City of Spokane CoC Builds RFP Supplemental Questions

Organization Information

Organization Name:

Organization Type:

Employer or Tax ID Number:

Unique Entity Identifier (UEI):

Organization's Physical Address:

Organization's Congressional District:

Are you a faith-based organization?: ◯ Yes ◯ No

Have you ever received a federal grant, either directly from a federal agency or through a State/local agency?: ◯ Yes ◯ No

Authorizing Individual Name:

Authorizing Individual Contact Information:

Award Request:

Grant Term (2-5 years):

Type of project (new construction, rehabilitation, or acquisition). If you select new construction, please attach evidence of site control:

☐ New Construction ☐ Rehabilitation ☐ Acquisition

Narrative Questions

1. **Describe your organization's experience in effectively utilizing federal funds and performing the activities proposed in the application.** *Describe how your organization has successfully utilized federal funds in other projects. Provide examples that illustrate experience such as: Working with and addressing the target population(s) identified housing and supportive service needs; Developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; Identifying and securing matching funds from a variety of sources; Managing basic organization operations including financial accounting systems.*

2. **Describe your organization's experience in leveraging Federal, State, local, and private sector funds.**

3. **Describe your organization's financial management structure.** *Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles.*

4. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** *If yes, please describe the unresolved monitoring or audit findings.*

   ◯Yes ◯No

5. **Is your organization a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?**

   ◯Yes ◯No

6. **If awarded, will funds requested in this new project application <u>replace</u> state or local government funds (24 CFR 578.87 (a))?**

   ◯Yes ◯No

7. **Will this project include replacement reserves in the Operating budget?** *If Yes, please explain how your organization plans to use some or all of the CoC Program operating funds towards replacement reserves. Include repayment schedule that includes the payment amount.*

   ◯Yes ◯No

8. **Will the proposed project use CoC Builds funds to add units to current properties already under construction or rehabilitation?** *If yes, please answer the following five questions:*

   ◯ Yes ◯ No

   a. Describe the amount and type of funds being used to construct or rehabilitate the property.

   b. Has the applicant obtained site control of the property?

      ◯ Yes ◯ No

   c. Has the applicant obtained a completed and approved environmental review for the property?

      ◯ Yes ◯ No

   d. Identify the owner of the property and their experience with construction or rehabilitation

   e. Identify the number of units that will be added using CoC Builds funds.

9. **Describe how proposed project fills a specific gap in the geographic area of the CoC that is unmet by existing PSH projects.** *For example, the project serves a specific subpopulation whose needs are currently unmet by existing PSH (e.g., elderly individuals), serves a geographic region without any existing PSH, or provides a service model that is different than what is provided currently by existing PSH in the geographic area (e.g., sober living). Points will be awarded for using qualitative or quantitative data to demonstrate the specific gap that is unmet and for describing how the proposed project will fill the specific gap that is unmet.*

10. **Describe your organization's experience with managing at least one other project that has a similar scope and scale of the proposed project**.

11. **Describe your organization's experience leveraging similar resources similar to the funds being proposed in the current project. Include up to 3 examples, including Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, Section 811, and state, local, or private resources.**

12. **Will you leverage any low-income housing tax credit commitments, project-based rental assistance, and other State, local, or private resources dedicated to the proposed project.** *Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing, or has multiple sites, provide cost per unit information on each site or housing type to the extent possible. Each Project description should include the following: (a) project site, (b) overall cost of project, (c) cost per unit, (d) resource committed to the project, (e) description of resource, (f) dollar value of commitment.*

13. **Describe your organization's experience operating at least one homelessness assistance program where one member of the household has a disability.**

14. **Describe your organization's experience serving the specific population intended to be served in your application.**

15. **In the chart below, enter the estimated beginning and end dates for the requested capital costs associated with the project:**

Capital Cost	Estimated Begin Date	Estimated End Date
New Construction – date construction will begin and end.		
Acquisition – date property will be acquired (start and end date should be the same)		
Rehabilitation – date rehabilitation of the property will begin and end.		

16. **In the Chart below, provide relevant dates for the milestones associated with the project.**

Activity	Estimated Date
Site Control (property must already be identified)	
Environmental Review Completion	
Execution of Grant Agreement	
Anticipated date the jurisdiction will issue the occupancy certificate	
Date property will be available for homeless individuals and families to begin occupying units.	

17. **Explain how the project will support operating costs with non-CoC funding, if needed, including state, local, or private resources.** *Please include a timeline for transitioning away from CoC Funds for renewable non-capital costs.*

18. **Describe how the project will work for housing providers to leverage non-CoC funded housing resources to provide subsidies or assistance for the proposed units.**

19. **Describe how program participants will be required to participate in supportive services in a manger that fits their individual needs by providing language from program policies or supportive service agreements.**

20. **Describe how the proposed project will coordinate with a healthcare organization to meet the medical needs of participants.** *Healthcare must be provided on-site or in close proximity and can be provided by a non-profit organization. Applicants must attach a letter of commitment or other formal written agreement with the healthcare organization referenced in the narrative response.*

21. **Describe how the proposed project has a plan in place to work with program participants who are able to maintain stable housing without subsidy or without the level of support that PSH provides, to help them move on from PSH.**

22. **Will any of the sites recorded in this project be located within an Opportunity Zone? If yes, please answer the following questions**.

◯ Yes ◯ No

a. Will the project occur Soley within an Opportunity Zone?

◯ Yes ◯ No

b. Will the project occur within an Opportunity Zone and other communities?

◯ Yes ◯ No

c. Will the project occur outside an Opportunity Zone but substantial and direct benefits will occur within the Opportunity Zone?

◯ Yes ◯ No

d. Estimate the percentage of the total dollar amount of funding that would result in a direct benefit within the Opportunity Zone census tract.

e. Provide a narrative explaining how the project will support public and private investment in Opportunity Zone

Populations Served

23. **Will this project support the elderly subpopulation?** If so, please describe below.

24. **Will this project support Veterans experiencing homelessness?** If so, please describe below.

Federal Application Compliance questions

25. **Describe how the project applicant cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals:** *Identify local laws, policies, or other practices that help or hinder the project applicant's ability to advance the objectives below and provide ap lan explaining how the project applicant will leverage beneficial policies while overcoming the harmful effects of restrictive ones*.
    a. Quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services.

    b. Describe the public use of illicit drugs and quickly connect individuals who are using illicit drugs in public with appropriate services and/or law enforcement.

    c. Utilize standards that address homeless individuals who are a danger to themselves or others.

    d. Comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act.

26. **Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low- income persons as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons.**

Certifications:

1. Applicant certifies that they will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a)

2. Applicant certifies that they will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863.

Site Information

Name of Structure	
Street Address 1	
Street Address 2	
City	
County	
State	
Zip Code	
Site Control (Y/N)	

Note: if you have multiple sites, please attach a table for each location at the end of the application

Proposed Budget Questions

1. **Will you include rental assistance in your budget (no more than 20% of request).**
   ◯Yes ◯No
2. **Will you include supportive services in your budget?**
   ◯Yes ◯No
3. **Will you include operating costs in your budget?**
   ◯Yes ◯No
4. **Will you request HMIS costs in your budget?**
   ◯Yes ◯No
5. **Will you request Violence Against Women Act (VAWA) fundings for the project?**
   ◯Yes ◯No
6. **Match Amount:**
7. **Sources of match**:
   a. Will this project generate program income to be used for matches? If yes, please describe and estimate the amount of funds that will be used.

   b. Please describe any other sources of funds used for the project. Include Type of Commitment (cash, in-kind), Source (private, government), Name of Source, and Amount of Written Commitment.

8. **Will you request indirect costs?** *Please include the percentage below. If you opt for a Cost allocation plan, please attach that with your application*.
   ◯No
   ◯Yes – De minimis up to 15% of MDTC
   ◯Yes – Federally Negotiated Rate (attach support to application)
   ◯Yes – Cost Allocation Plan (attach support to application)

Attachments

1. Non-Profit Documentation
2. Site Control Attachment (New Construction or Rehabilitation projects)
3. Purchase Agreement (acquisition projects)
4. Budget Documents