Application for Severe Weather Shelter Funds for Homeless Shelter Services Located in the City of Longview

Agency Name: _____

Severe Weather Shelter Permit Number:

_____

Address: _____

Contact: _____   Phone: _____

E-mail: _____

Agency Executive Name: _____

Phone: _____   E-Mail: _____

Agency Executive Approval Signature:

_____   Date: _____

Amount Requested: Not to exceed $ _____ (Reimbursement)

Funding Period: _____

Tax Status (Check one):

_____   Nonprofit 501(c)3

_____   Local/State Agency

_____   Other

Previous Severe Weather Shelter Fund Recipient?

_____ Yes _____ No Year _____

If your agency has previously been funded from the Severe Weather Shelter Fund, please describe the purpose of funding.

NOTE: The Severe Weather Shelter Fund is established to support projects that address housing of homeless individuals on an emergency basis during severe weather events. Any approval for making application for Severe Weather Shelter funding shall abide by the City of Longview's "Good Neighbor Policy" outlined in LMC 19.44.110.

The Severe Weather Shelter Fund is intended to assist agencies with short-term urgent funding need that has or will significantly interrupt essential services or impact the health and safety of the homeless population during severe weather as defined in LMC 7.30.010(2). Additional examples include:

- Natural disasters (e.g. fire, flood, tornado, earthquakes, storm damage, loss of utilities)
- Severe Weather Shelter Funds shall be used to provide for the following shelter needs of the applicant (e.g. shelter, heating, City utilities such as water, sewer garbage)

Applicants should be aware this is a short-term funding opportunity.

The filing of an application is not a guarantee of funding.

All items purchased for shelter shall remain in care of the applicant upon closure of the shelter.

- Severe Weather Shelter Funds will not be authorized for the following purposes:
  o To replace funds previously authorized due to an agency's mismanagement, budget shortfall or fraud.
  o To assist individual applicants
  o To provide services outside the City of Longview
  o For sectarian or religious purposes
  o For political purposes
  o To support sheltering that has not been authorized by issuance of a temporary use permit
  o To support sheltering that is unsupervised
  o For non-alcohol free sheltering Shelters that permit the possession or consumption of alcohol or non-prescribed drugs
  o Any items that can be used outside of shelter use

1. Please explain the emergency or urgent need for this funding request?

    a. What created the need for emergency funding?

    b. Will this be a recurring funding need?

    c. Please include any other helpful information about this funding request?

2. Please describe how the funds will be used?

    a. What expenses will be provided for with this funding?

    b. Are there other funds contributing to this request? (Include in-kind, volunteers, donations, etc.)

3. Describe who will be served by this request.

    a. How many households/individuals will be served?

    b. Over what time period?

    c. Include any other helpful information about the individuals to be served.

4. What will happen if this request is not funded?

5. Describe resources your agency could provide to meet this need.

    a. Reserve funds available?

    b. Allowable use of reserve funds?

  c. Have reserve funds been used in the last 12 months for this need?

6. Describe involvement from other agencies. Are other agencies providing funding or other resources for this need?

7. Please attach proposed Program Budget (see attached).

8. A detailed report outlining how the emergency funds were spent will be required within 60 days of the date posted on the claims check. Included with the report shall be a copy of all receipts for authorized expenditures. Failure to file report will result in the denial of any future emergency funding requests.

Program Revenue			
Revenue Source	Amount	Status of Funds (awarded/amount, Pending, declined)	If declined- Why?
Total Revenue			
Program Expenses			
Expense item	Amount	Explanation	
Total Expenses			

Budget Narrative: