

# Survey for Federal Fiscal Recovery Funds for Shelter (FRF-Shelter)

This survey is the mechanism for requesting Federal Fiscal Recovery Funds for Shelter that became available September 15, 2021. \*PLEASE NOTE\*: Requests for expenses incurred between 9/15/21 and 2/28/22 must be submitted no later than April 15th, 2022, to be eligible for funding.

The Office of Economic Opportunity (OEO) will provide Federal Recovery Funds for targeted, immediate response activities to mitigate COVID-19 in congregate settings and communities serving people experiencing homelessness, including survivors of domestic violence.

Funding will be administered in consultation with the Minnesota Department of Health, and is designed to help shelter settings respond effectively to COVID-19 and reduce the health impacts for shelter guests and staff.

All services and recipients must be eligible through the Emergency Services Program (ESP) MS 256E.36.

## **In addition, the following priorities will guide the allocation of these funds:**

1. Funds are intended to assist congregate facilities and homeless service teams in responding to a COVID-19 outbreak, and are not meant to support standard shelter operations.
2. Funds may also be used to provide isolation, quarantine, and/or protective space on a community or shelter provider level when there is not an active outbreak to mitigate Covid-19 transmission.
3. In all cases, efforts to access local resources and funds should be made first; requests to the State for FRF-Shelter funding should be limited to crisis situations when other options do not exist.
4. To ensure maximum impact with limited resources, the State reserves the right to prioritize shelter settings for funding based on factors including, but not limited to:
  - a. Level of risk for continued COVID transmission;
  - b. Scale of outbreak and potential new cases.
  - c. Efforts to access/leverage local resources.

There are **FIVE** eligible uses for this funding. Administrative expenses are NOT allowable.

### **1) CATEGORY 1- QUARANTINE, ISOLATION AND/OR PROTECTIVE SPACE COSTS:**

**To provide adequate isolation and quarantine space, FRF-Shelter funds may be used to**  
**nav:**

- Costs of hotel or other space used for quarantine or isolation of shelter residents during an outbreak.
- Costs of hotel or other space (when requested by local or state public health) to maintain capacity during an outbreak or to mitigate Covid-19 transmission.
- Other costs for operating a quarantine, isolation and/or protective space, if not available locally through other means, including additional staffing.

## **2) CATEGORY 2- COSTS RESULTING FROM STAFF ISOLATION OR QUARANTINE**

**To ensure that staff working in congregate shelter settings may safely isolate or quarantine as needed**

**(<https://www.health.state.mn.us/diseases/coronavirus/guideshelter.pdf>) , FRF-Shelter funds may be used to pay:**

- Wage and fringe costs of staff who must isolate or quarantine due to COVID exposure or illness.

*NOTE: Any staff time paid for with these funds should be treated as hours worked by an employee, and not deducted from an employee's accrued PTO/Sick/Vacation time.*

## **3) CATEGORY 3-EMERGENCY STAFFING COSTS:**

**To assist providers in maintaining staffing levels during an outbreak FRF-Shelter funds may be used to pay:**

- Wage and fringe (or contracted) costs of regular or temporary staff, working at the regular shelter location, in place of staff who must isolate or quarantine.

## **4)CATEGORY 4-HAZARD PAY:**

**To support and retain staff working during a COVID Outbreak, FRF-Shelter funds may be used to pay:**

- Hazard pay for staff engaged in direct client contact or working in a shelter setting where the outbreak is occurring, during the defined outbreak period.
- Hazard pay may be requested in up to 30 day increments.
- For any hours worked after 4/15/22, Hazard Pay will only be eligible if settings can demonstrate an active outbreak.

## **5) CATEGORY 5-OTHER OUTBREAK-RELATED COSTS**

**To support any other identified expenses necessary to effectively respond to the outbreak.**

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\* Required

Section 1: Entity Type

1. Is this request being submitted by a: \*

Mark only one oval.

- Tribal Government    *Skip to question 3*
- Local unit of government    *Skip to question 3*
- Non-profit organization    *Skip to question 2*
- None of the above    *Skip to section 30 (Section 21: Ineligible)*

## Section 2: Non-profit Organizations

This section only applies non-profit organizations as indicated in previous section

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

## Section 3: Homelessness Status at Entry

The State of Minnesota defines homeless as any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation. Doubling-up is considered homeless if that arrangement has persisted less than 1 year. This definition includes people who are homeless due to domestic violence, sexual violence, and/or human trafficking. For the purposes of this funding we are using all four categories of homelessness or at-risk of homelessness provided by HUD.

3. Do people have to be experiencing homelessness in order to access your program: \*

Mark only one oval.

- Yes    *Skip to question 4*
- No    *Skip to section 30 (Section 21: Ineligible)*

## Section 4: Connection with the MN Department of Health (MDH)

4. The MDH will be part of the review for all funding requests. Have you been in contact the MDH team about your COVID-19 response needs? \*

Mark only one oval.

- Yes Skip to question 6
- No Skip to question 5

### Section 5: Agreement to Connect with MDH

5. For the purpose of this funding, it is required that entities contact the MN Dept of Health (MDH) at [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us) to notify them of an outbreak in a shelter setting or their COVID-19 response need. \*

Mark only one oval.

- I agree to contact MDH at [Health.R-Congregate@state.mn.us](mailto:Health.R-Congregate@state.mn.us)
- I don't agree to contact MDH Skip to section 30 (Section 21: Ineligible)

### Section 7: Congregate Setting

6. Is your program a congregate shelter or temporary congregate setting with one or more of the following characteristics: shared bedrooms/sleeping areas, bathrooms or dining areas? **OR** Are you a day shelter/drop-in center or a street outreach program serving encampments? **OR** Are you standing up community isolation/quarantine space on behalf of congregate shelters in your area? \*

Mark only one oval.

- Yes Skip to question 7
- No Skip to section 30 (Section 21: Ineligible)

### Section 8: Description of Need

7. Please describe how the funding will be used for targeted response activities that mitigate COVID-19 in your shelter, ensure continuity in shelter operations, and increase safety in congregate settings for people experiencing homelessness, including survivors of domestic violence, sexual violence, and/or human trafficking. \*

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**Section 9:  
Quarantine,  
Isolation,  
and/or  
Protective  
Space**

This section is to request resources to support costs associated with operating quarantine, isolation, and/or protective space to deconcentrate the congregate shelter and maintain capacity during a current active outbreak or to mitigate Covid-19 transmission. The funding can support the staffing, food, and operating costs of the quarantine, isolation, and/or protective space. Local resources must be utilized first if available.

8. Are you requesting funding to operate Quarantine, Isolation, and/or Protective space? \*

*Mark only one oval.*

- Yes    *Skip to question 9*
- No    *Skip to question 22*

**Section 10(a):  
Standing  
Community  
Isolation/Quarantine  
Spaces**

**Definition of Standing Community Isolation/Quarantine Space**

Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

9. Are you applying for funding to isolate/quarantine people in your community who are either staying at a congregate shelter or who are attempting to access congregate shelter but unable to due to isolation or quarantine requirements? \*

Mark only one oval.

- Yes-I am applying for isolation or quarantine spaces for multiple congregate shelters in my community
- No-I am only applying for quarantine, isolation and/or protective space for people associated with my congregate shelter *Skip to question 20*

Section 10(b):  
Standing  
Community  
Isolation/Quarantine  
Spaces

This section is to request funds for **Standing Community Isolation/Quarantine Space**

**Definition of Standing Community Isolation/Quarantine Space:**

Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

10. I agree that the funds I am requesting will only be used to support isolation/quarantine space for people who have tested positive for COVID-19 (isolation) or who have had direct contact with someone who tested positive for COVID-19 or is symptomatic and waiting for a test result (quarantine). \*

Mark only one oval.

- Yes
- No *Skip to section 30 (Section 21: Ineligible)*

Section 10(c):  
Standing  
Community  
Isolation/Quarantine  
Space

This section is to request funds for **Standing Community Isolation/Quarantine Space**  
**Definition of Standing Community Isolation/Quarantine Space**  
Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

11. Identify the specific geographic area (county or counties, tribal reservation(s), or other defined area) that you plan to serve with this isolation space/quarantine space. \*

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12. Does this geographic area currently have any on-going or standing isolation or quarantine space available to persons experiencing homelessness? \*

*Mark only one oval.*

- No    *Skip to question 15*
- Yes

Section 10(d):  
Standing  
Community  
Isolation/Quarantine  
Space

This section is to request funds for **Standing Community Isolation/Quarantine Space**  
**Definition of Standing Community Isolation/Quarantine Space**  
Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

13. How many on-going isolation/quarantine units currently exist? \*

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14. Describe why funding for additional isolation/quarantine space is needed from DHS (e.g. current funding is inadequate/expiring, a different target population needs to be served, etc.) \*

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Section 10(e):  
Standing  
Community  
Isolation/Quarantine  
Space

This section is to request funds for **Standing Community Isolation/Quarantine Space**

**Definition of Standing Community Isolation/Quarantine Space**

Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

15. From which congregate shelter(s) in this area do you anticipate you will receive referrals for guests needing isolation/quarantine space? \*

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16. Do these shelters meet the definition of a congregate emergency shelter including: Persons must be experiencing homelessness in order to access the program and the facility(s) have shared bedrooms/sleeping areas, bathrooms or dining areas? \*

*Mark only one oval.*

Yes      *Skip to question 17*

No      *Skip to section 30 (Section 21: Ineligible)*



Section 10(f):  
Standing  
Community  
Isolation/Quarantine  
Space

This section is to request funds for **Standing Community Isolation/Quarantine Space**  
**Definition of Standing Community Isolation/Quarantine Space**  
Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

17. How will persons experiencing homelessness who need isolation or quarantine space (but are not yet) residing in emergency shelter – be identified and referred to this community isolation/quarantine space? \*

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18. Has your organization, or other providers in the community, sought local government funding for this project (e.g. local allocations of Fiscal Recovery Funds, temporary local funds to cover FEMA-reimbursable costs, etc.)? \*

Mark only one oval.

- Yes Skip to question 19
- No, you may be contacted by DHS staff and required to take this step before receiving state support Skip to question 20

Section 10(g):  
Standing  
Community  
Isolation/Quarantine  
Space

This section is to request funds for **Standing Community Isolation/Quarantine Space**  
**Definition of Standing Community Isolation/Quarantine Space**  
Space designated for people experiencing homelessness within a community who have either tested positive for COVID-19 (isolation) or who have had direct contact with someone who has tested positive for COVID-19 or who is symptomatic and awaiting test results (quarantine) and is either already staying at a congregate shelter site or who is trying to access a congregate shelter site. The community space must be accessible to people connected to multiple congregate shelter sites in the area.

19. Describe these efforts to obtain local government funding for this project (e.g. local allocations of Fiscal Recovery Funds, temporary local funds to cover FEMA-reimbursable costs, etc.) and any obstacles you encountered. Please be specific. \*

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*Skip to question 20*

**Section 11:  
Quarantine,  
Isolation,  
and/or  
Protective  
Space  
Questions**

As a reminder, this section is to request resources to support costs with operation quarantine, isolation, and/or protective space to deconcentrate the congregate shelter and maintain capacity during the current active outbreak or to mitigate Covid-19 transmission. The funding can support the staffing, food, and operating costs of the quarantine, isolation, and/or protective space. Local resources must be utilized first if available.

20. Amount (in \$) requested for Quarantine, Isolation, and/or Protective Space \*

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21. Brief budget narrative describing requested amount, include a description of anticipated staffing, operations, supplies, and food for quarantine, isolation and/or protective space. \*

Please note that failure to provide the necessary detail will result in delays in processing your request.

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*Skip to question 22*

Section 12:  
Wages for  
Staff  
Quarantine  
and/or  
Isolation

This section is to request resources to pay staff wages who are required to quarantine or isolate as a result of COVID-19 cases in your setting. Entities must have a policy in place that does not require staff to use their own accrued vacation/paid time off for this purpose.

22. Are you requesting funding for wages for staff who need to quarantine and/or isolate as a result of this outbreak? \*

Mark only one oval.

Yes Skip to question 23

No Skip to question 25

Section 13:  
Wages for  
Staff  
Quarantine  
and/or  
Isolation  
Questions

As a reminder, this section is to request resources to pay staff wages who are required to quarantine or isolate as a result of COVID-19 cases in your setting. (Any staff time paid for with these funds should be treated as hours worked by an employee, and not deducted from an employee's accrued PTO/Sick/Vacation)

23. Amount (in \$) requested for wages for staff to quarantine and/or Isolate for 30 day period \*

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24. Brief budget narrative describing requested amount for wages. Please provide detail including number of FTEs, number of hours, and wage/hour. This request can be made in 30 day increments \*

Please note that failure to provide the necessary detail will result in delays in processing your request.

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**Section 14:  
Emergency  
Staffing**

This section is to request resources needed to pay temporary, emergency staff. These staff are needed to fill shifts of staff who are isolating or quarantining.

25. Are you requesting funding for Emergency Staffing to pay additional staff to temporarily replace quarantining/isolating staff? \*

*Mark only one oval.*

- Yes    *Skip to question 26*
- No    *Skip to question 28*

**Section 15:  
Emergency  
Staffing  
Questions**

As reminder this section is to request resources needed to hire and pay temporary, emergency staff. These staff are needed to fill shifts in existing shelter space for staff who are isolating or quarantining.

26. Amount (in \$) requested for Emergency Staffing for 30 days \*

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27. Brief budget narrative describing requested amount. Please provide detail including number of FTEs, number of hours, and wage/hour. This request can be made in 30 day increments. \*

Please note that failure to provide the necessary detail will result in delays in processing your request.

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Section  
16:  
Hazard  
Pay

Resources needed for hazard pay for staff who are directly working in the shelter setting or quarantine and isolation space. Hazard pay is available for 30 days.

28. Are you requesting funding for Hazard Pay? \*

Mark only one oval.

Yes Skip to question 29

No Skip to question 31

Section 17: Hazard Pay Questions

29. Amount (in \$) requested for Hazard Pay for 30 days. \*

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30. Brief budget narrative describing requested amount. Please provide detail including number of FTEs, number of hours, hazard pay amount/hour, and the time period for which you are requesting funds. For any hours worked after 4/15/22, Hazard Pay will only be eligible if settings can demonstrate an active outbreak. This request can be made in 30 day increments. \*

Please note that failure to provide the necessary detail will result in delays in processing your request.

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**Section  
18:  
Other  
Funding**

During the course of responding to COVID-19 cases, the applicant or public health team may identify other expenses necessary to effectively respond to COVID-19 in your setting. Include in this section any other expenses needed to address COVID-19 cases in your setting. This could include, but is not limited to, things like testing, sanitation supplies, cleaning costs, and hygiene supplies.

31. Is other funding needed to cover targeted, immediate response activities to mitigate or prevent outbreaks in congregate settings serving people experiencing homelessness, including survivors of domestic violence, sexual violence, and/or human trafficking? \*

*Mark only one oval.*

- Yes      *Skip to question 32*
- No      *Skip to question 34*

**Section  
19: Other  
Funding  
Questions**

During the course of responding to COVID-19 cases, the applicant or public health team may identify other expenses necessary to effectively respond to COVID-19 in your setting. Include in this section any other expenses needed to address COVID-19 cases in your setting. This could include, but is not limited to, things like testing, sanitation supplies, cleaning costs, and hygiene supplies.

32. Amount (in \$) requested for Other expenses. \*

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33. Brief budget narrative describing requested amount. Please include detail that will help us understand how you arrived at the requested amount. \*

Please note that failure to provide the necessary detail will result in delays in processing your request.

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*Skip to question 34*

Section 20: Provider Information

34. Provider name: \*

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35. Provider's primary address: \*

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

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37. Program Contact Name (First and Last): \*

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38. Program Contact Email Address: \*

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39. Program Contact Phone Number (###-###-####): \*

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40. Fiscal Contact Name (First and Last): \*

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41. Fiscal Contact Email Address: \*

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42. Fiscal Contact Phone Number (###-###-####): \*

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#### Section 21(a): Previous Submission

43. Have you submitted a request for fiscal recovery funds for shelter previously? \*

*Mark only one oval.*

Yes

No     *Skip to section 31 (Section 22: Submission)*

#### Section 21(b): Previous Submission



44. Have you fully expended previously awarded fiscal recovery funds for shelter? \*

Mark only one oval.

Yes Skip to section 31 (Section 22: Submission)

No

Section 21(c): Previous Submission

45. Please explain why you are requesting additional funds \*

Four horizontal lines for text input.

Skip to section 31 (Section 22: Submission)

Section 21: Ineligible

The responses provided indicate you are NOT eligible for these funds. Your information will not be reviewed or considered for funding--please exit this browser. If you think your needs are eligible, please revisit previous sections of the survey and modify your responses.

Section 22: Submission

Thank you for submitting a request for COVID-19 Emergency Response Funds. No further action is required at this time. If funding is approved, and the entity requesting funds is an eligible applicant, you can expect to hear from a member of the review team within one week.

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