



SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT  
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT (OHCD)

AMERICAN RESCUE PLAN ACT (ARPA) - CORONAVIRUS LOCAL FISCAL  
RECOVERY (CLFR) FUNDS

Application for

BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS

Program Year 2023

November 30, 2022

Mary Jane Brell Vujovic, Director Human Services Department

# Table of Contents

<b>BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS INTRODUCTION.....</b>	<b>3</b>
Funds Available .....	3
Application Submission and Due Date .....	3
Questions or Assistance .....	3
Funding Cycle .....	4
Application Workshop and Technical Assistance .....	4
<b>OVERVIEW OF REQUIREMENTS .....</b>	<b>5</b>
Background .....	5
Applicant Eligibility Requirements .....	6
Project Eligibility Requirements .....	6
Funding Priorities .....	6
Eligible Activities .....	7
Ineligible Projects/Activities.....	7
Faith Based Activities .....	7
Duration of Benefits & Terms of Agreement .....	7
Forms of Financial Assistance and Recapture .....	8
Site Control .....	8
Annual Report .....	8
Decision Making Process.....	8
Review by ORRRC.....	8
Final Decisions.....	8
<b>FEDERAL REGULATORY REQUIREMENTS.....</b>	<b>9</b>
Real Property Acquisition, Relocation and Displacement.....	9
Wage Rate Requirements/Prevailing Wage .....	9
Procurement .....	10
Minority and Women Business Enterprise Participation .....	10
Equal Opportunity.....	10
Americans with Disabilities Act (ADA).....	10
Environmental Review .....	10
<b>THRESHOLD REVIEW &amp; EVALUATION CRITERIA.....</b>	<b>11</b>
Organizational Capacity .....	12
Readiness to Proceed.....	13
Project Soundness.....	15
Community Needs and Benefit .....	16
<b>APPLICATION INSTRUCTIONS AND APPLICATION.....</b>	<b>17</b>
Application Questions .....	19
<b>ENVIRONMENTAL REVIEW SUPPLEMENTAL OVERVIEW .....</b>	<b>27</b>
<b>ENVIRONMENTAL REVIEW SUPPLEMENTAL APPLICATION.....</b>	<b>28</b>
Application Checklist.....	34
Environmental Supplement Attachments.....	35
<b>ATTACHMENT B: ARPA Impacted And Disproportionately Impacted Income Thresholds For Snohomish County .....</b>	<b>37</b>
<b>ATTACHMENT C: Organizational Document Certification.....</b>	<b>38</b>
<b>ATTACHMENT D: Step-By Step Directions To Environmental Websites.....</b>	<b>40</b>

# 2022 ARPA-CLFR FUNDING APPLICATION BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS INTRODUCTION

Snohomish County announces the availability of American Rescue Plan Act (ARPA) - Coronavirus Local Fiscal Relief (CLFR) funds for Behavioral Health Facilities Capital Projects. This NOFA provides information and instructions for organizations interested in applying for these funds. Projects awarded funds under this NOFA will support community providers in expanding and/or establishing new behavioral health in Snohomish County. Applications are available online at:

<https://www.snohomishcountywa.gov/684/Applications-for-Available-Funds>

**Updates to the application after the publication date, will be posted on the application web page.**

## **Funds Available**

This NOFA intends to fund Behavioral Health Facilities Capital Projects between \$500,000 and \$4,000,000. The total number of projects funded will be determined based on 1) the quality and number of applications submitted; and, 2) Snohomish County Council budget allocations.

## **Application Submission and Due Date**

1. Submit one (1) original completed application, including all attachments
2. Submit one (1) hard copy of the completed application, including all attachments
3. Submit one (1) complete electronic copy of the application with all attachments on a USB drive.
4. *Non-profit and for-profit organizations only:* Submit one (1) electronic copy of the Organizational Document Certification Form (Attachment D) with all applicable documents attached, to [OCHS.Mailbox@co.snohomish.wa.us](mailto:OCHS.Mailbox@co.snohomish.wa.us) marked as "Organizational Documents." Applicants need only submit once for all applications in the NOFA. (Note: Specific applications may have additional submittal requirements to be enclosed with that particular application.)

## **Applications Must Be Submitted as Follows:**

Applicants must submit one copy of the NOFA Application by US mail, Fed Ex, or UPS, etc. Applications must be received no later than 4:00 p.m., Friday, January 27, 2023, or earlier, to demonstrate that the application was submitted by the NOFA deadline. Late applications will not be reviewed for funding. Incomplete applications will be reviewed and Snohomish County reserves the right to reject the application if there is insufficient information.

A complete electronic copy of the entire application and supporting materials as outlined in the NOFA must be included with the hard copy of the application submitted, on a USB drive or other media.

Mailing Address:

Snohomish County Human Services Department  
Office of Housing and Community Development (OHCD)  
3000 Rockefeller Avenue, M/S 305  
Everett, WA 98201

## **Questions or Assistance**

For questions and technical assistance related to this NOFA, please contact us at:

[SnohomishCounty.Recovers@snoco.org](mailto:SnohomishCounty.Recovers@snoco.org)

## Funding Cycle

November 30, 2022	Application Available
December 19, 2022	Application Workshop 2:00 p.m. to 4:00 p.m.
January 6, 2023	Application Workshop Alternate Time 2:00 p.m. to 4:00 p.m.
January 27, 2023	Applications Due by 4:00 p.m.
TBD, 2023	Office of Resilience and Recovery Committee Review
TBD, 2023	County Council approves proposed funding awards

## Application Workshop and Technical Assistance

A technical assistance workshop will be held for organizations interested in applying for ARPA-CLFR funding. Staff will be available to answer questions about the Behavioral Health Facilities Capital Projects program regulations, discuss proposed projects' compliance with ARPA-CLFR program regulations and County policies, review the application requirements, and determine an applicant's and project's potential eligibility for funding. This application contains a summary of important information about the Behavioral Health Facilities Capital Projects program. In addition, **applicants are STRONGLY RECOMMENDED to attend ONE of the TWO Behavioral Health Facilities Capital Projects program Application Workshops on Monday, December 19, 2022, 2:00 p.m. to 4:00 p.m., OR Friday, January 6, 2023, 2:00 p.m. to 4:00 p.m.** Materials covered in the two workshops will be the same, there is no need to attend both.

The workshops will be held via Zoom meeting:

### Workshop 1: December 19, 2022

<https://us02web.zoom.us/j/81197532000?pwd=RW1keEk3bE1pRVUyYWlqVkZHbDF4dz09>

Meeting ID: 811 9753 2000

Passcode: 266683

One tap mobile

+12063379723,,81197532000#,,, \*266683# US (Seattle)

+12532158782,,81197532000#,,, \*266683# US (Tacoma)

Find your local number: <https://us02web.zoom.us/j/81197532000?pwd=RW1keEk3bE1pRVUyYWlqVkZHbDF4dz09>

### Workshop 2: January 6, 2023

<https://us02web.zoom.us/j/84612198607?pwd=aFpEVVZDV29neEtsaFFQbHVwZWVPUT09>

Meeting ID: 846 1219 8607

Passcode: 563408

One tap mobile

+12532158782,,84612198607#,,, \*563408# US (Tacoma)

+12063379723,,84612198607#,,, \*563408# US (Seattle)

Find your local number: <https://us02web.zoom.us/j/84612198607?pwd=aFpEVVZDV29neEtsaFFQbHVwZWVPUT09>

# 2022 ARPA-CLFR FUNDING APPLICATION BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS OVERVIEW OF REQUIREMENTS

## Background

Snohomish County is releasing the Behavioral Health Facilities Capital Projects NOFA to fund capital projects that will expand and/or establish new behavioral health capacity in Snohomish County. This NOFA is funded through Coronavirus Local Fiscal Recovery (CLFR) funding established under the American Rescue Plan Act (ARPA).

In March 2021, President Biden signed the American Rescue Plan Act. ARPA-CLFR funds are to provide “assistance to those households, businesses, and non-profits in communities most disproportionately impacted by the pandemic.” In February 2022, The Snohomish County Office of Recovery and Resilience (ORR) launched a countywide community engagement effort to guide investment strategies for the County’s ARPA-CLFR funding. During that engagement, mental and behavioral health capacity rose to the top as the most commonly cited challenge resulting from the COVID-19 pandemic. Existing capacity is constrained by lack of personnel, budget, and facilities. Community members reported that they are experiencing long waits or are simply unable to find services, including in-patient substance use disorder treatment, mental health supports for youth, and many dual-diagnosis supports. Additionally, community members elevated the need for more capacity to provide specialized services for vulnerable populations such as people experiencing homelessness as well as more culturally-appropriate and responsive mental health supports for BIPOC communities across the county.

This NOFA seeks to address the community’s priorities by investing in capital projects that will expand and/or establish new behavioral health capacity Snohomish County. Through this NOFA, the County intends to fund shovel-ready capital projects. Individual awards will range from \$500,000 up to \$4 million.

These and all other ARPA-CLFR-funded NOFAs will be shared on ORR’s website along with regular updates on existing and future ARPA-CLFR-funded programming.

<https://snohomishcountywa.gov/5600/Office-of-Recovery-and-Resilience>

All projects funded under this NOFA must be compliant with ARPA-CLFR guidelines and the ARPA Final Rule. Funds must be obligated by December 31, 2024. In addition, all work must be completed and all funds expended by December 31, 2026. A link to the US Treasury ARPA Final Rule is here:

<https://home.treasury.gov/system/files/136/SLFRF-Final-Rule-Overview.pdf>

Please note that Snohomish County reserves the right to do partial allocations. Snohomish County also reserves the right to grant partial awards or to not grant any awards.

## **Applicant Eligibility Requirements**

All applicants must meet the following criteria to be eligible for Behavioral Health Facilities Capital Projects funding:

- Applicants must be either a nonprofit, for-profit, local government, or a Tribe;
- Applicants must obtain and maintain licensure and certification for the proposed facility and behavioral health services provided at the facility through all applicable licensing bodies, applicants should review applicable RCWs and WACs to determine licensing and certification requirements for the facility type they are proposing for grant funding **subsequent to completion of capital project**;
- Applicant must have previous experience in delivering the proposed service or similar service;
- Nonprofit and for-profit business applicants must be licensed, report and pay revenue taxes for the Washington State Business License (UBI#) and any licenses required by the laws of jurisdiction; and,
- Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from Snohomish County to the provider.

## **Project Eligibility Requirements**

All projects must meet the following criteria to be eligible for Behavioral Health Facilities Capital Projects funding:

- Projects must be located in Snohomish County;
- All funded projects must result in an increase in capacity for behavioral health care including but not limited to;
  - Enhanced Services Facilities (ESF);
  - Crisis Triage and Stabilization Facilities;
  - 90-and-180-day Civil Commitment Facilities;
  - Intensive Behavioral Health Treatment Facilities (IBHTF);
  - Secure Withdrawal Management and Stabilization Facilities (SWMS);
  - Residential Substance Use Disorder Treatment Facilities (SUD);
  - Mental Health Peer Respite;
  - Regional Needs;
  - Children and Minor Youth; or,
  - Facilities that support people experiencing substance use disorder;
- Projects must meet all zoning requirements of the jurisdiction in which the project is located;
- All project activities must meet the definition of “eligible activities” as defined below;
- The proposal must demonstrate the agency has the legal authority to undertake the proposed project on the proposed property by meeting the Site Control requirements;
- Recipients of funds are required to pay state prevailing wages for all capital-related activities;
- Providers applying for other funds are also eligible to apply to this NOFA, but duplication of funding is not allowed. Project budgets should be aligned yet not duplicative; and,
- Recipients must dedicate improved facilities to behavioral health operations for 20 years after project completion.

## **Funding Priorities**

All applicants meeting eligibility requirements are encouraged to apply but the following programs and projects will be prioritized for funding:

- Programs that primarily serve individuals who are using Medicaid or are Medicaid-eligible.
- Programs that primarily serve individuals who were impacted by the COVID-19 pandemic (individuals or families at or below 65 percent of area median income) (see attachment B).

## **Eligible Activities**

This application is for the following types of activities:

- Construction, renovation, or rehabilitation of facilities that establishes or increases the capacity for behavioral health services as defined in 71.24 RCW and 71.36 RC; Z either from the ground up or by substantially remodeling existing buildings;
- “Soft costs” or any project costs that are not construction but directly related to the development of an eligible facility (which may include design, project management, and permitting costs);
- The purchase of equipment or furniture that is not permanently affixed to the property;
- Acquisition costs may be considered an eligible funding activity if a provider can demonstrate they have fully secured enough funding to complete any rehabilitation work necessary to increase behavioral health capacity; and,
- If the project serves multiple uses, only activities and costs directly related to increasing behavioral health capacity are eligible for funding.

## **Ineligible Projects/Activities**

The following projects and activities are explicitly ineligible for funding under this Behavioral Health Facilities Capital Projects NOFA:

- Deferred maintenance or repairs which do not directly contribute to making the project or property suitable for use as a behavioral health space;
- Fundraising costs; and,
- Agency staff time.

**Any agency or project deemed ineligible will be disqualified, and its proposal will not be reviewed or evaluated for funding.**

## **Faith Based Activities**

Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the Behavioral Health Facilities Capital Projects program. Organizations may not engage in inherently religious activities, such as worship or religious instruction, or proselytization, as a part of the programs or services funded with CLRF funds. If the organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded with ARPA-CLFR funds, and participation must be voluntary for the beneficiaries of the ARPA-CLFR funded programs or services. Faith-based organizations may use space in their facilities to provide ARPA-CLFR funded services without removing religious art, icons, scripture, or other religious symbols.

An organization that participates in the ARPA-CLFR program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

A religious organization’s exemption from the federal prohibition on employment discrimination on the basis of religion, set forth in Section 702 (a) of the Civil Rights Act of 1964 is not forfeited when the organization participates in the ARPA-CLFR program. Notwithstanding the foregoing, non-discrimination requirements imposed by statute on all ARPA-CLFR grants shall apply to religious and faith-based organizations.

## **Duration of Benefits & Terms of Agreement**

Under this project, any capital improvement must be able to provide behavioral health services for a minimum of twenty years at the project site. This is known as the “continuing use” requirement, and it assures that capital investments in facilities or infrastructure will provide long-term, continuous benefits to the community. All Behavioral Health Facilities Capital Project recipients must be both able and willing to establish a legally binding public interest.

## **Forms of Financial Assistance and Recapture**

Funds awarded will be in the form of a grant. Once an award is under contract, the grant funds may be subject to recapture under the following conditions:

- The awardee does not have funding to complete the project; or
- The awardee cannot demonstrate sufficient operating and service funding for the project;
- The finished project does not conform to what was indicated in the contract; or
- Timelines and deliverables, as outlined in the contract, are not being met; or
- The awardee cannot maintain the facility or applicable services at the project site for the commitment period of twenty years. If the awardee sells, transfers, or otherwise ends behavioral health services; or
- If the awardee sells, transfers, or otherwise ends behavioral health services at the facility, the awardee will be required to repay grant funds. The term of the grant shall be 20 years from the date of project completion. The grant shall be forgivable on a pro-rata percentage for each year of operations, provided the Agency and the Project has fully complied with the provisions of the contract and the ARRA regulations. Upon compliance with the provisions of the contract and the ARPA regulations, five percent (5.0%) of the original amount of the grant shall be forgiven annually. The grant shall be completely forgiven after the successful operation of this project 20 years from the date of project completion.

## **Site Control**

Site control of the facility, either in the form of ownership or a long-term lease, is a mandatory requirement for projects funded through Snohomish County Behavioral Health Facilities Capital Projects funds. An organization need not own the site of a proposed project at the time of application. However, it is imperative that the organization obtains a long-term lease from its landlord prior to the execution of a contract between the County and the organization.

## **Annual Report**

A report documenting compliance with federal regulations, outcomes reporting and project status will be required on a quarterly and annual basis through the end of 2026. Quarterly reports are due the following dates each year: January 9, April 7, and October 7. Annual reports are due July 7. After that, Annual Reports will be due for the previous program year (July 1 to June 30). Annual reports are due July 15.

## **Decision Making Process**

All funded Behavioral Health Facilities Capital Projects must be in compliance with federal ARPA-CLFR funding regulations and requirements. Projects will be evaluated based on responses and information provided in each organization's application and from onsite visits, if appropriate. Information provided by applicants will be reviewed to assess overall project feasibility.

## **Eligibility/Feasibility**

Staff will perform a technical review of the applications for eligibility and feasibility. Staff will prepare the application "Threshold Review and Evaluation Criteria" and provide compliance and feasibility summaries for the Office of Recovery and Resilience Review Committee (ORRRC). The ORRRC will rate and rank the applications and County OHCD staff will provide technical assistance and project assessment as necessary for the ORRRC.

## **Review by ORRRC**

The Snohomish County ORRRC includes staff from the Office of Recovery and Resilience, and other Snohomish County staff. ORRRC may include additional community members based on need and interest. The ORRRC will receive copies of project materials, compliance and feasibility summaries, and threshold review and evaluation criteria for each project. The ORRRC will send a prioritized list of funding recommendations to the Snohomish County Council for consideration.

## **Final Decisions**

The Snohomish County Council makes the final funding awards.



## **2022 ARPA-CLFR FUNDING APPLICATION BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS FEDERAL REGULATORY REQUIREMENTS**

**ARPA-CLFR regulations require applicants to abide by specific funding regulations. The following are some, but not all, of the federal requirements that may apply to a Behavioral Health Facilities Capital project.**

### **Real Property Acquisition, Relocation and Displacement**

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (URA) and found at 49 CFR Part 24, applies to:

- Displacement that results from acquisition, demolition, or rehabilitation for HUD-assisted projects; and
- Real property acquisition for federally funded assisted projects, including acquisition of temporary and permanent easements.

Where possible, projects must be designed to prevent or minimize displacement of tenants. Because federal funds administered by the County are made available as part of this application, any temporary or permanent displacement of tenants must be handled in accordance with all applicable provisions that cover relocation and acquisition in federal programs.

Section 104(d) Relocation Requirements ("Barney Frank Amendments" to Title I of the Housing and Community Development Act of 1974) protect persons who are displaced that are at or below 80% of area median income and is only triggered when project activities consist of demolition or conversion of low- and moderate-income housing.

The URA and Section 104(d) requires relocation assistance to be provided to any family, individual, or business that must move as a direct result of rehabilitation, demolition or acquisition for a project in which federal funds are used. Relocation requirements apply to any kind of project or program receiving any amount of federal financial assistance that involves action upon occupied real property (e.g. acquisition, clearance, rehabilitation, change in use, etc.). The relocation rules apply to the entire project undertaking, regardless of whether the federal funds are used to purchase the property or for other project costs.

No project involving displacement will be selected for funding without complete assurance of relocation compliance. The County does not have sufficient staff to either carry out or supervise required relocation for project developers. Consequently, developers must thoroughly demonstrate the capability, resources and preparations necessary to assure that any displacement and relocation is carried out in compliance with the law and regulations. The required resources include provision for experienced, qualified, county-approved relocation personnel. Past performance and compliance with the URA will be considered when evaluating project feasibility.

If your project involves an acquisition of property, or conversion of a housing unit, contact the Relocation Specialist, Debra May at 425-388-3264, or [debra.may@snoco.org](mailto:debra.may@snoco.org). Consultation should be requested well in advance of the application submission deadline.

### **Wage Rate Requirements/Prevailing Wage**

Use of federal funds may trigger Davis-Bacon and Related Acts (DBRA) wage requirements and State Prevailing Wage requirements per RCW Chapter 39.12. Projects with construction costs will require performance and payment bonds from the prime contractor.

## **Procurement**

The use of federal funds for any activity requires compliance with the applicable procurement requirements in the Office of Management and Budget Uniform Guidance (OMB) and 2 CFR 200.317 through 2 CFR 200.326. Construction costs must be competitively bid using the required sealed bid process. If an alternative bidding process is desired, a description and explanation must be included with this application. The proposed process will be reviewed for compliance with the federal regulations.

Organizations using federal funds to pay for professional services must comply with federal procurement requirements at 2 CFR 200.317 through 2 CFR 200.326. Organizations that wish to select a professional firm through a negotiated bid or other process must obtain advance written approval from OHCD or that cost may not be reimbursed.

## **Minority and Women Business Enterprise Participation**

Use of minority and women business enterprises (MBE/WBE) is encouraged. Projects awarded funds must comply with MBE solicitation requirements.

## **Equal Opportunity**

Organizations must comply with federal, state, and local laws that prohibit discrimination on the grounds of race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, and parental status. Discrimination is prohibited in the provision of a service or within a facility funded with CDBG funds and in all other aspects of administering a ARPA-CLFR proposal including contracting, procurement, and employment.

## **Americans with Disabilities Act (ADA)**

Federal, state, and local laws prohibit discrimination based on disability.

## **Environmental Review**

Once an application has been submitted to OHCD for funding, no choice limiting action (contract execution, acquisition, demolition, construction, etc.) of any kind can take place. If site control is not obtained prior to application submission, only an option to purchase is allowed (not a purchase & sale agreement). If the project is funded, and a choice limiting action has occurred after the date of application, but before environmental clearance has been received, the project may not be eligible for funding according to 24 CFR 58.22.

Federal funding requires Snohomish County to assume full responsibility for environmental assessment and decision-making under the National Environmental Policy Act ("NEPA"), Related Federal laws and Authorities, and the implementing federal regulations. Some projects may be determined to be exempt from some or all of these regulations. Each project will be reviewed by OHCD staff to determine level of compliance required. Please note: Environmental Review of a project cannot begin until the project has been approved for funding (TBD 2023), and may take anywhere from 40-days to one-year to complete, depending on the project scope.

Environmental review of a project must consider the cumulative impact / all contemplated actions of a project. Cumulative impact / all contemplated actions is defined as: "The impact on the environment which results from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions regardless of what agency (federal or non- federal) or person is undertaking such other actions." Both direct and indirect effects are reviewed.

The County cannot execute an award of funds to any project or program before the environmental review and clearance are complete. Commitment to a project or program before clearance could disqualify the proposal from funding consideration.

For more information on the environmental review process, please contact the Environmental Specialist, Robei Broadous at 425-388-7454 or [Robei.Broadous@snoco.org](mailto:Robei.Broadous@snoco.org).

**2022 ARPA-CLFR FUNDING APPLICATION  
BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS  
THRESHOLD REVIEW & EVALUATION CRITERIA**

**PROJECT:  
PROJECT SPONSOR:**

Applications must comply with the ARPA Final Rule. No additional materials will be accepted after 4 pm on January 27, 2023 unless requested by OHCD or the Office of Recovery and Resilience Review Committee (ORRRC). Threshold Review and Evaluation Criteria will be completed by OHCD staff and included in the application materials given to the ORRRC.

**THRESHOLD CRITERIA**

	<b>YES</b>	<b>NO</b>
<b>A.</b> Organization is a non-profit, for-profit, government, municipal corporation, or Tribe operating within Snohomish County limits.	<input type="checkbox"/>	<input type="checkbox"/>
<b>B.</b> Applicant has obtained licensure and certification for the proposed facility and behavioral health services provided at the facility through all applicable licensing bodies by the application deadline <b>or</b> has a plan to become licensed subsequent to completion of capital project.	<input type="checkbox"/>	<input type="checkbox"/>
<b>C.</b> Applicant has previous experience delivering the proposed or similar service.	<input type="checkbox"/>	<input type="checkbox"/>
<b>D.</b> Proposed project will result in an increase in capacity for behavioral health care.	<input type="checkbox"/>	<input type="checkbox"/>
<b>E.</b> Board/Council endorsement for submitting application and signature of appropriate individual (department head/agency director). Signed board resolution may be produced post application deadline, if Board endorsement is in process for approval, but must be obtained no later than the date in which the ORRRC reviews, rates and ranks the application/project.	<input type="checkbox"/>	<input type="checkbox"/>
<b>F.</b> Application is complete and submitted on time; in order to be considered complete, all documents stated on the Application Checklist must be included in the application for funding.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Application meets threshold criteria</b>	<input type="checkbox"/>	<input type="checkbox"/>

If Yes, Proceed to Evaluation Criteria Below.

## EVALUATION CRITERIA

Applications are reviewed and evaluated based only on written information and attachments provided by the applicant

Applications for Behavioral Health Facilities Capital Projects funds may receive a maximum of 70 points. There are four criteria sections which will be rated on a scale of 0-1-3-5 (5 meeting all of the criteria; 3 partially meeting the criteria; 1 meeting very little of the criteria; 0 meeting none of the criteria). Under section 2, Readiness to Proceed, the Project Timeline area is weighted 2 times. Under section 4, Community Needs & Benefit, the Providing Culturally Relevant Services area is weighted 2 times, the Serving Individuals Most Impacted by COVID-19 area consists of two yes/no questions and each Yes response is worth five points.

**1. ORGANIZATIONAL CAPACITY – Apply 0, 1, 3 or 5 points for each sub-section taking into consideration the items listed below:**

**a) History of Project Management**

**POINTS: \_\_\_\_\_**

Organization demonstrates the ability to successfully implement and manage federally funded projects in a timely manner, within budget, and consistent with funding requirements;

- 0 = No mention of previous project management experience
- 1 = Mentioned that agency has managed projects in the past but no evidence or further details were provided
- 3 = Partially demonstrated that implementation and management of projects had occurred; provided some evidence, but evidence was not complete
- 5 = Provided clear and complete evidence of similar projects implemented and managed with all relevant details included (including but not limited to: timelines, budget adherence, funding requirements, etc.)

**b) Financial Management Capacity**

**POINTS: \_\_\_\_\_**

Organization has appropriate financial management capacity as indicated by audited financial statements. Any audit findings of the organization have been resolved prior to submission of application;

- 0 = No mention of financial management capacity; agency budget and financial statements not provided; not clear if there are audit findings or not
- 1 = Mentioned that financial management capacity exists but no evidence provided; not clear if there are audit findings or not
- 3 = Partially demonstrated that financial management capacity exists; some evidence provided but evidence was not complete; mentioned audit findings but reviewer had to infer that they were resolved
- 5 = Provided clear and complete evidence of financial management capacity; all necessary audits and/or financial statements and agency budget provided

**Organizational Capacity Points (Max = 10) \_\_\_\_\_**

**2. READINESS TO PROCEED - Apply 0, 1, 3 or 5 points for each sub-section taking into consideration the items listed below:**

**a) Ability to Meet Pre-Contract Obligations**

**POINTS: \_\_\_\_**

Applicant demonstrates the ability to fulfill its pre-contract obligations in a timely manner, including but not limited to: environmental requirements, land use issues, acquisition and/or relocation requirements, other committed funding sources, etc.

- 0 = No mention of pre-contract obligations
- 1 = Mentions that there are obligations that need to be fulfilled pre-contract but does not specify what or how they will be met
- 3 = Provides partial description of pre-contract obligations AND provides a partial plan for how these will be met
- 5 = Provides a detailed description of pre-contract obligations AND provides a detailed plan for how these will be met, including a timeline for meeting them

**b) Project Timeline (Weighted 2x)**

**POINTS: \_\_\_\_**

The project is "shovel ready" so organization can fully obligate funds by September 2024 and complete project by December 2026.

- 0 = No mention of a project implementation schedule OR barriers exist that will prohibit completing fund obligation by September 2024 OR barriers exist that would prohibit project completion by December 2026
- 1 = Mentioned that the project would be implemented but did not specify how or when OR possible barriers exist that will prohibit fund obligation by September 2024, or project completion by December 2026
- 3 = Mentioned that the project would be implemented and provided vague timelines; identified potential barriers that would prohibit expenditure of funds or project completion and mentioned that these barriers would be overcome but did not provide a specific plan for doing so
- 5 = Provided detailed description of project implementation plan including start up time and anticipated time to reach completion; clearly identified all possible barriers that would prohibit expenditure of funds or project completion AND clearly identified a detailed plan for addressing these barriers; documented ability to complete project by December 2026.

**c) Environmental and Land Use Issues**

**POINTS: \_\_\_\_**

The organization has recognized and planned for possible environmental and land use issues that could delay the project.

- 0 = No mention of environmental or land use issues; environmental supplement is mostly complete but attached information is unclear
- 1 = Mentioned that there are environmental or land use issues but did not specify what these are; environmental supplement is complete but lacks sufficient detail, attachments provided are unclear and need complete revisions
- 3 = Provided description of environmental or land use issues but did not present a plan for resolution; environmental supplement is complete but details provided need clarification, attachments are included but need minor adjustments
- 5 = Provided description of environmental or land use issues AND presented a timetable of when and how each issue would be resolved; environmental supplement is clear and complete and all required attachments are clear and precise

**d) Additional Funding**

**POINTS: \_\_\_\_\_**

The organization has submitted a clear, documented, fully-funded budget.

- 0 = Did not mention whether or not additional funding or resources are necessary to make the project whole and had been committed to the project
- 1 = Vague mention that other funding or resources had been committed but no clear evidence that funds or resources necessary to make the project whole were secured
- 3 = Partial evidence showing that additional funding or resources necessary to make the project whole were secured but amount and source(s) not clearly specified
- 5 = Evidence clearly shows that additional funding or resources necessary to make the project whole were secured AND the amount obtained and its source(s) was provided

**Readiness to Proceed Points (Max = 25) \_\_\_\_\_**

**3. PROJECT SOUNDNESS - Apply 0, 1, 3 or 5 points for each sub-section taking into consideration the items listed below:**

**a) Related Project Areas**

**POINTS: \_\_\_\_**

Organization includes complete and detailed descriptions of all geographically or functionally related parts of the project including sections not funded with ARPA-CLFR, and descriptions of the project site and surrounding area.

- 0 = No mention of any geographically or functionally related parts of the project; No description of the project site and surrounding area provided
- 1 = Mentioned that there were other geographical or functional parts of the project but did not specify what; reviewer had to infer details about project site and surrounding area
- 3 = Provided partial description of most of the geographically and functionally related parts of the project; provided partial description of the project site and surrounding area
- 5 = Provided detailed description of all geographically and functionally related parts of the project AND provided detailed description of the project site and surrounding area

**b) Impact**

**POINTS: \_\_\_\_**

When completed, the project will directly contribute to a net increase in behavioral health capacity provided by the Organization at the new or improved facility.

- 0 = No support or justification for project to directly contribute to a net increase in the capacity served by the Organization
- 1 = Capacity increase estimates are not reasonable and justified
- 3 = Proposed capacity increase estimates appear reasonable. When completed, the project will directly contribute to a net increase in the capacity served by the Organization
- 5 = Proposed capacity increase estimates appear reasonable. When completed, the project will directly contribute to a net increase in the licensed capacity served by the Organization AND increase would not be possible without ARPA-CLFR funding

**c) Budget**

**POINTS: \_\_\_\_**

Project budget estimates and costs are reasonable and well supported or justified. Budget forms are consistent, accurate, and thorough (i.e. explanation of how project costs were determined).

- 0 = No support or justification for project budget estimates; budget forms are not included in application
- 1 = Budget estimates and costs are not reasonable and justified OR budget forms are inconsistent and inaccurate
- 3 = Proposed budget estimates and costs appear reasonable; some justification and support for budget estimates were provided; budget forms are consistent, accurate and thorough
- 5 = Detailed support and justification for budget estimates were provided; proposed estimates and costs are reasonable AND all forms are consistent, accurate and thorough; documentation of committed funds was provided

**Project Soundness Points (Max = 15) \_\_\_\_\_**

**4. COMMUNITY NEEDS & BENEFIT- Apply 0, 1, 3 or 5 points for each sub-section taking into consideration the items listed below:**

**a) Providing Culturally Relevant Services (Weighted 2x) POINTS: \_\_\_\_**

Applicant clearly describes how they are identifying and challenging behavioral health care access disparities through their work. Racial equity is incorporated into their work and specific examples of existing policies and practices, learning opportunities, professional development or support that demonstrates a commitment to racial equity have been provided.

0 = No mention of how the applicant is identifying and challenging disparities through their work; organization does not incorporate racial equity into their work

1 = Mentioned how the applicant is identifying and challenging disparities through their work but did not specify how they are addressing these disparities through their work

3 = Provided partial description of how the Organization is identifying and challenging disparities through their work and partially specified how they are addressing these disparities through their work

5 = Provided detailed description of how the Organization is identifying and challenging disparities through their work; clear evidence and specific examples of existing policies and practices, learning opportunities, professional development or support that demonstrates a commitment to racial equity have been provided

**b) Serving Individuals Most Impacted by COVID-19 (5 points for each yes) POINTS: \_\_\_\_**

Organization is increasing capacity for individuals most impacted by COVID-19.

<b>Criteria</b>	<b>No (0 points)</b>	<b>Yes (5 points)</b>
Project will primarily serve individuals who are using Medicaid or are Medicaid-eligible		
Project will primarily serve individuals who were impacted by the COVID-19 pandemic (individuals or families at or below 65% AMI)		
<b>Total (maximum 10 points)</b>		

**Community Need and Benefit Points (Max = 20) \_\_\_\_**

**Total All Points (Max = 70) \_\_\_\_**



**2022 ARPA-CLFR FUNDING A PPLICAT ION  
BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS  
APPLICATION INSTRUCTIONS**

A. Please read through the entire application package before beginning work on the application. Application questions are organized in the same format as the Threshold Review and Evaluation Criteria:

1. Organizational Capacity
2. Readiness to Proceed
3. Project Soundness
4. Community Need and Benefit

B. Provide brief and concise responses to all items in the application package on 8 ½ by 11 inch paper in a font size no smaller than 11. Answer all questions or write NA for not applicable.

C. Assembling the Application

Assemble your application in the following order:

1. Completed “Applicant Authorization”
2. Application Questions: Sections 1 through 4
3. Completed Project Budget
4. Environmental Review Supplemental Application with all required attachments
5. Completed Application Checklist
6. **Non-profit agencies, governments, municipal corporations, and Tribes only**, Board/City Council resolution/approval to submit application
7. Any supporting documentation that may be available, such as architectural drawings, construction specifications, cost estimates, condition of title, and appraisals.
8. All other required attachments
9. For items 1 through 8 above, submit
  1. **One original** completed application, including all attachments,  
*Do not bind your application. Applications are copied for distribution and review.*
  2. **One hard copy** of the completed application including all attachments, and
  3. **One complete electronic copy** with all attachments on a USB drive
10. **Non-profit and for-profit agencies only**, email one electronic copy of the Organizational Document Certification form, (Attachment D) with attachments marked “Organizational Documents” to [OCHS.Mailbox@co.snohomish.wa.us](mailto:OCHS.Mailbox@co.snohomish.wa.us). Applicants need only submit once for all applications submitted for this NOFA.

D. When responding to questions, use as many spaces as you need to complete your answer. Please limit your responses to sections 1 through 4 to 25 pages or less (not including attachments).

**2022 ARPA-CLFR FUNDING APPLICATION  
BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS  
2023 APPLICATION**

**APPLICATION AUTHORIZATION**

This application is available on the Snohomish County website in Microsoft Word at:

<https://www.snohomishcountywa.gov/DocumentCenter/View/105006/Behavioral-Health-Care-Facilities-Improvements-Capital-NOFA-2023-Application-DOC>

**1. Title of Proposed Project:**

\_\_\_\_\_

**2. Project Location** (Street address or nearest intersection and applicable zip code and census tract. For instructions to identify census tract, see Appendix A):

\_\_\_\_\_

**3. Proposed Use of ARPA-CLFR Funds** (Summarize in one or two sentences the planned project and what costs ARPA-CLFR funds would be used for i.e. professional services costs, soft costs, construction costs, etc.) \_\_\_\_\_

\_\_\_\_\_

**4. Project Cost**

a) ARPA-CLFR Funds Requested: \$ \_\_\_\_\_ b) Total Project Cost \$ \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION INCLUDED IN THIS APPLICATION HAS BEEN CAREFULLY EXAMINED. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES AND REGULATIONS REFERENCED IN THE APPLICATION IF FUNDING IS AWARDED.

**Organization's Name and Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Signature of Organization:**

Signature \_\_\_\_\_  
Name and Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Applicants must include a copy of their Board or City Council minutes authorizing submittal of this application.

If not available at application submission, pre-authorization for late submittal must be requested from Robei Broadous before 1/20/2023 and received by the application due date.

**Contact person** (person responsible for answering questions about the application)

Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Copy of Authorization is Attached. YES NO**

**If applying for more than one project, what priority is this project?** \_\_\_\_\_

**Organization's Federal Taxpayer ID #:** \_\_\_\_\_

**Organization's Unique Entity Identifier (formerlyDUNS):** \_\_\_\_\_

## APPLICATION QUESTIONS

### Complete Sections 1 through 4

#### 1. Organizational Capacity (A - I)

A. Please complete the following:

Organization's Executive Director:	Name/Title: E-Mail: Phone and Fax:
Financial Contact:	Name/Title: E-Mail: Phone and Fax #
Designated Project Manager:	Name/Title: E-Mail: Phone and Fax #:

B. Indicate the organization's corporate status (non-profit, Municipal Corporation, local government).

- Non-profit agency
- For-profit agency
- Municipal Corporation
- Other local government (indicate type): \_\_\_\_\_

C. Describe the ability and experience of the organization's staff in government contract administration, level of staffing available for this project, and include knowledge of each of the following topics:

- i. Procurement
- ii. Davis Bacon and State Prevailing Wage Requirements
- iii. WMBE

D. Describe experience with other federally funded projects. Provide specific examples including, type(s) of projects, funding amounts, applicable federal regulations, etc.

E. Provide a list of the policies and procedures for each of the following:

- i. Personnel Management
- ii. Financial Management

**F. Non-profit organizations please complete i through iv, public agencies, municipal corporations, for-profit organizations, and Tribes skip to part G.**

- i. What is the Board’s knowledge and level of involvement with the proposed project?
- ii. What are the major sources of support for the organization?
- iii. Describe the organization’s program and development goals for the next two to three years.

G. What licenses does the organization need in order to operate, if any, and are they current?

H. Identify all of the organization’s federally funded projects including any COVID-19 funding awarded in the past five years and the status of each:

(1)	(2)	(3)	(4)*	(5)*
Project Name	Project Number	Amount of Award	Completed in time originally specified in contract? (Yes/No)	Completed within original budget? (Yes/No)

\*If any answers to (4) or (5) above are no, please explain.

- I. Has the organization received any audit or monitoring findings in the past three years? If yes, what were they and how were they resolved?
- J. Describe your organization’s experience with financial management of federal funds.

**2. Readiness to Proceed (A - E)**

- A. Explain any possible environmental issues, including those identified during completion of the Environmental Supplement, that have the potential to delay your project and describe steps that have been taken, or will be taken, to address those issues. (Any “Yes” responses on the Environmental Review Supplemental Overview may cause project delays and should be described here).
- B. Describe any other issues that have the potential to delay your project and describe steps that have been taken, or will be taken, to address them (land use issues, site control, acquisition requirements, including temporary or permanent easements, funding commitments, etc.).
- C. Projects awarded funding are expected to be identified at time of application. Once the County Council approves the funding awards, project sponsors will receive an official “Letter of Award” and can begin providing any additional, necessary information to the County so that the environmental review can be completed and a contract issued.

Snohomish County is required to adhere to strict spending timelines and ARPA-CLFR funds must be spent in a timely manner. The expectation is that projects will be fully obligated by September 2024 and completed by December 2026. Based on the estimated funding schedule, please complete the following project schedule:

	Projected Date
The Organization provides necessary information to OHCD to allow staff to complete the environmental review:	May 15, 2023 to July 15, 2023
All project financing committed:	_____
Contract with Snohomish County Office of Housing & Community Development:	_____
Design and Complete bid specifications:	_____
Obtain all needed permits:	_____
Project out to bid:	_____
Bid award:	_____
Project start date:	_____
Project 50% complete:	_____
Project Complete	_____
Final Project Closeout	_____

- D. Describe other funding sources that have been considered and/or applied for. Indicate the dates all project funding will be committed and available. If no other funds are being utilized, explain why.
- E. Complete and submit the Project Budget on the following page.

## Project Budget

(Complete All Columns)

		Total Project Costs	ARPA- CLFR Funds Requested	Other Funds and In-kind Contributions	Sources of Other Funds and In-kind Contributions
<b>I.</b>	<b>Environmental Review, Reports or Studies</b>				
	<i>Subtotal Environmental Review Costs</i>				
<b>II.</b>	<b>Property Acquisition Costs</b>				
	Purchase Price				
	Closing Costs				
	Other Acquisition Costs				
	<i>Subtotal Property Acquisition Costs</i>				
<b>III.</b>	<b>Construction Costs</b>				
	Site Improvements				
	Construction				
	Construction Contingency				
	Sales Tax (if applicable)				
	Permits				
	Other Construction Costs				
	<i>Subtotal Construction Costs</i>				
<b>IV.</b>	<b>Professional Fees</b>				
	Architect/Engineer/Surveyor				
	Hazardous Materials Survey				
	Appraisal				
	Legal				
	Other Professional Fees				
	<i>Subtotal Professional Fees</i>				
<b>V.</b>	<b>Other Development Costs</b>				
	Relocation Costs				
	Financing Costs				
	Other				
	<i>Subtotal Other Development Costs</i>				
<b>I.</b>	<b>Environmental Review Costs</b>				
<b>II.</b>	<b>Property Acquisition Costs</b>				
<b>III.</b>	<b>Construction Costs</b>				
<b>IV.</b>	<b>Professional Fees</b>				
<b>V.</b>	<b>Other Development Costs</b>				
	<b>TOTAL COSTS:</b>				

**3. Project Soundness (A - R)**

- A. What type of behavioral health services will you provide in this new/expanded facility?
- B. Does your organization have experience providing these behavioral health services in the past? If so, please describe your experience.
- C. What increase in behavioral health capacity will be created as a direct result of this project?
- D. Specify the approximate size of the project in square feet or lineal feet. Describe all contemplated actions which logically are either geographically or functionally part of the project regardless of the source of funding.
- E. List the specific activities the ARPA-CLFR funds are to be used for and describe the need for the ARPA-CLFR dollars to make the project work financially.
- F. What is the facility-related issue(s) your project seeks to address? Explain how this issue affects your ability to deliver services, and/or whether it is preventing you from expanding your existing level of service.
- G. Describe what will happen if the County is unable to provide financing at this time. Include the impact on any funds committed and on-site control.
- H. Describe how your organization is prepared to deal with unanticipated project costs (e.g. cost overruns, change orders, etc.).
- I. How can the proposed project be phased? Provide a detailed summary of each phase, in priority order, including the cost of each. If the project cannot be phased, provide a thorough explanation of why.
- J. Can the project be scaled? If applicable, provide a detailed summary of how the project will be implemented if the County does not award the full request. Please specify the new capacity (if any) you would be able to add with a smaller award.
- K. Total ARPA-CLFR dollars requested     \$ \_\_\_\_\_  
Total dollar value of other resources     \$ \_\_\_\_\_  
Total project costs                             \$ \_\_\_\_\_

- L. In the table below, identify each source and amount of funding to be used for the project. Indicate whether funds are pending or committed by placing the amount in the appropriate column. Provide documentation for committed funds.

<b>Development Budget Sources</b>	<b>Pending</b>	<b>Committed</b>	<b>Total</b>
2022 Snohomish County ARPA-CLFR	\$	\$	\$
Local funds (specify):	\$	\$	\$
State funds (specify):	\$	\$	\$
Federal funds (specify):	\$	\$	\$
Private financing (specify):	\$	\$	\$
Other (specify):	\$	\$	\$
In Kind*	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*In-kind costs may include consultant fees (architect, environmental studies, engineering, and surveyors), donated land or buildings, publications and printing necessary for the project, and donated construction materials.

- M. Explain how you arrived at the total cost of the project and why you consider your costs to be reasonable (attach copies of cost estimates, etc.).
- N. If applicable, are there any community objections to the project?
- O. If the organization is requesting ARPA-CLFR funding of more than \$1,000,000, answer the following i through iii, if not, skip to part P:
- i. *Describe the harm or need to be addressed:* Provide a description of the specific harm or need to be addressed and why the harm was exacerbated or caused by the COVID-19 public health emergency.
  - ii. *Explain why a capital expenditure is appropriate:* For example, include an explanation of why existing equipment and facilities, or policy changes or additional funding would be inadequate.
  - iii. *Compare your proposed capital project against at least two alternative capital expenditures:* Demonstrate why the submitted proposed capital expenditure is superior. Applicants should consider the effectiveness of the capital expenditure in addressing the harm identified and the expected total cost (including pre-development costs) against at least two alternative capital expenditures.
- P. If the project is within a structure (not a street or sidewalk), answer the following i through iii, if not, skip to Part Q:
- i. Describe how the structure is compliant with the Americans with Disabilities Act (ADA) requirements regarding accessibility.
  - ii. Will the structure serve as a house of worship or be used by a religious organization?
  - iii. Was the structure constructed prior to 1978? If yes, will the structure be occupied by children age six (6) and under?



Q. Will the project include the "acquisition" of a structure, land, or easements (permanent or temporary)? If yes, complete the following i through iv. If not, skip to Part R.

- i. Describe all acquisitions required for the project.
- ii. Does the project involve the demolition of housing units?
- iii. Are there business or residential tenants currently occupying the site? If yes, will they be required to move either temporarily or permanently?

R. For each real property parcel previously acquired for the project, or identified and intended to be acquired, provide all of the following:

Street address and physical description:

List the following dates per parcel:

Date	Property Occupied?	By Tenant or Owner?
Date acquired (title vested): _____		
Closing date stated in Purchase and Sale Agreement: _____		
Date Purchase and Sale Agreement was fully executed: _____		
Date of first formal offer to Purchase: _____		
Date of first written notice of interest to owner/seller: _____		

**4. Community Need and Benefit (A - E)**

- A. Describe how your Organization determined the need for this project.
- B. Describe your Organization’s experience providing developmentally and culturally appropriate behavioral health services in your community.
- C. What are your existing policies and practices on racial equity and inclusion, including learning opportunities, professional development, or support to staff?
- D. Describe how this facilities development or improvement project supports the agency’s long-term goals.
- E. Please complete this table:

	What percentage of people you <b>currently</b> serve come from families with Gross Incomes that are:	What percentage of people you <b>plan to</b> serve through this project come from families with Gross Incomes that are:
At or below 65% AMI?		
Above 65% AMI?		
<i>Total should equal 100%</i>		<i>Total should equal 100%</i>

	What percentage of people you <b>currently</b> serve come from families that are:	What percentage of people you <b>plan to</b> serve through this project that are:
Using Medicaid or Medicaid-eligible?		
<b>Not</b> using Medicaid or are <b>not</b> Medicaid-eligible?		
<i>Total should equal 100%</i>		<i>Total should equal 100%</i>

**2022 ARPA-CLFR FUNDING APPLICATION  
BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS  
ENVIRONMENTAL REVIEW SUPPLEMENTAL OVERVIEW**

Federally funded County projects are subject to the National Environmental Policy Act (NEPA) and numerous other state and federal environmental laws. All environmental laws seek to avoid adverse impacts on the environment by mandating careful consideration of the potential impacts on any development assisted with public funds. Applicants must be sensitive to any possible environmental impacts and concerns while their projects are first being planned to avoid problems, which can create uncontrollable delays, add unplanned construction or pre-development costs or even prevent a project from being funded or implemented in a timely manner.

It is the applicant's responsibility to submit a Supplemental Application that is both complete and complies with the application specifications and fully discloses any potential environmental concerns. The Snohomish County Office of Housing and Community Development (OHCD) is responsible for assuring compliance with state and federal regulations and seeks to avoid or mitigate adverse impacts on the natural and human environment by mandating careful consideration of the potential impacts of any development assisted with county managed funds.

All applicants must recognize and document potential environmental issues during the project planning process. OHCD, the ORRRC and the Snohomish County Council can make better decisions by fully understanding and carefully considering the potential environmental consequences. Incomplete applications that do not include the required information necessary to fully evaluate the applicant's project and/or ignore potential environmental issues may result in diminished project competitiveness, and decreased overall application scoring.

**Please contact the Environmental Specialist, Robei Broadous, at 425-388-7454 or [Robei.Broadous@snoco.org](mailto:Robei.Broadous@snoco.org) if you have any questions related to environmental issues or if you need assistance completing the Environmental Supplement appropriately.**

**The Environmental Review Supplemental Application includes a listing of subject areas relating to potential impacts on the physical or human environment. In most cases, applicants will be able to simply provide a brief response to the categories listed. Environmental information and assistance in preparing the environmental section can be obtained from a wide variety of sources including those listed which are cited as appropriate. Other possible sources of information include local comprehensive plans, preliminary engineering studies, state and federal reports, local agencies such as the planning or environmental health office, federal agencies and the internet.**

**2022 ARPA-CLFR FUNDING APPLICATION  
BEHAVIORAL HEALTH FACILITIES CAPITAL PROJECTS  
ENVIRONMENTAL REVIEW SUPPLEMENTAL APPLICATION**

**PART I**

**Project Name:** \_\_\_\_\_

**Describe all contemplated project / construction activities, regardless of what funding will be used or when the activities will occur.** Provide a clear explanation of all ground disturbing activities (please limit to space provided):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide detailed impervious surface information:**

- a. Existing square footage: \_\_\_\_\_
- b. Square footage to be added: \_\_\_\_\_
- c. Total square footage after construction: \_\_\_\_\_
- d. Type of impervious surface; non-pollution generating or pollution generating:  
\_\_\_\_\_

**YOUR SUBMISSION OF THIS APPLICATION TRIGGERS FEDERAL ENVIRONMENTAL REVIEW REQUIREMENTS. FEDERAL REQUIREMENTS MANDATE THAT THE COUNTY COMPLETE AN ENVIRONMENTAL REVIEW PRIOR TO ANY “CHOICE LIMITING ACTIONS” (i.e. contract execution, acquisition, demolition, construction, etc.) BEING INITIATED ON A PROJECT RECEIVING FEDERAL FUNDING.**

**Is your project currently underway?**

- Yes**, acquisition and / or construction has begun.  
If yes, was a legally binding contract or agreement signed prior to your intent to apply for federal funds?
- Yes (If yes, attach a copy of the contract/agreement with this environmental supplement)
  - No

**You must cease all choice limiting activities (contract execution, acquisition, demolition, construction) immediately until environmental compliance has been reviewed and approved by Snohomish County. Failure to comply will prohibit the use of federal funds for the project.**

- No. acquisition, development, or construction activities will not begin prior to authorization from Snohomish County.**

**Project Location:**

Identify location by completing ALL of the following location identifiers:

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Section: \_\_\_\_\_

Assessor Parcel Number of Project Site: \_\_\_\_\_

Street address or complete description of project location:  
\_\_\_\_\_

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

Current Zoning Classification: \_\_\_\_\_

Proposed Land Use: \_\_\_\_\_

Current Property Owner: \_\_\_\_\_

Is project consistent with current Zoning designation?  Yes  No

Is project consistent with future Zoning designation?  Yes  No

Is the proposed project's land use consistent with the jurisdiction's Comprehensive Plan or Area Plan?  Yes  No

**Existing Structures on Proposed Site**

If the site has any existing structures, complete the following:

Building(s) Size: \_\_\_\_\_ Square footage

Year building(s) were built: \_\_\_\_\_ (attach Assessor's Record)

(To determine, go to <http://www.snohomishcountywa.gov/assessor> and provide a copy with this application)

Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Landmark Classification: \_\_\_\_\_

Has this specific project previously received NEPA environmental clearance from Snohomish County for CDBG or HOME funds?  Yes What year? \_\_\_\_\_  No

## **PART II**

For the following questions, answer by checking box Yes or No. Provide all required explanations by inserting answers following each question directly in the Supplemental document. **Attach additional requested documentation to the back of the environmental section, marking the appropriate section and number on the top.**

**A “Yes” response to any of the following questions may cause additional delays in the review process and requires careful consideration by the applicant.**

### **A. Historic Preservation**

1. Is the proposed site or project activity listed on or within a district listed on the National Register of Historic Places, or any state or local listing of historic places, or Tribal land? **Attach all documentation used to make the determination.**

Yes       No       Unknown

2. Is any structure(s) on the proposed site of project activity 45 years old or older?

Yes       No

If yes, list all structure(s) over 45 years, by street address and year of construction.

3. Will ground disturbance of any kind occur as part of the project?

Yes       No

If yes, a current Unanticipated Discovery Plan must be submitted with this application. An example can be found at <https://www.wsdot.com/LocalPrograms/Environment/default.htm>

4. Provide a complete, detailed history of the property and all prior uses.

### **B. Floodplain Management & Flood Insurance**

1. Is the proposed property located in a flood hazard area? **Print and attach the appropriate flood map and indicate the proposed site on the flood map.** State whether any part of the project site is within the flood hazard area. To determine, go to: <https://msc.fema.gov/portal/search>. **For step-by-step directions on how to download the correct map, please refer to Attachment E-1 at the end of this environmental supplement.**

Yes       No

a) If Yes, is the local general government jurisdiction in which each project site is situated currently participating in, and in good standing with FEMA under, the National Flood Insurance Program? **To determine, consult each local Planning/Building Department. Attach documentation used to make determination.**

Yes       No

### **C. Wetlands Protection**

1. Are there any wetlands on any part of the project site, or within 300 feet of the proposed project site and, if so, will the proposed project activity encroach or impact in any way upon any such on-site or adjacent wetland? **Describe how determination was made.**

Yes       No

### **D. Air Quality**

1. Is the air quality at proposed project site presently degraded by proximity to significant pollution generators or conditions (e.g. heavy motor traffic; dusty or noxious odor producing operations; etc.?) **Describe how determination was made.**

Yes       No

2. Will the project contribute any pollution to the ambient air at project site?
- a) During project development?  Yes  No
- b) By its use or operation after completion?  Yes  No
- c) If yes to either or both, **describe how determination was made.**

#### **E. Noise**

1. Is the proposed project within 1,000 feet of a major roadway?  Yes  No
2. Is the proposed project within 3,000 feet of a railway?  Yes  No
3. Is the proposed project within 15 miles of a civil airport or military airfield?  Yes  No

**Attach maps showing measurements from the project site for E. 1. 2. & 3 above.**

4. Are there any other potential noise sources in the project vicinity that could produce a noise level above HUD's acceptable range including but not limited to concert halls, night clubs, event facilities, etc.? **Describe how determinations were made.**  Yes  No

#### **E. Hazardous Conditions**

1. **Thermal & Explosive Hazards:** Are there any visible above ground storage vessels, of more than approximately 200 gallons volume, with the exception of household propane storage tanks within a six block radius of proposed project site? **Describe how determination was made.**  
 Yes  No  
 a) If yes, describe and list location(s):
2. **Toxic Chemicals and Radioactive Materials:** Is the property or surrounding neighborhood listed on an EPA Superfund National Priorities or CERCLA List, or equivalent State list? **Attach a copy of each of the two maps found at: <http://www.epa.gov/enviro/> and <https://fortress.wa.gov/ecy/facilitysite/MapData/MapSearch.aspx?RecordSearchMode=New> For step-by-step directions on how to download the correct maps, please refer to Attachment E-1 at the end of this environmental supplement.**  
 Yes  No  
 a) If Yes, list and describe location(s) physical proximity to project site.
3. Are there any toxic or hazardous concerns at the project? (i.e. asbestos, lead based paint, former site uses such as gas stations, manufacturing plants, factories, dry cleaners, etc.) **Describe how determination was made.**  
 Yes  No
4. Are there any commercial or industrial facilities with large above-ground storage of any hazardous materials, (such as a petroleum tank farm or wholesale facility, or a factory producing or using hazardous materials within a 1/2 mile radius of project site? **Describe how determination was made.**  
 Yes  No
5. **Airport Hazard Zones:** Is the proposed project site within 1/4 mile of the perimeter or boundary of any military or civil airport or air field? **Describe how determination was made.**  
 Yes  No  
 a) If yes, identify the airport; and attach a copy of an accurate, scaled map delineating the airport fly zone and the proposed project location.

**G. Other Environmental Resources**

1. Farmland Preservation: Will proposed project site involve conversion of any existing farmland to another use? **Describe how determination was made.**  
 Yes  No
  
2. Coastal Zone Management: Is the proposed project site situated within a shoreline zone regulated under the Snohomish County Shoreline Management Master Program, or a municipality's shoreline regulations under the State Shorelines Management Act? **Describe how determination was made.**  
 Yes  No  
a) If yes, is the project permitted under those regulations?  Yes  No
  
3. Adjacent Property Uses: Are there any adjacent or nearby property uses that may have an adverse impact or potentially be harmful to the people using and/or surrounding the project? **Describe how determination was made.**  
 Yes  No



### **PART III**

#### **FOR ALL PROJECTS ATTACH THE FOLLOWING DOCUMENTS WITH THE APPLICATION:**

- ◆ Copy of the current Thomas Guide or similar map, with the site location clearly marked
- ◆ Site plans and drawings (no larger than 11 x 17, if available)
- ◆ A detailed history of prior uses of the proposed project location
- ◆ Submit one or more photos or aerial map clearly identifying the location of the project site
- ◆ Attach all available environmental project and site studies, investigations, reports, and project plans; including Environmental Site Assessments, wetlands or other biological investigations, hazardous materials investigations, soils and other geotechnical studies, planning reports, engineering reports, noise studies, traffic studies, etc.
- ◆ **If the project requires a zoning change.** attach a signed zoning confirmation letter from the project site jurisdiction's planning department. The letter must include sufficient detail to confirm the approval is for the specific proposed use of the site.

### **PART IV**

Acquisition of land, whether vacant or occupied by buildings, new construction or substantial rehabilitation projects require a Phase I Environmental Site Assessment (Phase I). A Phase I is a professionally written assessment evaluating any hazards that may be on the land or in buildings (asbestos, lead basedpaint, etc.), historical use of the property or building (gas stations, factories, dry cleaners, etc.), and any other possible hazards in the vicinity of the property. In order to meet the all appropriate inquiry standard, the Phase I must be conducted or updated within one year prior to date of acquisition and the interviews, record reviews, site inspection, and lien search must be conducted or updated within 180 days prior to the date of acquisition. The Phase I should be written so that it meets HUD standards to ensure that the property does not impact the health and safety of the community. **This assessment is helpful at application time. but is not required until funding is approved.**

## APPLICATION CHECKLIST

(This document is required as part of a complete Behavioral Health Capital Facilities Project application for funding)

1.  Applicant Authorization and completed application Sections 1 through 4
2.  Project Budget form
3.  **For non-profit organizations, governments, municipal corporations, and Tribes:** Copy of Board/City Council minutes or Board/City Council Resolution approving submission of the application for funding and designating authorized individual to negotiate and contractually bind agency **or** Copy of written authorization from Robei Broadous for late submission or Board/Council resolution no later than January 20, 2023.
4.  **For non-profit and for-profit organizations:** Complete Organizational Document Certification (Attachment C) and email the following documents electronically to [OCHS.Mailbox@co.snohomish.wa.us](mailto:OCHS.Mailbox@co.snohomish.wa.us):
  - a. Proof of 501 (c) (3) Status with IRS (Non Profits only)
  - b. Current Articles of Incorporation & Amendments (Non Profits only)
  - c. Current By-Laws, as amended (Non Profits only)
  - d. IRS notification letter of tax identification letter (For Profits)
  - e. Washington State Secretary of State Certification of Ownership entity (For Profits)
  - f. Organizational mission statement and length of time in existence
  - g. Current Owner/ownership structure, Board of Directors information or other governing body; include name, occupation, or affiliation of each member and identify the principal officers of the governing body or ownership structure.
  - h. Current Organizational Chart, including related or subsidiary entities and to-be-established entities
  - i. Current Management Team information, including resumes of Executive Director/Owner, Chief Fiscal Officer and Chief Program Administrator
  - j. Current year operating budget
  - k. Most recent two years of Audits with management letters, or financial statements
  - l. Tax returns for last two years
  - m. Completed and signed Organizational Document Certification Form
5.  Evidence of site control
6.  Letters of funding commitment (if applicable)
7.  Architectural drawings (if available)
8.  Construction specifications (if available)
9.  Title Report (if applicable)
10.  Appraisals (if applicable and available)

- 11.  Cost estimates (if available)
- 12.  Relocation Plan (if applicable)
- 13.  Copy of State-issued licenses that demonstrate qualification to provide behavioral health services **or** plan outlining key activities towards licensing capital project

**Environmental Supplement Attachments**

- 14.  Completed Environmental Review Supplemental Application with the supporting documentation for questions in Part II, sections A through G
- 15.  Copy of Thomas Guide or similar map with site location clearly marked
- 16.  County Assessor Property Record  
(<http://www.snohomishcountywa.gov/assessor>)
- 17.  Copy of current Unanticipated Discovery Plan (if project includes ground disturbance of any kind)
- 18.  FEMA Flood Map with site location marked  
(<https://msc.fema.gov/portal/search>)
- 19.  Environmental Protection Agency Map with site location clearly marked  
([www.epa.gov/enviro/](http://www.epa.gov/enviro/))
- 20.  Department of Ecology Map with site location marked  
([www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html](http://www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html))
- 21.  Maps showing measurements from site (per section E. 1, 2, & 3)
- 22.  Signed zoning confirmation letter (if the project requires a zoning change)
- 23.  Detailed history of the property use
- 24.  All available project and site studies
- 25.  Photographs or aerial photos of existing site
- 26.  Site Plans and drawings (no larger than 11 x 17). If the project consists of new construction or rehabilitation, include the original total square footage of the site plus square footage of new impervious surface to be added
- 27.  If available, Phase I Environmental Site Assessment for acquisition of land, new construction, or substantial rehabilitation. If not available, OHCD staff will advise if required
- 28.  Hazardous materials survey/assessment summary (if applicable)

## **ATTACHMENTS**

1. Attachment A: ARPA Impacted and Disproportionately Impacted Income Thresholds for Snohomish County
2. Attachment B: Organizational Document Certification
3. Attachment C: Step-By Step Directions to Environmental Websites

**ATTACHMENT B: ARPA IMPACTED AND DISPROPORTIONATELY IMPACTED  
INCOME THRESHOLDS FOR SNOHOMISH COUNTY**

Size of Household	Disproportionately Impacted			Impacted		
	40% AMI	185% FPG	Threshold	65% AMI	300% FPG	Threshold
1	<b>\$36,240</b>	\$25,141	\$36,240	<b>\$58,890</b>	\$40,500	\$58,890
2	<b>\$41,440</b>	\$33,873	\$41,440	<b>\$67,340</b>	\$54,930	\$67,340
3	<b>\$46,600</b>	\$42,605	\$46,600	<b>\$69,225</b>	\$69,090	\$69,225
4	<b>\$51,760</b>	\$51,373	\$51,760	<b>\$84,110</b>	\$83,250	\$84,110
5	<b>\$55,920</b>	\$60,069	\$60,069	<b>\$90,870</b>	\$97,410	\$97,410
6	<b>\$60,080</b>	\$68,801	\$68,801	<b>\$97,630</b>	\$111,570	\$111,570
7	<b>\$64,200</b>	\$77,533	\$77,533	<b>\$104,325</b>	\$125,730	\$125,730
8	<b>\$68,360</b>	\$86,265	\$86,265	<b>\$111,085</b>	\$139,890	\$139,890

## ATTACHMENT C: ORGANIZATIONAL DOCUMENT CERTIFICATION

Organization Name: \_\_\_\_\_

Each organization that applies for funds under this NOFA must email one electronic copy of this Organizational Document Certification Form (Attachment C) with all attachments, to [OCHS.Mailbox@co.snohomish.wa.us](mailto:OCHS.Mailbox@co.snohomish.wa.us) marked as "Organizational Documents." Applicant need only submit once for all applications submitted for this NOFA. (Note: Specific applications may have additional submittal requirements to be enclosed with that particular application.)

The following organizational documents are enclosed:

- 1. Proof of 501(c) (3) status with IRS (Non Profits only)
- 2. Current Articles of Incorporation & amendments (Non Profits only)
- 3. Current By-Laws, as amended (Non Profits only)
- 4. IRS notification letter of tax identification letter (For Profits only)
- 5. Washington State Secretary of State Certification of Ownership entity (For Profits only)
- 6. Organizational mission statement and length of time in existence.
- 7. Current Owner/ownership structure, Board of Directors information or other governing body; include name, occupation, or affiliation of each member and identify the principal officers of the governing body or ownership structure. Also include the following board information:

A. How many positions are currently vacant?	
B. How many board meetings were held in the last 12 months?	
C. How many meetings had a quorum present?	
D. Are written meeting minutes kept?	
E. Is the board operating in accordance with its approved bylaws?	
F. Do you conduct an orientation for new board members?	
G. Do you provide other board training?	

- 8. Current Organizational chart, including related or subsidiary entities and to-be-established entities (e.g. limited partnerships, LLCs, general partner entities, etc.)
- 9. Current Management Team information, including resumes of Executive Director, Chief Fiscal Officer and Chief Program Administrator
- 10. Current Year Operating Budgets

11. Most recent two years audits, with management letter, or financial statements if audits not required.

Year ending \_\_\_\_\_  
 Year ending \_\_\_\_\_

12. Tax return for the last two years

Year ending \_\_\_\_\_  
 Year ending \_\_\_\_\_

13. Completed and signed Organizational Document Certification Form

I certify that the enclosed are true and current copies of the organizational documents listed.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Project(s): \_\_\_\_\_

## ATTACHMENT D: STEP-BY STEP DIRECTIONS TO ENVIRONMENTAL WEBSITES

### Leaking and Underground Storage Tanks

<https://fortress.wa.gov/ecy/facilitysite/MapData/MapSearch.aspx?RecordSearchMode=New>

*\*\*Note – screen resolution must be at least 1024 x 768 pixels*

1. On the right side of the page click on Layers arrows.
2. In the Base Map box, change the option to Road Map.
3. On the right side of the page click on the Map Search arrows.
4. Enter the street address of the property and click Find.
5. On the top left corner of the page click on Tools, then Print Map.
6. In the Choose Title page, enter the address and/or name of the property.
7. Print the map in color.
8. Mark the exact location of the property on the printed color map.

### Enviomapper [www.epa.gov/enviro/](http://www.epa.gov/enviro/)

1. Scroll down the page to the “Other Sites of Interest” and click on EnviroMapper.
2. In the EnviroMapper box, enter street address, city, WA and click on magnifying glass.
3. Near the top of the page click on Search Envirofacts, then Search by Program
4. Put a check mark in the box of all 9 systems (if any of these are “0” you won’t be able to check that particular item).
5. On your map, you may need to zoom in once or twice, to get good area details.
6. Print entire page in color, you must include the facility information at the bottom of the map; everything comes on one page. The actual map is smaller but that’s ok as long as one of the colored symbols is not on or near your project location.
7. Mark the location of your project on the printed, color map.

### Flood Map [www.msc.fema.gov/portal/search](http://www.msc.fema.gov/portal/search)

1. Enter street address, city, and state in the search box at the top of the page and click Search
2. Click on the blue magnifying glass icon in the top center of the page
  - a. If you get a message that states the map is being generated, wait several minutes until the map loads. Your project is not in a floodplain so just print the map, clearly mark the project location and you’re done.
  - b. If you get the Make a Firmette option with a small black and white map, the project may be in a floodplain so you need to follow steps 3 through 10.
3. Click on “Make a Firmette” on the left side of the page
4. Determine the property location and drag and drop the pink square outlined in green so that your property is in the approximate center of the square
5. On left side click “Scale and North Arrow”
6. On left side click “Title Block”
7. On left side click “Create Firmette” Adobe PDF
8. On top left corner, click “Save Your Firmette”, then open file
9. The map comes up which should show the area of your location. Print and clearly mark the spot of your property on the printed page