

# **Application for Emergency Shelter Siting**

ORS 197.782 *et seq.*, requires local governments to approve applications for development of land for emergency shelter if certain conditions are met. This emergency shelter siting provision was first adopted under HB 4212 (2020), and amended by HB 2006 (2021) and HB 4051 (2022), and made permanent by HB 3395 (2023).

To apply for emergency shelter siting, please complete this application and email it with attachments to <a href="mailto:bokeefe@bendoregon.gov">bokeefe@bendoregon.gov</a>.

Name of Applicant Organization:
Name of Person completing application:
Contact Address:
Phone Number: Email address:
If operator is different from applicant organization:  Name of shelter operator:  Contact Address:  Phone Number: Email address:
Anticipated date of opening of emergency shelter:
Applicant Status:  □Local government □Housing Authority □Public benefit corporation (attach copy of incorporation documents showing charitable purpose including support of homeless individuals and show tax exempt status granted prior to Jan. 1, 2018) □Non-Profit (If selected, also select partner entity type below) □Local government □Housing Authority □Public benefit corporation
Does your organization have at least 3 years of experience operating an emergency shelter? $\Box$ Yes $\Box$ No
Do you have a pending building permit application? ☐Yes ☐No Permit number(s): Is this new construction? ☐Yes ☐No
Does the proposed shelter contain sleeping and restroom facilities for clients? □Yes □No
Provide narrative statement answering the following questions:



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- 1. How previous shelter operations demonstrate "best practices for operating an emergency shelter."
- 2. Other services to be provided onsite, including number of people anticipated to be served, general site layout details, plans for sanitation, garbage, health and safety and description of access to transportation and services.
- 3. How the proposal meets all requirements of Section 3 of HB 3395. If you do not provide sufficient information for the City to determine if all requirements will be met, the City may not deem your application complete until sufficient information is submitted. Any approval is contingent on issuance of a valid building permit, if required, and the facility meeting applicable building code.

### List of attachments:

- 1. Diagram of the facility indicating sleeping and restroom areas, and areas for other services identified in narrative statement.
- 2. Site Plan showing the building location, including access for emergency vehicles and clients and existing water and sewer connections, or intended locations if these systems are not currently connected on site, and other relevant information.
- 3. Email or other correspondence from Bend Fire Department indicating that emergency vehicles can safely access the proposed site. Inquiries to the Fire Department should be directed to Deputy Fire Chief of Fire Prevention Jason Bolen at <a href="mailto:jbolen@bendoregon.gov">jbolen@bendoregon.gov</a> or (541) 322-6308.
- 4. Building Division acknowledgment that there has been a discussion and it is reasonably likely that the proposed shelter(s) can meet building code after further discussion. Inquiries should be directed to Building Division Manager Joe McClay at jmcclay@bendoregon.gov or (541) 693-2145.
- 5. If land is not owned by applicant, a statement from the property owner and/or the lease document that shows agreement with the planned use.
- 6. Shelter capital and operations budget, including descriptions of funds that have been secured, applied for, and any needed funds not yet secured.

# Self-certification – I certify that: | I will ensure compliance with applicable building codes and provide copies of any applicable building permit approvals associated with this application. | This facility will not pose unreasonable health and safety issues | This facility will be providing adequate access to emergency services and for residents to access commercial/medical services. | Sign here: \_\_\_\_\_\_ Date:



## **Accommodation Information for People with Disabilities**

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. Please contact Brook O'Keefe at **bokeefe@bendoregon.gov** or 541-388-5544. Relay Users Dial 7-1-1.