SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

Office of Community and Homeless Services

Requests for Proposals (RFP)
2021 RFP for East County Coordinated Entry Navigation Services

**Funding Application for
February to June 2021**

Proposals Due

4:00 p.m., Thursday, December 31, 2020

**December 11, 2020
Mary Jane Brell-Vujovic, Director
Human Services Department**

ADA Notice: The County strives to provide access to all members of the public. Snohomish County facilities are accessible. If additional accommodations are required, please notify the ADA contact person at least four days in advance of the workshop.

In addition, reasonable accommodations will be made for persons with disabilities to be provided with the information in this application in an alternative format upon request.

Please contact Susan Chriest at: 425-388-7257 (phone); susan.chriest@snoco.org (email), TTY 7-1-1 or 1-800-833-6384 (voice), 1-800-833-6388 (text).

INTRODUCTION

General Information: For purposes of this competitive Request for Proposals (RFP) Snohomish County Human Services Department, Office of Community and Homeless Services (hereinafter referred to as the "County") is entering into an application process to support the following homeless housing system elements:

- Coordinated Entry Navigation Services

Funding Sources: Funding applications will be reviewed in a coordinated manner. This grant will be funded with local Ending Homelessness Program (EHP) funding.

During the review process and before the awards are made, Snohomish County will determine final award amounts assigned to each program that receives funding.

The funding period is for five months, February to June, 2021. Contract continuation after June 2021 is contingent upon availability of funds and a project's success in meeting contract requirements, including performance outcomes. Continuation of funding will be coordinated through a 2021 RFP process for the program years covering July 1, 2021 through June 30, 2023.

Availability of Funds: EHP funds are administered by Snohomish County for the portion of local document recording fees authorized by State law.

Funding available for this project will be for one full-time staff plus associated supervision and other costs (see Appendix B). Flex funds will be calculated using the established County allocation method. One contract will be awarded.

The County reserves the right to: not fund any project under this RFP; award grants at a lower amount than the request in the application; and/or reduce or increase funding for 2021.

Eligible Applicants: Units of general purpose local government or private non-profit organizations that have received 501(c)(3) federal tax exempt status from the U.S. Internal Revenue Service (IRS) and are registered as a non-profit corporation in the State of Washington. Faith-based organizations may not restrict client participation based on required religious affiliation or services, or engage in inherently religious activities as part of the program or services with these funds. Snohomish County will not accept applications from individuals.

This is a competitive application process. This RFP is open to eligible, existing programs and new (not currently operational) programs.

All applicants must demonstrate sufficient readiness. If the project is not yet operational or is a recent start up, the applicant must elaborate on the proposed timeline in the proposal narrative.

Application Schedule: The following schedule has been developed for the review of project application and decisions on project funding.

Friday, December 11, 2020	Application materials available on the Snohomish County website. Public announcement of RFP.
Thursday, December 17, 2020 10:00am-11:00am	**Application Workshop (Zoom Meeting)**: https://zoom.us/j/99690373939 Meeting ID: 996 9037 3939 One tap mobile +12532158782, 99690373939# US (Tacoma)
Tuesday, December 29, 2020	Technical assistance deadline
Thursday, December 31, 2020	**Application Deadline**. Applications must be received no later than 4 p.m.
January, 2021	Application review process (applicants may be contacted during this time for additional information)
January, 2021	Applicants will be notified of conditional funding awards and sources*
February 1, 2021	Contracts begin

*Note: Awards are conditional until Snohomish County has contracts and authority to spend the funds; and any concerns raised during the application review process have been resolved to Snohomish County's satisfaction.

Technical Assistance: Agencies are encouraged to attend the pre-application workshop. If additional assistance is needed, a phone or in-person conference is available. **The deadline for technical assistance (including submitting questions) is December 29, 2020 by 4:00 p.m.**

- Any questions and answers communicated will be made available in a Q&A posted to the County website (http://www.snohomishcountywa.gov/700). Final edits/additions to the Q&A will be posted on the website by 9:00am on December 30, 2020.

- Application Workshop: An application workshop will be held on **Thursday, December 17 10:00am-11:00am via the Zoom link noted above**. The information session will cover the project type categories and application requirements.

- Technical Assistance: Technical assistance is available to potential applicants through pre-application conferences. Assistance available includes answers about funding regulations and application requirements and discussing the proposed project's compliance with program regulations and eligibility for funding. If you would like to set up a pre-application conference or have any questions, please contact Susan Chriest, 425-388-7257, susan.chriest@snoco.org.

BACKGROUND

For the purposes of the **2021 RFP for East County Coordinated Entry Navigation Services**, applicants are asked to submit applications designed to support and enhance Snohomish County's homeless housing system (see project type category below).

The overriding directive of this RFP is to fund projects that are aligned with our Snohomish County Continuum of Care (CoC) Homelessness Strategies. Please refer to the Snohomish County Homeless Prevention & Response System Strategic Plan (see the County website https://snohomishcountywa.gov/1053/HSD-Reports-Publications). Overarching themes and goals:

➢ Prevent and end homelessness.

➢ Transform the homelessness system into a rapid response system that is more effectively coordinated and integrated with housing and social service systems.

System needs/gaps as well the goal to support existing system infrastructure and capacity will be considered in determining funding awards.

PROJECT TYPE CATEGORY

Coordinated Entry Navigation Services Coordinated Entry (CE) is a process for people to access homeless prevention, housing and other services that they need. Coordinated entry incorporates uniform screening and assessment, prioritization and program matching, Rapid Resolution, and connections to mainstream services to help those seeking housing and services access programs more efficiently. CE Navigation Services are an integral part of the CE system. Homeless Prevention and Resource Navigators engage individuals and families and offer a combination of housing focused services: flex fund assistance, coaching and referral coordination, and connection to mainstream resources. Navigators educate coordinated entry participants on the availability of housing resources and help them make a plan to obtain or maintain housing. This RFP specifically targets service provision in east Snohomish County: Monroe, Sultan, Gold Bar, Index, and Snohomish.

GENERAL GUIDELINES

The County reserves the right to require any project selected for funding to undertake the project in a manner specified by the County, which may include, but is not limited to, coordination with specific programs, services or other resources.

Refer to Appendix A for a summary of the Principles and Requirements for Agencies receiving funding.

Performance Measures:

Contracts awarded under this RFP will be part of the Everett/Snohomish County Continuum of Care's efforts to prevent and end homelessness. To this end, program performance will be a key part of this RFP's rating criteria, and an integral part of contracting for funds awarded under this RFP. Performance measures adopted by the Partnership to End Homelessness (PEH), as well as other performance measures that may be identified by the State and OCHS.

Current performance measures for our homeless system are aligned with the U.S. Department of Housing and Urban Development (HUD) HEARTH Performance Measures and are implemented by the PEH Data & Analysis Committee, and approved by the PEH Board.

Projects awarded funds under this RFP are expected to contribute positively to the system performance outcomes as measured in HMIS. Continued funding will be contingent on performance.

APPLICATION INSTRUCTIONS

All required Sections and Exhibits must be answered; Attachments are for reference only. The application is organized in the following manner:

I.	**Application Cover Sheet**	
II.	**Project Narrative**	(may not exceed 12 pages)
III.	**Agency Capacity and Experience**	(may not exceed 5 pages)
IV.	**Budget Narrative**	(may not exceed 3 pages)
Exhibit A.	**Budget Workbook for February to June 2021**	(Excel)

Application Submission:

1. Submit one copy of the completed application, including Exhibit A. The original application must be signed.

2. All budgets and forms are in prescribed format. Applications are limited to this format. Do not include legal size narratives or forms.

3. A minimum 11-point point font is required for use in response to all narrative questions. A minimum 10-point font is required for use in the Project Budget (Exhibit A).

4. Answer each question fully, accurate information and complete forms are required. The information provided in the application should be written as though the reviewers have no prior knowledge of the agency or programs. 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 accordingly and completely.

5. Include only the specific supporting documentation required. Do not attach other materials such as cover letters, annual reports, newsletters, brochures and general letters of support. If included, these will be discarded.

6. 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 email address listed below. Hard copies are not required. Please submit a PDF version of the entire application, including all Sections and Exhibits. Applications will not be accepted by fax.

All applications are due by **Thursday, December 31, 2020 by 4 p.m.** (regardless of the manner submitted). **No late or incomplete applications will be considered.**

Submit signed electronic copies of applications to the following email address: OCHS.applications@co.snohomish.wa.us

ONLY submit applications to this address; technical assistance questions should be directed to Susan Chriest; questions submitted to the "OCHS" email address will not receive a response.

If unable to submit electronically, signed applications can be mailed to:

Snohomish County Human Services Department
Attention: Susan Chriest
3000 Rockefeller Ave, M/S 305
Everett, WA 98201

Complete applications consist of the following Required Materials (in this order):

1. Complete Application Cover Sheet (Section I) with a signature by an authorized official.

2. Complete Project Narrative (Section II). May not exceed 12 pages; additional pages will not be reviewed.

3. Complete Agency Capacity and Experience (Section III). May not exceed 5 pages; additional pages will not be reviewed.

4. Complete Budget Narrative (Section IV). May not exceed 3 pages; additional pages will not be reviewed.

5. Complete Budget Workbook (Exhibit A).

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 and will not be reviewed. Any missing Additional Materials must be addressed per staff request for the application to be considered.

Additional Technical Submission Materials:

▪ MOU or Letter of Intent to Partner. Please note that MOUs are not required unless there is formal subcontracting. Similarly, letters of support for collaborations are not necessary;

▪ For Nonprofit organizations: Agency Certification of nonprofit Status: IRS 501(c)(3) letter;

▪ An electronic copy of your agency's most recent Audited Financial Statements (unless already submitted within the last year). For agencies with multiple project applications, one audit will suffice for all applications; and

▪ Current organizational chart that includes project staff and management.

Review and Decision Making Process:

Staff Review and Assessment
Snohomish County Office of Community and Homeless Services (OCHS) staff will review applications for threshold criteria and completeness. Staff will also review and assess specific sections of the application, such as prior project/agency performance. Snohomish County reserves the right to request additional clarifications from applicants, both in writing and in person.

Project Review Committee Review & Recommendations
The Project Review Committee (PRC) will review and assess requests and incorporate the staff assessments into the final ranking. The PRC will make recommendations to the Director of the Human Services Department.

Final Decision by Human Services Department Director
Final approval of funding decisions under this RFP is made by the Department Director.

Threshold Criteria: Applications must meet threshold criteria in order to be considered for funding. Threshold review, which will be completed by County staff, will be included in the materials provided to the Project Review Committee.

Criteria:

1. Application is submitted on time.
2. Application package is complete (all Required Materials are included).
3. Project is an eligible intervention and shows the capacity to operate the project and expend funds in a timely manner.
4. Project is consistent with the goals of the Snohomish County Homeless Prevention & Response System Strategic Plan (July 2017). *All projects must be consistent with the goals of the Snohomish County Homeless Prevention & Response System Strategic Plan (see the County website https://snohomishcountywa.gov/1053/HSD-Reports-Publications).*

If an application does not meet <u>any</u> 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   #:

Project Location/Address:
List all physical location(s) where services will be provided.

Budget :	Feb to June 2021	
Homeless Housing Funds Requested:		
Other Project Funds:		
Total Project Budget:		
Annual Agency Budget:		

Authorized Signature of Applicant: To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the proposal is awarded funding.

Signature of Authorized Representative:

Typed Name and Title:

Date Signed:

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.
-Section II may not exceed 12 pages-

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 Snohomish County Homeless Prevention & Response System Strategic Plan (see the County website https://snohomishcountywa.gov/1053/HSD-Reports-Publications).

   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 they were chosen for prioritization. Describe the agency's 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. **SCOPE OF NEEDS AND GAPS:** For the target population(s) identified above, describe any current gaps in services and the need for services in the community. Include information on whether there are other services or resources for services in the community. Provide current local statistics, agency statistics, or other evidence to document the need and gaps, noting the source(s) for the data.

   Overwrite this text with your answer

4. **SERVICES/ACTIVITIES AND LOCATION:** Describe the services/activities proposed in a specific and detailed manner; include a description of how the services/activities will be implemented and the frequency/duration of services. Describe the location where the services will be delivered, including if/how the services/activities will be available and accessible county-wide. If this is an expansion of services, provide details of the current services that are provided and the expanded services that will be provided if funding is awarded.

   Overwrite this text with your answer

5. **LINK TO NEED:** Describe how the proposed services/activities, including the project location, meet the needs of the target population(s) and fill any gaps in services. Also describe how the proposed services/activities meet the need in the community, without duplicating efforts. Indicate whether the service delivery model to be used is considered a best practice and provide detailed information to support that the project design is a) evidence-based, or b) if this is an expansion of services/activities, that the project design introduces an innovation that substantially improves the services provided; refer to research, third-party program evaluations or other objective data that indicates the service delivery model will achieve the desired results.

   Overwrite this text with your answer

6. **OUTREACH AND ACCESS:** Describe in detail 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. Please also describe the agency's process for accepting referrals from the coordinated entry system and working with households that meet coordinated entry priorities for service.

Overwrite this text with your answer

7. **COMPLEMENTARY SERVICES/ACTIVITIES, AND COORDINATION:** Describe other services/activities, projects and agencies that will provide services or resources to project participants that help meet needs and promote movement toward permanent housing (e.g. services for education, employment, life skills, mental health, substance abuse treatment, etc.); distinguish between the services/activities that will be provided by the agency versus by other agencies in the community. 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

8. **EXPANSION OF SERVCIES:** For projects that are requesting an increase in funding from their current contract, provide an explanation for the increased request, including a description of the use(s) for the funding and any additional expansion of services or increased capacity that would result from the additional funding.

Overwrite this text with your answer

9. COORDINATED ENTRY NAVIGATION SERVICES

(1) It is the expectation that the days between completing the initial CE Intake Assessment and the completion of the CE Housing Assessment is minimized; describe your action plan for minimizing the number of days between these steps in the CE workflow.

Overwrite this text with your answer

(2) Documentation Recorded: Describe your action plan for assisting clients in obtaining necessary disability and homeless verification documentation.

Overwrite this text with your answer

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

Overwrite this text with your answer

(4) Describe your ability to provide Rapid Resolution, also known as creative problem-solving, to assist clients to resolve their housing crisis.

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.
-Section III may not exceed 5 pages-

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. Have you had an audit in the last 24 months? If not, explain why an audit was not needed or required:
    Overwrite this text with your answer

4. 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:
    Overwrite this text with your answer

5. 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 the following: Organizational changes, programmatic changes, and changes to business systems (financial, human resources, etc.)
    Overwrite this text with your answer

6. Describe turnover in key management positions in the past 24 months in those areas of the organization 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

7. List the qualifications (e.g. education, training, experience) of the staff members who will provide services and those who will supervise and oversee the project?
    Overwrite this text with your answer

8. **FAIR and JUST PRACTICES and CULTURAL COMPETENCY:**

    A. Describe your agency policies, practices, services and systems that **promote fairness and opportunity** for all people, particularly people of color and communities that are disproportionately represented among the homeless population. Describe the work your agency has done to promote community voice, trust and dignity. Describe how your agency engages all communities in a manner that **fosters trust** among people across geographic, race, class and gender lines and supports communities' (and individuals) efforts to develop solutions.
    Overwrite this text with your answer

    B. In what ways does your agency **check in with and include groups** representing, or led by people of color or other affected populations in the development of policies and practices.
    Overwrite this text with your answer

C. Describe how the agency's engagement and service delivery model assures **access to underserved communities** who are disproportionately impacted by homelessness, including efforts related to service design, staffing, outreach and engagement approach, and language. Explain how your agency will make services available to populations disproportionately represented among the homeless population, including racial and ethnic minorities, immigrants and refugees, individuals with disabilities, LGBTQ youth and adults and people with limited English proficiency. Please identify any issues or limitations you may encounter, and describe how you will modify services to meet the needs of these specific populations.

Overwrite this text with your answer

D. Describe the process your agency uses to identify specific **culturally based needs** of populations other than the majority population, and how it uses that information to modify engagement and services delivered in order to meet those unique needs; Give examples, if possible, from prior agency projects.

Overwrite this text with your answer

E. Describe how your agency conducts self-assessment of its fair and just practices and cultural competency, including both internal and external input; give examples, if possible, of instances in which such input caused changes in policy, agency administration, or service delivery.

Overwrite this text with your answer

9. **AGENCY COMMUNITY PARTICIPATION/COLLABORATION:**

A. Please indicate the committees, groups or meetings in which the agency participates:

☐ Partnership to End Homelessness Board (quarterly)
☐ Partnership to End Homelessness Subcommittees (quarterly or more)
☐ Youth Homelessness Initiative Committee
☐ Homeless Policy Task Force
☐ Point in Time (PIT) planning committee (approx. 4x annually)
☐ Point in Time count (annually)
☐ Veterans subcommittee (monthly meetings)
☐ Coordinated Entry Resource Navigator meetings (bi-monthly)
☐ Rapid Rehousing Initiative
☐ Other (explain):
☐ Other (explain):

B. Describe the agency's participation in local consortiums or committees. If the agency does not currently participate, describe if and how the agency plans to participate.

Overwrite this text with your answer

C. Agency capacity to meet HMIS requirements: if the agency participates in HMIS currently, please describe the agency's ability and capacity to meet HMIS requirements (i.e., current compliance with applicable data standards, methods used to ensure data quality, etc.). Please indicate if problem(s) (i.e., challenges in implementing HMIS activities) have arisen and if/how these problems were resolved. If the agency does not participate in HMIS, describe the agency's ability and capacity to meet the requirements (i.e., experience with data collection, databases, meeting data standards, etc.). The HMIS agreement can be found on the Snohomish County website.

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 Workbook (Excel) for February to June of 2021. The budget is attached as Exhibit A, with instructions in Appendix B.
   - ✓ Budgets should be complete, thorough, 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 the sponsoring agency 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 whether the project is scale-able. Describe how the project will 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

4. Describe efforts by the agency to develop:

   A. Alternative future sources of funding to support the proposed project

   Overwrite this text with your answer

   B. A financial contingency plan in preparation for possible funding reductions

   Overwrite this text with your answer

APPENDIX A

Principles and Requirements for Agencies receiving funding include but are not limited to:

a. Develop procedures to ensure the confidentiality of client records, including victims of domestic violence.

b. Provide for the participation of at least one homeless or formerly homeless individual on their board of directors or other equivalent policy making entity.

c. Involve, to the maximum extent practicable, homeless individuals and families in the construction, renovation, maintenance, and operation of facilities and in the provision of services.

d. Provide assistance to homeless individuals and families served in obtaining:
   1) Permanent housing and appropriate supportive services, including mental health treatment, counseling, supervision, and other services essential for achieving independent living; and
   2) Other federal, state, local and private assistance available for such individuals.

e. Develop a formal process for a grievance procedure and termination of assistance to any applicant or participant.

f. Comply with various federal, state and local laws that provide equal opportunity and prohibit discrimination against persons on the basis of race, color, religion, sex, age, familial status, national origin or disability. Discrimination is prohibited in the provision of services, in access to the services and to the facilities where services are provided, and in all other aspects of administering the project such as employment and procurement.

g. Provide proof of general liability insurance coverage which identifies Snohomish County as an additional insured. If services provided under the contract are provided by a licensed professional, then professional liability insurance will also be required. In addition, if driving is within the scope of services provided under the contract, then automobile insurance will also be required. Minimum insurance coverage limits are set by the County. Worker's Compensation Insurance is also required.

h. Procure all materials, property, supplies, or services in accordance with the requirements in the Basic Terms and Conditions Agreement and the Snohomish County Environmentally Preferable Purchasing and Product Utilization Policies.

i. Participate in the local **Everett/Snohomish County Continuum of Care** through various meetings and committees.

j. Participate in the County's **Homeless Management Information System (HMIS)** (or comparable database with prior County approval). Participation includes executing an HMIS Agreement with the County and adhering to all requirements. Applicants must comply with the HMIS standards requiring grantees to enter income sources and amounts and non-cash benefits received in the past 30 days during three points in time - at entry into program, at exit from the program and at least once annually if the household is in the program over a year.

k. Demonstrate how clients will achieve increased self-sufficiency. The County has implemented the **Fenn-Jorstad Self-Sufficiency Matrix®**. Technical Assistance will be available as

needed. The Matrix will not be required for youth under 12, but an alternative measure must be identified, such as the Ansell Casey Life Skills Assessment.

l. Participate in the completion and updating of the Snohomish County **Annual Homeless Housing Inventory Chart (HIC)**, which includes data on beds, units, HMIS, services and financial data for all projects. This requirement applies only to housing programs.

m. Participate in the annual **Point-in-Time (PIT) count of the homeless.** The nature of this participation should include the active recruitment of volunteers and the submission of PIT project-specific data.

n. Comply with federal uniform administrative requirements regarding fiscal management including financial reporting, record keeping, accounting systems, payment procedures, procurement of goods and services, conflict of interest, and audit requirements. Non-profit organizations must administer programs in compliance with OMB Uniform Guidance set forth in 2 CFR Part 200. Federal guidelines and regulations are available online at http://www.ecfr.gov/cgi-bin/text-idx?SID=60b768264bb29c7923a1005d8f10bc5e&mc=true&node=pt2.1.200&rgn=div5

APPENDIX B
Budget Workbook (Exhibit A) Instructions

Overview:
Budget for February 1, 2021 to June 30, 2021.

Projected Budget:
Enter estimated costs of the proposed program by funding categories. In column B, indicate the costs which are necessary to run the project and which are projected to be paid with Homeless Housing & Services grant funds. If you are also submitting a separate application for an EHP Renewal, enter the EHP Renewal Request amount in Column C. Column D is for all **other** resources that will be applied to the project. Column E is the sum of columns B-D. **Show whole dollars only, no cents.**

Narrative, grant funds only:
Explain/justify all estimated costs.

Be sure to provide basis of cost allocations, justification for increased costs from prior contract periods, and explanations for all categories of cost. **Categories and costs budgeted in Project Budget tabs will auto populate in Columns A and B. Show whole dollars only, no cents. Separate agency administration costs clearly from program costs.**

When preparing this section for each category, **describe how the projected costs apply to the grant and how the costs were calculated**. Consider the following as some examples of explanations for the categories within the Expenditure Narrative:

- **Salaries/Wages** - Provide a brief description of the positions to be funded. If applicable, separate administration and program salaries.

- **Benefits** - Example: FICA costs are estimated based on __% of the budgeted salaries, Retirement costs are estimated based on __% of the budgeted salaries, Medical was projected using $_____ as a base cost per employee times the % of time to be budgeted to the grant. (Use this format for other benefits not shown here).

- **Supplies: -** Example: Office supplies based on historical FTE usage. Cost per FTE times FTE's charged to the grant.

- **Professional Services -** Example: _____ Services to provide _____ at a cost of $____ per hour at _____ hours of service for the grant.

- **Postage -** Example: Mailings _____ to ___ clients, at a projected cost of $____ per client.

- **Telephone** - Example: Telephone charges for ____ staff at ____% of time budgeted to the grant multiplied times the estimated cost of telephone charges for the grant period.

- **Mileage and Fares** - Example: Staff mileage at $0.__ per mile times _____ miles.

- **Leases/Rentals** - Example: Office space calculated as __% of FTE's (Grant % of total FTE's using office space) times $_____, projected lease costs for the grant period.

- **Utilities** - Example: Utilities calculated ___% of FTE's (Grant % of total FTE's using office space) times $_____, projected utility cost for the grant period.

- **Repairs/Maintenance** - Example: Cost of repairs and maintenance of the facility is calculated at ___% of FTE's (Grant % of total FTE's using office space) times $_____, projected Repairs/Maintenance cost for the grant period.

- **Printing** - Example: Cost of printing _____ copies of _____ at $ _____ per copy.

- **Dues/Subscriptions** - Example: Cost of Dues for _____ at $_____.

- **Registration/Tuition** - Example: Cost of Registration to provide training for _____ at a cost of $_____ per employee for ___ employees.

- **Machinery/Equipment -** Example: Cost to purchase _____ at $_____ per unit.

- **Admin/Indirect -** Example: Total Program cost times the Cost Allocation Rate of ___% which has been reviewed and approved a Certified Public Accounting Agency. *Administration may not exceed 10% of the total budget.*

Salaries - Wages, grant funds only:

Identify each position to be supported by grant revenues under this proposal. Indicate whether a position is a full time or a part time position (FTEs), total monthly costs (all funds), percentage of their time projected to be charged to the grant (FTEs), and the total monthly cost to be charged to the grant.

The "Total Charge to the Grant" is calculated by multiplying the number of months covered by the Grant (12) by the "Monthly Charge to the Grant" **(spreadsheet includes formula that will auto populate).**

If Administration Charges are separate from Program Charges, show them separately on this form. Total all grant salaries. **Show whole dollars only, no cents**. Total of salary detail page must balance to salary entries for Grant expenditures on the previous tabs.