Prevention City of Spokane 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. **Describe your experience managing Eviction Prevention Funds:**  
[Click or tap here to enter text.]
2. Describe your proposed intake and assessment process; including the capacity to manage a potentially high volume of applications for assistance  
[Click or tap here to enter text.]
3. Describe how you will conduct marketing and outreach activities to connect with households most likely to become homeless  
[Click or tap here to enter text.]
4. Please provide a detailed plan of how you will mobilize rental assistance funds efficiently and effectively within a six-month period  
  
[Click or tap here to enter text.]
  - a.
5. **Please describe how your project will document program eligibility:**  
[Click or tap here to enter text.]
6. Describe the experience/qualifications required by your staff for financial report preparation, management, and frontline positions:  
[Click or tap here to enter text.]
7. Please describe how your organization interacts and collaborates with Coordinated Entry

## 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.

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

**Indirect Administration (not to exceed 15% of eligible expenses)**

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

**Required Attachments**

**A Risk Assessment is required for each RFP. Please include a completed Eviction Prevention Risk Assessment along with the application budget and narrative.**

**The following items are required, unless you have submitted valid copies within past six-months and are currently under contract with the City:**

- 1. Business license**
- 2. Certificate of insurance**
- 3. Copy of most recent financial audit (as applicable)**