

Provider name: *

City of Saint Paul, MN-Department of Safety and Inspections

Provider's primary address: *

375 Jackson St., Saint Paul MN 55101

If services will be provided at a different location than the main address above, please list address(es)/detail(s) below: *

Various shelter locations and unsheltered encampment sites

This request is being submitted by a: *

- Tribal Government
- Local unit of government
- Non-profit organization

Non-profit Organizations

Provide total revenue from your most recently completed fiscal year:

.....

Provide employer identification number, also known as the federal employer identification number or the federal tax identification number (##-#####):

*
.....

Targeting for People Experiencing Homelessness

Homelessness is defined as literally homeless or doubled-up, this includes people who are homeless due to fleeing a domestic violence situation. For the purposes of this funding we are using all four categories of homelessness or at-risk of homelessness provided by HUD.

The proposed project(s) targets people experiencing homelessness as defined above: *

Yes

No

Primary Program Contact

Full Name (First and Last): *

Travis Bistodeau

Email Address: *

travis.bistodeau@ci.stpaul.mn.us

Phone Number (###-###-####): *

651-266-1922

Fiscal Contact

Name (First and Last): *

Vicki Plaistow

Email Address: *

vicki.plaistow@ci.stpaul.mn.us

Phone Number (###-###-####): *

651-266-9113

Funding Needs

The next several questions are specific to the funding levels you are requesting, and the services you are proposing to provide.

There are three eligible uses for this funding.

1) SHELTER CAPACITY (not including staffing needs)-Resources needed for purchasing vouchers for the cost of a motel or hotel room; or for funding other housing/shelter options, in order to provide shelter that promotes health and safety, or so individuals exposed to the COVID-19 virus or who are experiencing symptoms can quarantine.

2) HYGIENE/SANITATION AND CLEANING SUPPLIES-Resources needed for purchasing hygiene, sanitation, and cleaning supplies to support compliance with Centers for Disease Control and Prevention guidance on sanitation and personal protective equipment.

3) STAFFING-Resources needed for hiring staff necessary to protect the health and wellness of program participants, for increasing the number of persons served, or for providing staffing when workers are quarantined or cannot work because they are caring for someone with COVID-19.

SHELTER CAPACITY

SHELTER CAPACITY: Resources needed for purchasing vouchers for the cost of a motel or hotel room; or for funding other housing/shelter options, in order to provide shelter that promotes health and safety, or so individuals exposed to the COVID-19 virus or who are experiencing symptoms can quarantine.

Does your funding request fall under SHELTER CAPACITY? *

Yes

No

SHELTER CAPACITY

SHELTER CAPACITY: Resources needed for purchasing vouchers for the cost of a motel or hotel room; or for funding other housing/shelter options, in order to provide shelter that promotes health and safety, or so individuals exposed to the COVID-19 virus or who are experiencing symptoms can quarantine.

Amount (in \$) requested for SHELTER CAPACITY. *

5400

Brief budget narrative describing request amount. For example: \$10,500 for motel vouchers (\$150/night for 5 hotel rooms, 14 days each), \$3,100 for 1-month master lease (duplex for quarantine), etc. *

City of Saint Paul staff have been tasked with significant additional duties to assist in the development of emergency homeless shelter space within Ramsey County.

Specific expenses include:

- \$3,800 for City Attorney Office services
- \$1,600 for Department of Safety and Inspections (DSI) staff expenses related to zoning reviews and site inspections

How much funding (in \$) have you received for this specific activity from non-state sources? *

0

Please select the service(s) these funds would support: *

- Drop-In Center/ Day Shelter
- Overnight Shelter-Rotating Churches
- Congregate Overnight Shelter-Fixed Site (shared bedroom, kitchen and/or restroom facilities)
- Overnight Shelter-Motel Voucher
- Other:

Primary target population(s) for this funding request? *

- Unaccompanied Minor Youth (under 18)
- Unaccompanied Youth (up to age 25)
- Single Adults or Couples w/out Children (25 and older)
- Households with Children

Describe how this funding will provide increased safety from the COVID-19 virus for people experiencing homelessness: *

This funding will help finance critical City of Saint Paul efforts that will allow for the creation of expanded emergency homeless shelter space. These efforts have already been critical in providing much needed capacity to the homeless community who are likely to be highly impacted by the COVID-19 pandemic. In addition, these efforts will result in an increased ability for shelters to implement social distancing practices, further reducing the impacts of the COVID-19 virus. To date, city staff have provided these essential services as a part of the activation of the Mary Hall Recovery Center and will certainly be a part of the evaluation of the Boys Totem Town facility, which is likely to be activated in the near future.

Number of households who will be supported with this request: *

300

Describe how these funds help you MAINTAIN or INCREASE capacity of homeless services during the COVID-19 crisis. *

These efforts will allow Ramsey County and its partners to expand regular homeless shelter capacity for several months as the pandemic takes effect.

HYGIENE/SANITATION AND CLEANING SUPPLIES

HYGIENE/SANITATION AND CLEANING SUPPLIES: Resources to purchase hygiene, sanitation, and cleaning supplies to support compliance with Centers for Disease Control and Prevention guidance on sanitation and personal protective equipment.

Does your funding request fall under HYGIENE/SANITATION AND CLEANING SUPPLIES? *

Yes

No

HYGIENE/SANITATION AND CLEANING SUPPLIES

HYGIENE/SANITATION AND CLEANING SUPPLIES: Resources to purchase hygiene, sanitation, and cleaning supplies to support compliance with Centers for Disease Control and Prevention guidance on sanitation and personal protective equipment (<https://www.cdc.gov/hai/prevent/ppe.html>).

Amount (in \$) requested for HYGIENE/SANITATION AND CLEANING SUPPLIES.

*

Brief budget narrative describing request amount. For example: \$5,000 for Personal Protective Equipment (i.e. masks, gowns, gloves), \$1,800 for two mobile handwashing stations, etc. *

How much funding (in \$) have you received for this specific activity from non-state sources? *

Primary target population(s) for this funding request? *

- Unaccompanied Minor Youth (under 18)
- Unaccompanied Youth (up to age 25)
- Single Adults or Couples w/out Children (25 and older)
- Households with Children

Number of households who will be supported with this request: *

STAFFING

STAFFING: Resources needed for hiring staff necessary to protect the health and wellness of program participants, for increasing the number of persons served, or for providing staffing when workers are quarantined or cannot work because they are caring for someone with COVID-19

Does your funding request fall under STAFFING? *

Yes

No

STAFFING

Resources needed for hiring staff necessary to protect the health and wellness of program participants, for increasing the number of persons served, or for providing staffing when workers are quarantined or cannot work because they are caring for someone with COVID-19.

Amount (in \$) requested for STAFFING. *

98980

Brief budget narrative describing request amount. For example: \$15,000 to bring 5 part-time staff to 8 hours/day for 30 days; \$5,000 to add overnight staff to monitor hotel rooms (secured for quarantine), etc. *

\$12,799 for unsheltered staffing functions; complaint response, site assessments, data management

\$14,577 for Saint Paul Police Department

\$34,004 for Saint Paul Parks cleaning activities

\$30,000 for Saint Paul Fire Department

\$7,600 for City Attorney's data management and coordination services

How much funding (in \$) have you received for this specific activity from non-state sources? *

0

Primary target population(s) for this funding request? *

- Unaccompanied Minor Youth (under 18)
- Unaccompanied Youth (up to age 25)
- Single Adults or Couples w/out Children (25 and older)
- Households with Children

Describe how this funding will provide increased safety from the COVID-19 virus for people experiencing homelessness: *

Due to the COVID-19 crisis, the City of Saint Paul is leading an effort to ensure that everyone experiencing unsheltered homelessness is treated with dignity and respect and in accordance with their rights. While recognizing encampments represent a serious health and safety risk, and do not represent a dignified form of shelter, the City of Saint Paul is working to minimize the impacts of the COVID-19 virus on the unsheltered, who are considered especially vulnerable to the pandemic. As such, and at the direction of Governor Walz's shelter-in-place order, the city has discontinued the practice of clearing unsheltered homeless encampments. As of the date of this application, the City of Saint Paul estimates there are over 100 individuals living in encampments within the city.

The City of Saint Paul has begun the practice of coordinating the delivery of essential services to select encampments to assist occupants in minimizing their exposure to the virus. Services have included the following:

- o Regular site inspections to ensure conditions remain sanitary
- o Porto-potties-currently delivered to four sites
- o Portable hand washing stations- currently delivered to four sites
- o Transportation to the sites-services established
- o Supply hub (People Inc.)-site established
- o Garbage cans and pick up services- currently established for four sites
- o Disposable cell phones-received but not yet deployed

Additional services may be established in the next 30 days. These services include:

- o Perishable food delivery-TBD
- o Portable water supply-TBD
- o Non-perishable food-TBD
- o Portable shower stations-TBD
- o Additional sanitation supplies (hand sanitizers, wipes, etc)-TBD

These efforts have resulted in significant ongoing expenses, above and beyond the cost of regular city management of homeless encampment work, as a direct result of the pandemic and the Governor's order.

Number of households who will be supported with this request: *

250

Describe how these funds help you MAINTAIN or INCREASE capacity of homeless services during the COVID-19 crisis: *

This proposal has resulted in the establishment of unsheltered homeless sites where services are provided to directly help mitigate the effects of the COVID-19 virus. By establishing sites where additional services are provided, more unsheltered individuals have concentrated at these sites, vastly increasing the efficiency of outreach service providers who will serve these sites.

Optional Additional Questions

Responses to these questions are not required to submit your request.

If this project is coordinated with local efforts (e.g. work of non-profits, cities/counties, Tribal governments, public health departments, etc.) to respond to COVID-19, please describe (optional):

This effort has been established with partners from a broad range of areas of expertise. Partners include:

- Ramsey County Veterans Services
- Ramsey County Sheriff's Department
- People Incorporated
- Radius Mental Health
- Listening House
- Met Council-Met Transit Police Department

It would be helpful for us to understand your comprehensive needs in responding to COVID-19--including needs ineligible for these funds or otherwise unable to be met. This information will be shared with other entities supporting this work (optional):

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