City Logo_2 color.tiff

2016

City of Spokane Relocation Assistance Program

Project Application

**Due Friday October 14, 2016 – 5:00 P.M. PST**

**Fair Housing Logo.tif**

Before completing this application please review the Funding Notice. Completion of this application does not guarantee funding. Completion and timely submission of the application is required. The Community, Housing and Human Services Department anticipate highly competitive project applications. If you have any questions regarding this application please contact CHHSRFP@spokanecity.org.

1. APPLICANT INFORMATION

|  |  |
| --- | --- |
| **Applicant Organization Name:** |  |
| **Organization Address:** |  |
| **Organization City, State, & ZIP:** |  |
| **Organization Telephone #:** |  |
| **Organization Fax #:** |  |
| **Organization EIN** (XX-XXXXXXX)**:** |  |
| **Organization DUNS Number:** |  |
| **Organization CEO:** |  |
| **CEO Telephone #:** |  |
| **CEO E-mail Address:** |  |

1. PROJECT INFORMATION

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Amount Requested ($):** |  |
| **Project Representative Contact:**  Please list Name, Title, Office Location, Telephone #, E-mail, and mailing address (if different from office location) |  |
| **Financial Representative Contact:**  Please list Name, Title, Office Location, Telephone #, E-mail, and mailing address (if different from office location) |  |

1. APPLICANT QUESTIONS
2. **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.** (Limit 2,000 characters)
3. **Has your organization/entity had changes to key staff or positions in the past 12 months?** Place “X” in box next to applicable answer(s).

|  |  |
| --- | --- |
|  | Executive Management |
|  | Financial |
|  | Program |
|  | No Changes |

1. **Has your organization/entity had changes to business systems in the past 12 months?** Place “X” in box next to applicable answer(s).

|  |  |
| --- | --- |
|  | Financial System |
|  | Policies & Procedures |
|  | Data Collection |
|  | No Changes |

1. **Does your organization/entity have policies and procedures for the following? (If yes, attach).** Place “X” in box next to applicable answer(s).

**\***Financial Management policies and procedures include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records.

|  |  |
| --- | --- |
|  | Procurement |
|  | Drug Free Work Place |
|  | Conflict of Interest |
|  | Financial Management\* |
|  | Property/Equipment Management & Disposition |
|  | Retention of Records |
|  | Equal/Civil Rights |

1. **Did your organization/entity expend $750,000 or more in federal grant funds in the previous fiscal year?** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Has your organization/agency had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Did your organization/entity have any monitoring visits by funder other than the City in the last 12 months? If yes, attach copy of report(s).** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Does your organization/entity have an accounting system in place to segregate expenditures by funding source?** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Does the accounting system produce a budget vs. expenditures report?** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Does your organization/entity maintain central files for grants, loans, or other types of assistance?** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/activity?** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.** Place “X” in box next to applicable answer.

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Describe how your Board materially contributes to your agency (money, in-kind, time, etc.).** (Limit 1,000 characters)
2. PROJECT QUESTIONS
3. **Describe the need this project is addressing, the gap in services it is filling, and how it connects to the City of Spokane’s Homeless Plan.** (200 words or less)
4. **Provide a scope of work to be performed including a detailed work plan, project timeline, and the services to be provided.** (500 words or less)
5. **Identify two performance measures for this project, including a description of how the performance measures will be tracked.** (200 words or less)

**Measure 1:**

**Measure 2:**

1. **Describe the experience of the key staff that will be administering this project.** (200 words or less)
2. **How does your organization ensure on-going training of direct service staff?** (100 words or less)
3. **What process does your organization have in place to periodically review your cultural competency, including obtaining input from client and non-client culturally diverse populations?** (200 words or less)
4. **Describe your experience in collaborating with community partners and your strategies for supporting partners that serve the homeless and at-risk populations.** (200 words or less)
5. **How do you develop and maintain strong relationships with landlords?** (300 words or less)
6. **What is your process for ensuring households receiving relocation assistance remain stable?** (200 words or less)
7. **Please describe your plan to ensure that all required data is entered into the Homeless Management Information System in a timely and accurate manner.** (200 words or less)
8. PROJECT BUDGET

|  |  |
| --- | --- |
| **City of Spokane Relocation Assistance Program Budget**  **11/15/16 - 6/30/19** | |
|  | |
| **Activities** | **Funds Requested** |
| Staff Costs |  |
| Financial Assistance |  |
| **Total** |  |

1. BUDGET NARRATIVE
2. **Staff Costs:** Provide narrative justification for Project Operations funds requested, including a specific description of proposed activities and other uses of funds, any indirect costs and computations used to arrive at totals.
3. **Financial Assistance:** Provide narrative justification for financial assistance funds requested, including a specific description of proposed activities and other uses of funds, and computations used to arrive at totals.
4. ATTACHMENTS

**Please mark each box of the attachment(s) that are provided, however not all attachments may be applicable to your organization. If you have questions please refer to the staff contact listed on page one of this application.**

**The attachments that are marked with the asterisk (\*) are required and must be submitted in order for the application to be considered complete.**

|  |  |
| --- | --- |
|  | Job descriptions of positions supported by this request\* |
|  | Current Board of Directors listing\* (include affiliations with other agencies, company's, organizations, etc.) |
|  | Most recent Single Audit\* (only for programs expending more than $750,000 in federal funding) |
|  | Most recent year-end Financial Statements and Audit Report\* |
|  | Most recent Board approved Organization Operating Budget\* |
|  | Organization Chart\* |
|  | Articles of Incorporation\* |
|  | Corporate By-Laws\* |
|  | IRS Tax Exemption Determination Letter\* |
|  | Washington Secretary of State Letter certifying charitable organization status\* |
|  | Most recent Federal Tax Form 990\* |
|  |  |
|  | Agency Cost Allocation Plan |
|  | Letter(s) of Support |
|  | Procurement Policy |
|  | Drug Free Work Place Policy |
|  | Conflict of Interest Policy |
|  | Property/Equipment Management and Disposition Policy |
|  | Retention of Records Policy |
|  | Equal/Civil Rights Policy |
|  | Financial Management Policies and Procedures |

1. CERTIFICATION & ACKNOWLEDGEMENT

|  |  |
| --- | --- |
| **Authorized Representative Name: (print)** |  |
| **Authorized Representative Title:** |  |

I certify, on behalf of the applicant, that I have reviewed and confirmed all information and data in this application to be accurate and true.

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Authorized Representative Signature Date