



**Appendix A**  
**Homeless Shelter Cities Mitigation Grant FY26 Application**  
**Solicitation #26-DWS-S009**

Please complete each required field. Email the completed Grant Application along with the required DWS Forms and Additional Forms to [alowe@utah.gov](mailto:alowe@utah.gov). All applications due by 8:00am MDT on June 2, 2025.

**CONTRACT INFORMATION**

**Select the Eligible City from the list below**

Cedar City	Sandy
Logan	Salt Lake
Midvale	South Salt Lake
Ogden	St. George
Richfield	Tooele

**Maximum funds allowed per Eligible City**

(Estimated amounts are contingent on availability as described by the Utah Tax Commission and the funding formula outlined in [Utah State Code 35A-16-402](#))

Cedar City		Sandy	
Logan		Salt Lake	
Midvale		South Salt Lake	
Ogden		St. George	
Richfield		Tooele	

**List of Eligible Shelters** \_\_\_\_\_

Does the Eligible City plan on DWS-OHS contracting funds to the eligible shelter operator(s) directly?

Yes

No

If **Yes**, please complete the **Direct Fund Operator Request** section for each eligible shelter operator contract.

If No, please complete the information below for the Eligible City.

**Federal Tax ID Number** \_\_\_\_\_

**Vendor # (if known)** \_\_\_\_\_

**Total Grant Funds Requested** \$ \_\_\_\_\_ (*may not exceed the amount listed in the table above*)

**CITY EXECUTIVE DIRECTOR OR EQUIVALENT** (person authorized to sign grant application and/or an awarded contract)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CITY GRANT ADMINISTRATOR** (if different from above)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**DIRECT FUND OPERATOR REQUEST**

Please complete the following section(s) for each shelter operator that will receive direct funds from DWS-OHS. Only one (1) application is needed per Eligible City.

**Shelter Operator 1** \_\_\_\_\_

**Federal Tax ID Number** \_\_\_\_\_

**Vendor # (if known)** \_\_\_\_\_

**Total Grant Funds Requested** \$ \_\_\_\_\_ (*may not exceed the amount listed in the table above*)

Please submit a separate *Appendix B – Budget Narrative and Itemization Form* for each Shelter Operator Grant Funds Request.

**Shelter Operator 2** \_\_\_\_\_

**Federal Tax ID Number** \_\_\_\_\_

**Vendor # (if known)** \_\_\_\_\_

**Total Grant Funds Requested** \$ \_\_\_\_\_ (*may not exceed the amount listed in the table above*).

Please submit a separate *Appendix C – Budget Narrative and Itemization Form* for each Shelter Operator Grant Funds Request.

**SHELTER OPERATOR 1 EXECUTIVE DIRECTOR OR EQUIVALENT** (person authorized to sign grant application and/or an awarded contract)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SHELTER OPERATOR 1 GRANT ADMINISTRATOR** (if different from above)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SHELTER OPERATOR 2 EXECUTIVE DIRECTOR OR EQUIVALENT** (person authorized to sign grant application and/or an awarded contract)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**SHELTER OPERATOR 2 GRANT ADMINISTRATOR** (if different from above)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## ELIGIBLE PROJECT TYPES

Please select all Project Type(s) that your application will fall under.

Public Safety

Client Services (Emergency Shelter, Rapid Re-housing, Transitional Housing, Street Outreach)

Community & Neighborhood

Other

## GRANT APPLICATION NARRATIVE

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

### PROGRAM DESCRIPTION

Describe the program(s) for which the municipality is applying for funding in FY25. Include the number of FTEs, titles, and describe programmatic activities. ([Utah State Code 35A-16-403\(2\)\(c\)](#))

## PRIOR MITIGATION FUNDING

Has the municipality received funding from the Homeless Shelter Cities Mitigation account in previous fiscal years?  
([Utah State Code 35A-16-403\(2\)\(e\)](#))

Yes

No

If yes, list the fiscal year and the amount: \_\_\_\_\_

If applicable, describe the efficiency with which the municipality has used funding in prior fiscal years (e.g. cost per FTE, demonstration of increased or decreased calls for emergency services at or around the eligible shelter(s), any other application information).

If applicable, list the amount of unspent funds at the end of the fiscal year and please explain why.

If applicable, provide an evaluation of the municipality's progress towards the outcomes outlined in the most recently awarded account funds.

If applicable, describe any proposals for improving the municipality's effectiveness using account funds that may be received in future fiscal years.

What other funding sources are available for the municipality to address the municipality's needs due to the location of the eligible shelter? [\(Utah State Code 35A-16-403\(2\)\(e\)\)](#)

## ORDINANCE ENFORCEMENT

Does the municipality have an ordinance that prohibits camping? ([Utah State Code 35A-16-403\(2\)\(g\)](#))

YES

NO

Describe the municipality's enforcement of that ordinance, taking into consideration [Utah State Code 35A-16-403\(2\)\(g\)\(ii\)\(C\)](#) which states that enforcement of an ordinance that prohibits camping does not apply if each homeless shelter located within the county in which the eligible municipality is located is at full capacity.

Describe the municipality's enforcement of an ordinance or other applicable state law prohibiting conduct that impedes or blocks traffic in violation of [Subsection 41-6a-1009\(4\)](#) impedes sidewalks and building entrances in violation of the [Americans with Disabilities Act of 1990, 42 U.S.C. Sec 121102](#). ([Utah State Code 35A-16-403\(2\)\(g\)](#)).



Demonstrate compliance with the ordinances described above and referenced in [\(Utah State Code 35A-16-403\(2\)\(g\)\)](#) by addressing the following three (3) questions.

1. What specific measures have been taken by the municipality to reduce the conduct described above? What has the effectiveness of those measures been?

2. What strategies have been utilized by the municipality in managing and improving public spaces within the municipality and the impact of these strategies on safety, cleanliness, and well-being of the community?

3. Describe the gap between the number of individuals experiencing homelessness within the municipality and the availability of beds at homeless shelters to which the individuals experiencing homelessness have reasonable access and any changes to this gap over time.

#### PERFORMANCE MEASURES

Please see *Attachment E: Performance Measure Reporting Acknowledgement*. All grantees will be **required** to report on the measures in Attachment E. Grantees may set additional targets to demonstrate effectiveness. [Utah State Code 35A-16-403\(2\)\(c\)](#). Municipalities will also be **required** to host twice annual [Stakeholder Meetings](#) as outlined in *Attachment C – Scope of Work*.

In addition to the required measures, describe additional outcomes that the funding would be used to achieve, including indicators that would be used to measure progress toward the specified outcomes.

Describe how the municipality has engaged with the operator of the eligible shelter(s) to complete this application for funding.

*I certify that I have read the performance measures in Attachment E and acknowledge that as a possible grantee, I will be required to report on those measures as outlined.*

*By submitting, I certify that all information provided in this grant application is complete and accurate.*

## APPENDICES AND ATTACHMENTS

**Required** Forms to prepare and include with your application submission:

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**APPENDIX B: FY26 BUDGET NARRATIVE AND ITEMIZATION FORM - required** (submitted budgets **MAY NOT** exceed the amount that the municipality is eligible for according to the funding formula. Municipalities that are awarded funds by the Utah Homeless Services Board (UHSB) will work with DWS-OHS to align funds with the estimates provided in the table.)

**LETTER OF SUPPORT - required** (A separate Letter of Support from the operator of each eligible shelter listed on the application is required. In addition, if the municipality would like DWS-OHS to contract funds to the eligible shelter operator(s) directly, a letter signed by appropriate municipal staff outlining the amount to be contracted, to which provider, and for what purposes is also **required**.)

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Additional Forms to prepare and include with your application submission:

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**ATTACHMENT D: DWS-OHS PURCHASE APPROVAL FORM - if applicable** (Purchase Request Form for all proposed equipment or capital purchases of \$1,000.00 or greater)

Additional Attachments to read:

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**ATTACHMENT E: PERFORMANCE MEASURE REPORTING ACKNOWLEDGEMENT** (**READ** and **ACKNOWLEDGE** the updated measures that all grantees will be required to report on)