



CITY OF BEND

## 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 [bokeefe@bendoregon.gov](mailto:bokeefe@bendoregon.gov).

Name of Applicant Organization: *Central Oregon Villages*

Name of Person completing application: *Scott Jones*

Contact Address: *680 NW Bond St, Bend OR 97703*

Phone Number: *541-350-8459* Email address: *Scott@centraloregonvillages.org*

If operator is different from applicant organization:

Name of shelter operator:

Contact Address:

Phone Number:

Email address:

Anticipated date of opening of emergency shelter: *1-15/2026*

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?

Yes  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:

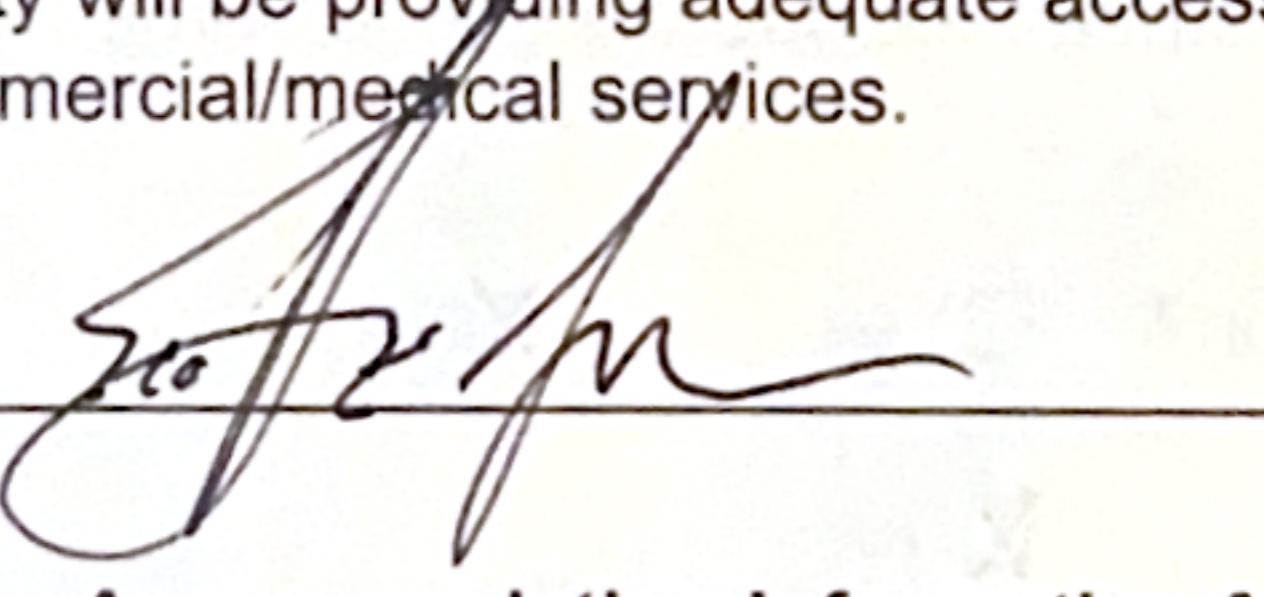
1. Diagram of the facility indicating sleeping and restroom areas, and areas for other services identified in narrative statement.
2. Site Plan showing the building location, including access for emergency vehicles and clients and existing water and sewer connections, or intended locations if these systems 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 [jbolen@bendoregon.gov](mailto:jbolen@bendoregon.gov) 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](mailto: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: 12-30/2025



### **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](mailto:bokeefe@bendoregon.gov) or 541-388-5544. Relay Users Dial 7-1-1.



1. Central Oregon Villages has a demonstrated track record of operating one emergency shelter site since 2022 in Bend, Oregon. Our work reflects nationally recognized and locally supported best practices. Our prior and current shelter operations emphasize safety, dignity, accountability, and neighborhood compatibility. These practices have contributed to stable operations, positive outcomes for participants, and constructive relationships with our communities.
  - a. Key best practices demonstrated include:
    - i. **Onsite staffing and oversight:** Trained staff are present during operational hours to provide supervision, coordinate services, and respond to safety or behavioral concerns.
    - ii. **Clear policies and procedures:** All shelter sites operate under written rules of conduct, intake protocols, and emergency response procedures.
    - iii. **Trauma-informed approach:** Staff are trained to work with individuals experiencing homelessness with an emphasis on respect, de-escalation, and harm reduction.
    - iv. **Coordination with community partners:** We collaborate with local service providers, healthcare partners, and public safety agencies to ensure appropriate referrals and rapid response when needed.
    - v. **Good-neighbor practices:** We maintain open communication with nearby neighbors and businesses, provide a point of contact for concerns, and address issues promptly to minimize impacts on the surrounding area.
2. The Dean Swift location will provide both emergency shelter and supportive services similar to our current Benson Way location designed to meet basic needs while helping participants stabilize and connect to longer-term housing and services.
  - a. **Anticipated Services and Capacity**
    - i. Emergency shelter accommodations for approximately **11-15** individuals (This could include families).
    - ii. Case management and housing navigation services.
    - iii. Connections to behavioral health, medical care, and substance use treatment through partner agencies.
    - iv. Access to basic necessities including hygiene supplies, meals or food distribution, and storage for personal belongings.
  - b. **General Site Layout**
    - i. Individual temporary outdoor units with clear walkways and visibility.
    - ii. Central common areas for services, meetings, and staff operations.
    - iii. Clearly designated entry/exit points to manage access and safety.

iv. Access to kitchen, restroom, shower, and laundry facilities.

c. **Sanitation, Garbage, Health, and Safety**

- i. Adequate restroom and handwashing facilities consistent with public health guidelines.
- ii. Regular trash and recycling service with secured containers.
- iii. Routine site cleaning and maintenance.
- iv. Fire safety measures, lighting, and emergency access routes.
- v. Established protocols for medical emergencies, extreme weather, and other critical incidents.

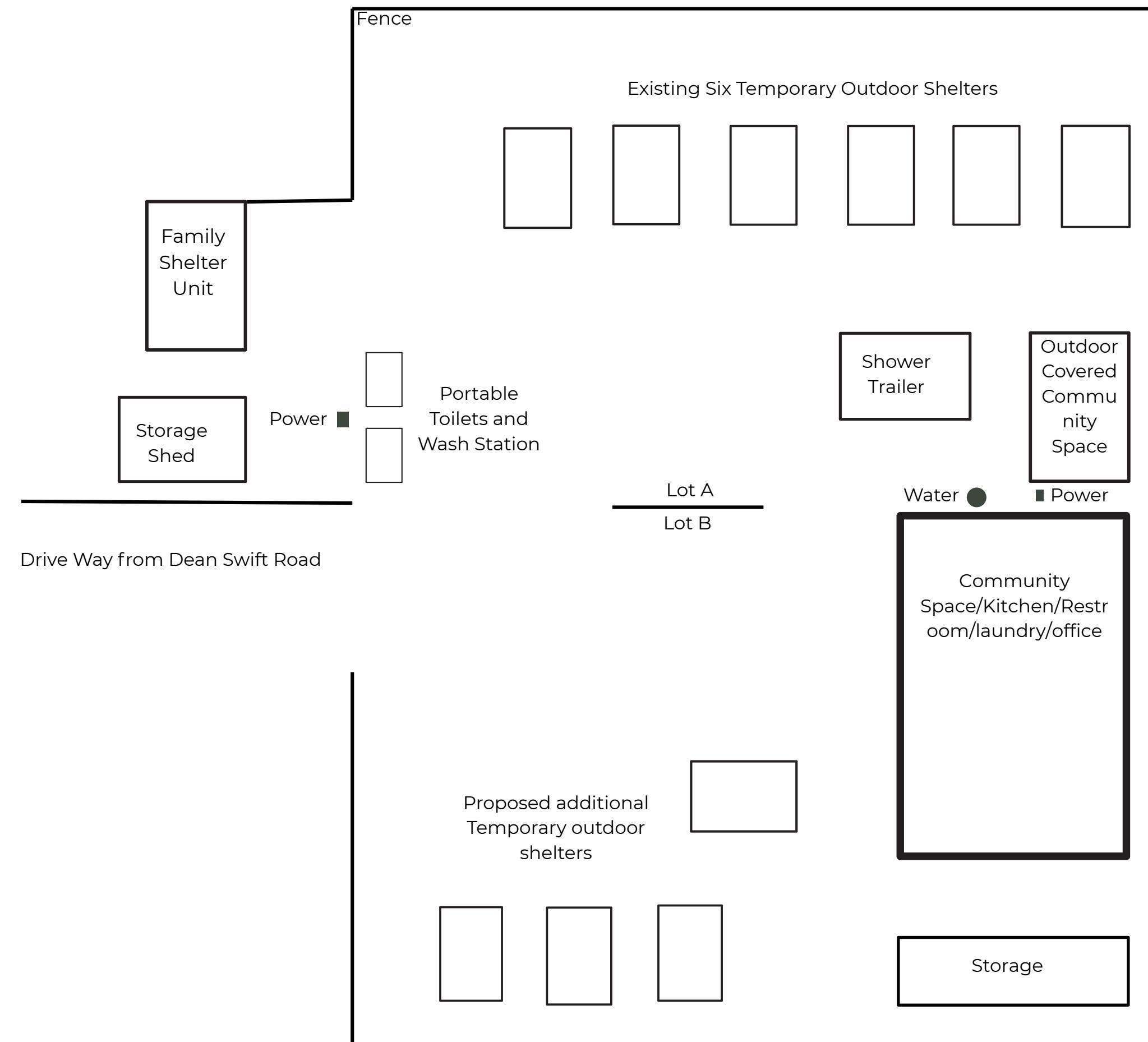
d. **Transportation and Access to Services**

- i. The site is accessible to public transportation or shuttle services, allowing participants to reach employment, medical appointments, and social services.
- ii. Proximity to community services and coordinated transportation assistance for individuals with mobility or health needs.

3. The proposed expansion of the Dean Swift shelter is designed to meet all applicable requirements of **Section 3 of HB 3395**. Central Oregon Villages is committed to full compliance with state law and local regulations governing emergency shelters.

a. Specifically, the proposal addresses the following requirements:

- i. The shelter qualifies as an emergency shelter as defined under state law.
- ii. The facility will operate with appropriate management, staffing, and written policies governing use, safety, and conduct.
- iii. The shelter will meet all applicable siting, spacing, and operational standards required by HB 3395.
- iv. Any necessary **building permits** will be obtained prior to operation, and all structures will comply with applicable building and fire codes.
- v. The site will meet health and safety standards and will not impose unreasonable impacts on surrounding uses.
- vi. The organization will coordinate with local agencies as required and respond promptly to City requests for information or inspection.



## Brook Okeefe

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**From:** Jason Bolen  
**Sent:** Wednesday, January 21, 2026 2:53 PM  
**To:** Brook Okeefe  
**Subject:** RE: Emergency Shelter Siting Application - Central Oregon Villages Dean Swift

Brook,

Yes, Bend Fire & Rescue could access the proposed additional temporary outdoor shelters as presented.

Sincerely,

**Jason H. Bolen**  
Deputy Chief – Fire Marshal  
Bend Fire & Rescue  
541-322-6308



***“Our family, protecting yours.”***

*Please Note: I recognize that each of us work in unique and different ways and I fully respect your time. While I have sent this email at a time that works for me, I do not expect that you will read, respond, or take action on this outside of your normal work hours.*

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**From:** Brook Okeefe <bokeefe@bendoregon.gov>  
**Sent:** Wednesday, January 21, 2026 2:45 PM  
**To:** Jason Bolen <jbolen@bendoregon.gov>  
**Subject:** Emergency Shelter Siting Application - Central Oregon Villages Dean Swift

Good afternoon!

I am reviewing an application from Central Oregon Villages for emergency shelter siting at 62030 Dean Swift Rd. Bend, OR. 97701. This site is currently operating as Safe Parking. The application is to expand and increase services at the site.

The application requires “acknowledgement that emergency vehicles can safely access the proposed site.” I have attached the application for reference.

Are you able to provide this confirmation?

Thank you!



**CITY OF BEND**

**Brook O'Keefe**  
**HOMELESS SERVICES COORDINATOR**

*Housing*

My Pronouns: She, Her, Hers [\*\*Why Pronouns?\*\*](#)

Office: 541-388-5544

[bendoregon.gov](http://bendoregon.gov)

