



Newmark Center
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Suite 220
Coos Bay, OR. 97420

Phone: 541-294-8602
Email: homelessresponseinfo@co.coos.or.us
Website: <https://www.co.coos.or.us/homeless-response-office>

HB4123 Executive Homeless Advisory Meeting

April 10, 2024

1:30 PM to 2:30 PM

2110 Newmark Ave Suite 220, Coos Bay, Oregon

[Zoom Attendance Link](#)

1. Roll Call
2. Request For Application Process review and refinement - Ashley Horath
 - a. Announcement
 - b. Application Instructions
 - c. Application
3. Homeless Advisory Board Comments
4. Adjourn

Next meeting Wednesday, May 8, 2024 1:30 PM – 2:30 PM

Request for Applications

HB5019 Funds
2024-2025



We are accepting Applications for HB5019 Funds!

Our vision is a community where everyone has the opportunity to live in decent, safe, and affordable housing regardless of zip code, race, and family income.

The goal of this office is to collaborate with local service providers to establish a framework for cross-sector operational coordination, to support county-wide efforts, and to support cities and service providers with the ultimate goal of sustaining housing in every community. To best use scarce resources the Community must understand the scope of the problem, evaluate the outcomes of our investment, evaluate progress, and demonstrate accountability.

Homeless Response Office Funding:

One way that we work to fulfill our vision is by investing dollars we receive through Oregon Housing and Community Services. We support collaborative and innovative local projects designed to fill gaps in services, reduce barriers and inequities, and improve the housing system to create better outcomes for individuals and families.

To be eligible for funding, applications must impact those experiencing homelessness or housing insecurity in Coos County. Applications are stronger if they serve priority populations.

HB5019 Funds:

Funding for HB5019 dollars are allocated through subcontracts with community partners. The agency responsible for signing the contract and ensuring the contracting requirements are met is called the "Sub-Recipient". Costs and expenses are paid through a reimbursement process. To receive reimbursement, the Sub-Recipient must complete a program progress report and a reimbursement request with supporting documentation on a monthly or quarterly basis.

Funding is allocated through subcontracts and is a minimum of \$5,000. Programs must take place between now and June 30th, 2025.

To apply: Submit an interest form on our website:

<https://www.co.coos.or.us/homeless-response-office/webform/request-application>

Email: homelessresponseinfo@co.coos.or.us
Website: <https://www.co.coos.or.us/homeless-response-office>

Application Instructions

2024-2025



About Us:

The Homeless Response Office was created through an intergovernmental agreement between Coos County and the Cities of Coos Bay and North Bend. This pilot program sponsored by Oregon State House Bill 4123 has a goal to support a coordinated response to homelessness. The pilot program includes funding and resources to support and grow existing homelessness response operations.

Our vision is a community where everyone has the opportunity to live in decent, safe, and affordable housing regardless of zip code, race, and family income.

The goal of this office is to collaborate with local service providers to establish a framework for cross-sector operational coordination, to support county wide efforts and support cities and service providers with the ultimate goal to sustain housing in every community. In order to best use scarce resources the Community must understand the scope of the problem, evaluate the outcomes of our investment, evaluate progress and demonstrate accountability.

Homeless Response Office Funding:

One way that we work to fulfill our vision is by investing dollars we receive through Oregon Housing and Community Services, as well as state and federal grants. We support collaborative and innovative local projects designed to fill gaps in services, reduce barriers and inequities, and improve the housing system to create better outcomes for individuals and families.

To be eligible for funding, applications must impact those experiencing homelessness or housing insecurity in Coos County. Applications are stronger if they serve priority populations.

HB5019 Funds

Funding for HB5019 dollars are allocated through subcontracts with community partners. The agency responsible for signing the contract and ensuring the contracting requirements are met is called the "Sub-Recipient". Costs and expenses are paid through a reimbursement process. To receive reimbursement, the Sub-Recipient must complete a program progress report and a reimbursement request with supporting documentation on a monthly or quarterly basis.

Areas of focus for HB5019 Funds are:

- Increase Shelter Bed Capacity
- Rapid Rehousing for those experiencing homelessness or are precariously housed

Application Instructions 2024-2025

How to Apply:

To apply for HB5019 Funds, please complete the attached Application for Funds. Completed applications should be submitted to HomelessResponseinfo@co.coos.or.us Only electronic, typed applications will be accepted. Please let us know if you require other accommodations. Applications will be reviewed by a team including community partners and staff. The Homeless Response Office Advisory Board is responsible for the final approval of all funding which is awarded through this office.

HB5019 Funds are allocated from multiple funding streams, all of which have different eligibility requirements (further details on requirements are available upon request). We may ask for additional information or request that applicants make adjustments to their scope of work in order to meet the requirements of the available funds.

Budget Detail

Expenditure Category Definitions:

Personnel - Salary: Salary/Wages of employees for this project

Personnel - Fringe: Cost of benefits paid by employer for employees providing program (insurance, SSI, taxes, etc.) Salary and Fringe may be combined into a single budget category.

Professional Development: Costs associated with professional development activities for program staff. (Conference registration, trainer fees, etc.)

Landlord Engagement: Cost of materials, activities, or events specifically focused on engaging landlords in the community to educate them about rapid rehousing programs in the area and what it can mean to their tenants. This can include expenses such as outreach, food, child care, transportation, and/or translation.

Supplies and Materials: Cost of supplies and materials in support of program staff and activities (including training curriculum, training supplies, etc.)

Sub-Contracts: Cost of contracts issued to service providers for programs delivered to families and children.

Travel: Cost of in-state travel for employees. Includes mileage reimbursement, airfare, hotels, etc.)

Application Instructions 2024-25

Insurance Requirements:

Before commencing the performance of contracted services, Subrecipient shall procure at its own expense and always maintain in force for the duration of the contract, plus at least three years following the date of final payment, the following insurances:

Workers Comp	As Defined by ORS 656.027
Commercial General Liability	\$1,000,000 (Per Occurrence) \$2,000,000 (Annual Aggregate)
Automobile Liability	Non Transporting 1,000,000 Combined Single Limit <input type="checkbox"/> Commercial Insurance with Non-owned Auto Additional Insured Required <input type="checkbox"/> Personal Insurance with Business Endorsement with Non-owned Auto on General Liability with Additional Insured Requirement Waived Transporting 1-9 Children 2,000,000 Combined Single Limit Transporting 10 + Children 5,000,000 Combined Single Limit
Professional Liability (Required if subcontractor has licensed professionals as employees)	\$1,000,000 (Per Occurrence) \$2,000,000 (Annual Aggregate)
Physical Abuse & Sexual Molestation (Required if subcontractor has any kind of custodial care over children)	*\$1,000,000 (Per Occurrence) \$2,000,000 (Annual Aggregate)

No later than fifteen (15) days after signing the Subcontract, Subrecipient shall provide the Homeless Response Office appropriate certificates, endorsements, and copies of its policies to demonstrate that the above insurance is in force.

Application for Funds

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1. Applicant Organization/Fiscal Agent information (contract signatory)	
Applicant Organization (Legal Name):	
Other organizational names, affiliated organizations or acronyms used:	
Applicant Organization Contact: Phone Number: Email:	Fiscal Contact: Phone Number: Email:
Tax ID Number:	Address:
DUNS Number:	Date of request submission:
Are you able to meet the insurance requirements described in Application Instructions? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure	
Please state any conflicts of interest you may have with the Coos County Homeless Response Office. Please note this will not disqualify you from receiving funding.	
2. Program information (if different than contract signatory)	
Program Name:	Program Manager: Phone Number: Email:
3. Program Overview	
a) Please select the box(s) of the program type that best fits your programs: <input type="checkbox"/> Shelter Services/Operations <input type="checkbox"/> Capital Purchases and Improvements <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Other: Please describe	
b) What need/problem is this program intended to address? Please share any community input and/or data that was considered in the program planning.	
c) Please summarize the key activities of your program/project:	

Application for Funds 2024-25

d) What are the intended outcomes of this program? (What will change in your community or with the individuals and families you are serving at the end of your project/program)
e) Please list community partners you are working with on this project/program and describe how they are involved:
f) Is this program/project virtual, in person, or hybrid?

4. Equity, Diversity, and Inclusion
How will you ensure programming is carried out in a culturally responsive and inclusive manner?

5. Measuring Success
How will you measure success in reaching your intended outcomes? (Please refer to outcomes identified in question 3d)

7. Capacity and Implementation
a) What staffing and support do you have in place to implement this project/program?
c) Do you need, or would you like any additional support or technical assistance to implement this project/program? If yes, please describe: (indicating the need for additional support will not disqualify you from receiving funding)

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d) Are you able to complete electronic reports and reimbursement requests on a monthly or quarterly basis?

Yes

No If no, please explain:

8. Program/Project Budget Detail Please see Application Instructions for definitions of categories	Total amount Requested from the Homeless Response Office	Match: Amount contributed by other funders, including your own agency
Personnel - Salary		
Personnel - Fringe		
Professional Development		
Family Engagement		
Supplies & Materials		
Travel		
Subcontracts		
Administrative		
TOTAL		

Please attach your own report or spreadsheet if applicable

Funding minimum of \$5,000 per subcontract

ROUGH DRAFT

Application for Funds 2024-25

9. Budget

a) Budget Narrative- Please describe what this funding will be specifically used for:

b) Match Narrative- Please explain the matching funds supporting this project (including committed and pending funding proposals, if applicable)

c) What is the timeline for your project? If there are multiple activities planned, please describe: (maximum range is until June 30, 2025)

ROUGH DRAFT

10. Fiscal Practices:

Has an audit been performed your organization's financial statements?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you required to have a single audit performed?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had any audit or monitoring findings in the past 3 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your accounting system allow you to track the revenue and expenses by funding source?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does your accounting and financial management system(s) follow Generally Accepted Accounting Principles?	<input type="checkbox"/> No <input type="checkbox"/> Yes

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Please describe any previous experience your organization has with managing subcontracts and/or grant agreements:

11. Additional Info:

Is there anything else you would like to share with us about this project/program?

Thank you for taking the time to complete this application!

Please submit an application to homelessresponseinfo@co.coos.or.us