Lewis County Public Health
& Social Services

Request for Project (RFP)

SEASONAL EMERGENCY SHELTER

OCTOBER 1, 2021 – MARCH 31, 2022

Request for Project Timeline

Release of RFP	October 14, 2021
Project proposals due via email	October 21, 2021
BOCC Approval	Week of October 24, 2021
Agency Contract Development Process	Week of October 24, 2021
Contracts begin	November 1, 2021

All proposal submissions are due October 21, 2021 by 4 pm via email to:
Justia.madrigal@lewiscountywa.gov

Introduction

Lewis County has issued a "Request for Project" to interested and qualified agencies. Applicants must provide a proposal and budget that covers how their agency will provide the noted deliverables in the following program area:

Seasonal Emergency Shelter

Funding Available: $125,000 total for the period November 1, 2021 – March 31, 2022*
*Maximum budget per program area is an estimate only. The County reserves the rights to reject any proposal that is incomplete or does not meet the requisite qualifications or to recommend contract amounts less than the maximum budget.

The RFP is intended for applicants with the necessary capacity and experience to successfully deliver emergency shelter services for a minimum of 25 individuals, with an ability to scale up during hazardous weather events, who are unsheltered within Lewis County. Available funds must not supplant existing programs or services but provide new and/or expanded services. The RFP will open October 14, 2021 and all proposals are due by 4:00 p.m. October 21 2021.

The County reserves the rights to recommend contract amounts less than the maximum budget and to reject any proposal that is non-responsive to this Request for Proposals. This RFP does not obligate the County to pay any costs incurred by respondents in the preparation and submission of their proposal. Furthermore, the RFP does not obligate the County to accept or contract for any expressed or implied services.

Successful applicants will work with Lewis County staff to negotiate formal contracts with specific deliverables, timelines, and outcomes. The County will be responsible for monitoring all recipients of funds to ensure alignment with fund requirements and contract deliverables.

I. Decision Making Process

A. Proposals for this funding will be reviewed by a selection committee comprised of Public Health & Social Services staff.

B. Written proposals will be evaluated for completeness and eligibility as outlined here:
RCW 43.185C.050 and
https://deptofcommerce.app.box.com/s/sddzidhjln9zvb2zao5fes3rpwbc399o
All recommendations will be shared with the Lewis County Board of County Commissioners (BOCC). All final funding decisions will be made by the BOCC.

C. Lewis County, in its sole judgment, reserves the right to determine which proposals best meet the County's needs. The County retains the right to reject any or all proposals or to waive formalities with or without cause.

II. Applications

A. Any party, public or private, may apply to provide services under this program, provided it can meet the requirements set forth.

B. Proposed projects should be evidence-based and best practice; however, emerging/promising practices may be considered.

C. Applications/Attachments must include the following information:

   a. Organizational Information
      i. Name of the organization principal(s)
      ii. Contact name, phone number, and email address
      iii. Physical and mailing addresses
      iv. List of current board members and organizational chart, including staff first and last names
      v. List of current organization volunteers in housing/homeless services
      vi. Washington State Business License number
      vii. Nonprofit organizations; Agency Certification of nonprofit Status
      viii. Proof of minimum required insurance

III. Eligibility Criteria

A. Capacity to operate the project on a cost-reimbursement basis

B. The project must be scalable based on available funding

C. Expenditures for administrative overhead (indirect costs) shall be a maximum of 10% of the grantee's total annual award amount

D. Ability to receive and incorporate ongoing updates, tools, and best practices from Lewis County PHSS

E. Demonstrate working partnerships with local homeless services and other relevant providers

F. The ability to utilize and track performance measures as dictated by PHSS

G. Ability to successfully manage funding over the course of the grant term

Seasonal Emergency Shelter

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- Successful applicants will work with Lewis County staff to negotiate formal contracts with specific deliverables, timelines, and outcomes. The County will be responsible for monitoring all recipients of funds to ensure alignment with fund requirements and contract deliverables.
    A. Applicant agrees to prioritize resources by the greatest need

2021 Homeless Housing Services
Application Instructions

If an applicant is applying for funding for more than one project type category under this RFP, separate applications are required. All required sections and exhibits must be answered.

Application Submission:

1. Submit one copy of the completed application electronically via email, including the Exhibits.
2. All budgets and forms are in prescribed format. Applications are limited to this format.
3. Answer each question fully. Accurate information and completed forms are required. Ensure responses describe the specific proposed project, and not the agency's general mission. The more clearly the project and the services proposed are described, the better the application will be understood. Applicants are strongly encouraged to thoroughly read the RFP and questions, being careful to respond to these accurately and completely.
4. Include only the specific supporting documentation requested. Do not attach other materials such as cover letters, annual reports, newsletters, brochures and general letters of support. If included, these will be disregarded and discarded.
5. All application pages, budgets, and forms should include the project and agency name in the footer.

Applicants must email a signed electronic copy to the address listed below. Please submit a PDF version of the entire application, including all Sections and Exhibits. Applications will not be accepted in person or by fax.

All applications are due by **October 21, 2021 by 4 p.m.**
No late or incomplete applications will be considered.
Submit signed electronic copies of applications to:
Justia.madrigal@lewiscountywa.gov

Complete applications consist of the following Required Materials

1. Complete Application Cover Sheet (Section I) with a signature by an authorized official.
2. Complete Project Narrative (Section II).
3. Complete Agency Capacity and Experience (Section III).
4. Complete Budget Narrative (Section IV).
5. Complete Budget Workbook

Incomplete or late applications will not be considered. Applications are considered complete if all Required Materials are submitted.
Applications submitted without all the Required Materials (five items above) will not pass threshold review.

Threshold Criteria: Applications must meet threshold criteria below in order to be considered for funding. Threshold review, which will be completed by County staff.

Criteria:

1. Application is submitted on time.
2. Application package is complete (all Required Materials are included).
3. Project is an eligible intervention, and applicant shows the capacity to operate the project and expend funds in a timely manner.
4. Project is consistent with the goals of the PHSS Five-Year Housing and Homeless Strategic Plan which is located at: https://lewiscountywa.gov/media/documents/5_year_Housing__Homeless_Strategic_Plan_2020.pdf

If an application does not meet all of the four above criteria, the application will not be reviewed for funding.

I. APPLICATION COVER SHEET – RFP
Project Title:
Agency name:
Contact Information For Project Applicant: ***Primary contact for this application:*** ***Mailing address:*** ***Application contact phone*** ***Application email address:*** ***Tax Identification Number #:***
Proposed Project Location/Address:
Does this Project currently receive funding from another funding source: ☐ Yes ☐No If yes, indicate the funding source(s) and current contact amount:

Brief Project Description: (Limit to three sentence)
Budget : **Homeless Housing Funds Requested:** Other Project Funds: **Total Project Budget**: Annual Agency Budget:

II. PROJECT NARRATIVE

Note: Please answer the questions in the body of the narrative. Enter your answer to each question in the space below that question. Do not delete the questions.

Keep answers targeted and brief

1. **PROJECT SUMMARY:** Provide a brief description of the proposed services/activities to be provided; include a description of how the project is aligned with the PHSS Housing Homeless Strategic Plan.

   Overwrite this text with your answer

2. **TARGET POPULATION:** Describe the target population(s) and subpopulation(s) to be served by the proposed project and their unique service needs. If the project will prioritize a particular subset of the target (sub)population(s), please describe the prioritized population and why it was chosen. Describe your experience working with this (sub)population(s) and knowledge/understanding of this (sub)population(s)' unique service needs.

   Overwrite this text with your answer

3. **OUTREACH AND ACCESS:** Describe how the proposed project will reach and be accessed by the targeted population(s), any anticipated barriers to project access, and how these barriers will be addressed. Also describe any exclusion criteria used by the project, why these criteria were selected (indicate if funding requirement), and how these exclusion criteria are supported by best practices. Attach a copy of the project's intake/screening criteria.

   Overwrite this text with your answer

4. **COMPLEMENTARY SERVICES/ACTIVITIES, AND COORDINATION:** Describe other services/activities, projects and agencies that will provide services or resources to project participants. Include a description of any formal agreements and history of partnerships in the community and linkages to mainstream resources.

   Overwrite this text with your answer

5. **PROJECT OUTPUTS:** The overall goal of this RFP is to provide seasonal emergency shelter during the months of November to March; the proposed outputs and outcomes must reflect these goals.

   1. Seasonal Emergency Shelter Project: How many units (or beds) are in your program and your capacity to scale up during hazardous weather events:

      Overwrite this text with your answer

   2. Describe any potential barriers to achieving the identified output(s) and the strategy for overcoming these barriers in order to meet the proposed performance target(s).

      Overwrite this text with your answer

6. **OVERSIGHT OF OUTPUTS/OUTCOMES:** Describe the plan for project oversight as it relates to measuring and evaluating project output(s) and outcome(s). Also indicate the title of the person(s) responsible for tracking/compiling/measuring information and the frequency for doing so, the title of the person(s) responsible for monitoring/evaluating progress and the

frequency for doing so, the methods used for measurement/evaluation, and how project oversight will improve outputs/outcomes.

Overwrite this text with your answer

III. AGENCY CAPACITY and EXPERIENCE

Note: Please answer the questions in the body of the narrative.
Enter your answer to each question in the space below that question.
Do not delete the questions.
-Keep answers targeted and brief-

1. Describe your agency's experience providing homeless housing and/or services and your capacity to manage type(s) these types of project(s) at your agency:

Overwrite this text with your answer

2. Describe your agency's experience managing and accounting for public funding:

Overwrite this text with your answer

3. Describe any audit or monitoring findings your agency has had in relation to agency audit or program-monitoring performance by any of your agency's funders, or from any external entity with the last three years. Please describe any corrective action plan(s) and state if it is either in progress (providing detail on the status for implementation) or has been completed (provide description of final resolution):

Overwrite this text with your answer

4. Explain any organizational restructuring that occurred within the last 24 months. Provide details of the restructuring, the timeframe for which this is occurring and the status of the change. Make sure to discuss: Organizational changes, programmatic changes, and changes to business systems (financial, human resources, etc.)

Overwrite this text with your answer

5. Describe turnover in key positions in the past 24 months in those areas of the agency that administer or support the programs in this application. Along with the description, include the number of positions/FTEs for each category. Describe your plan and timeframe for filling, training, or covering duties of any vacant positions:

Overwrite this text with your answer

6. List the qualifications (e.g. education, training, experience) of the staff members, and volunteers who will provide services and those who will supervise and oversee the project.

Overwrite this text with your answer

7. Describe your agency policies, practices, services and systems that **promote fairness and opportunity** for all people, particularly communities that are disproportionately represented among the homeless population, to include: people of color and LGBTQ.

Overwrite this text with your answer

IV. BUDGET NARRATIVE

Note: Please answer the questions in the body of the narrative.
Enter your answer to each question in the space below that question.
Do not delete the questions.
-Section IV may not exceed 3 pages-

1. **BUDGET:** Complete one (1) Project Budget for FY2021. The budget workbook is attached as Exhibit B.

- ✓ Budgets should be complete and accurate, including a specific description of each cost in order to demonstrate that the costs are reasonable, well-supported, and justified.
- ✓ Budgets should include all other financial resources to be used in the project to demonstrate that there are sufficient resources to support the successful implementation of the project.

2. What additional funds will be leveraged? (A) Please identify which funds have been secured, applied for or are anticipated to be applied for in the future. (B) Indicate any in-kind resources that will support the project.

   Overwrite this text with your answer

3. If the proposed project is funded at a level lower than requested, at what amount of funding can you still deliver meaningful service? Due to the limited availability of resources it is often necessary to fund proposed projects at levels below the levels requested. Describe if the project can be scaled up or down depending on the availability of funding and whether and how the project will continue to be effective and operate in compliance with applicable funding regulations and requirements.

   Overwrite this text with your answer

BUDGET WORKBOOK

Agency Name:_____Project Title:_____

Expenditure Category	Project Total	Funding Requested
Personnel Costs		
Salaries & Wages (breakdown of FTE position tittle and annual salary required)		
Payroll Taxes and Employee Benefits		
Total Personnel Costs		
Operating Costs		
Administrative Costs		
Total Personnel Costs:		
Total Operational Costs:		
Total Administrative Cost:		
Total Project Expense:		

Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

Organization:_____

Name:_____

Tittle:_____

Signature:_____

Date:_____