

APPENDIX B

Department of Workforce Services

Homelessness Infectious Disease Reduction Assistance RFGA

Solicitation # 23-DWS-S016

Grant Application Narrative

Directions: Narrative must be in the default size, font, spacing, and space provided. Additional narrative attachments are not allowed.

1. GENERAL PROJECT INFORMATION

a.) Name of Primary Entity:

2. PROJECT FINANCIAL INFORMATION

a.) Total Project Cost:

3. PROJECT DESCRIPTION

a.) Please provide a detailed summary of this project, including but not limited to the implementation of the project, the project timeline, what services will be provided, and how services will be provided.

b.) Please provide a detailed list of the outcomes for this project. Please include how the project outcomes are specific, measurable, achievable, relevant, and timely.

c.) Any additional relevant project details.

4. PROJECT RESTRICTIONS BREAKDOWN

Homeless service sites include emergency night shelters, day shelters, meal service sites, transitional housing, permanent supportive housing sites, and other sites that provide services to people experiencing homelessness.

Encampment is defined as an outdoor location not intended for human habitation where at least one person is residing and may also include locations where people experiencing unsheltered homelessness gather during the day.

a.) What percent of your project services will be provided to homeless service sites? Please provide a clear description of those services.

b.) Will your project provide infectious disease control measures in homeless services sites? Please provide a clear description of those services.

c.) What percent of your project services will be encampment locations? Please provide a clear description of those services.

d.) Will your project provide infectious disease prevention measures in encampments? Please provide a clear description of your agency's outreach staff, strategy, and services.

5. PROJECT COORDINATION

a.) What percent of your Local Health District (LHD) will your project or your services cover? Please provide an estimate of service coverage. (Please see: <https://ibis.health.utah.gov/ibisph-view/about/LocalHealth.html>)

b.) Please describe how your project will be coordinating with existing and new resources with your Local Health District.

c.) Please describe how your project will be coordinating with existing and new resources with other Homeless Service Agencies.

d.) Please describe how and if your agency will be leveraging existing resources for the purposes of infectious disease mitigation and detection.

e.) Please describe how your project will identify local medical professionals to respond to emergency needs.

f.) Does your project require service contracts with for-profit or third-party entities? If so, please describe what agencies will be contract, the contract needs, and the expected outcomes.

6. INFECTIOUS DISEASE RELATED INFORMATION

a.) Does your agency have experience with or already operate projects to mitigate and detect infectious diseases (including COVID-19)? If so, please describe your agency's policy and procedures and or services. If not, please describe how your agency will ensure successful implementation.

b.) Does your agency have experience in reporting and or collecting data regarding infectious diseases, including COVID-19? If so, please describe your our agency's policy, procedures or services. If not, please describe how your agency will sure successful implementation.

c.) Does your agency have experience with, or currently provide quarantine and isolation services for those who test positive for an infectious disease, including COVID-19, through hotel/motel vouchers? If so, please describe your agency's policy, procedures, or services. If not, please describe how your agency will ensure successful implementation (if applicable).

d.) Can the services to mitigate and detect infectious diseases be sustained after the project end date? If so, please describe how services will be sustained after the project end date.

e.) Please describe in what ways would this project be considered innovative in regards to infectious disease detection and mitigation in homeless service sites?

7. HMIS INFORMATION

a.) **Applications for ES funding only:** Does your agency have experience collecting and entering data into HMIS? If so, please describe your agency's experience, policies and procedures. If you do not have experience but are applying for ES funding, please describe how you will ensure successful data collection and reporting strategies.

8. LOCAL HOMELESS COUNCIL INFORMATION

If you are unsure which Local Homeless Council is over your area, please go to: <https://bit.ly/3OSp1Kk>. Additionally, you can go to <https://endutahomelessness.org/> for more information.

a.) Does your agency regularly attend your Local Homeless Council (LHC) meetings? Please describe your agency's relationship with your LHC.

b.) If your Local Homeless Council (LHC) has a strategic plan, is your agency or organization a part of or have a designated role within the strategic plan? If so, please explain.

c.) Please attach a letter of support from your Local Homeless Council to Appendix A - Application Cover Page. If a letter is not available, please provide an explanation below.