DUTCHESS COUNTY DEPARTMENT OF COMMUNITY & FAMILY SERVICES

CODE BLUE WARMING CENTER - FACILITY INTEREST FORM

Purpose

The purpose of a Code Blue Warming Center is to protect individuals experiencing homelessness from severe winter weather by providing a temporary, safe respite location during periods when a Code Blue Alert has been declared.

Code Blue Warming Centers generally operate during the Code Blue season from **October 15 through April 30**, although the season and activation periods may vary based upon weather conditions and declarations issued by Dutchess County.

The County is seeking facilities that may be utilized by nonprofit organizations awarded contracts to operate Code Blue Warming Centers. Facilities may be available for overnight operations, daytime operations, or both.

Typical Hours of Operation

Overnight Warming Center
6:00 p.m. – 9:00 a.m.

Daytime Warming Center
9:00 a.m. – 6:00 p.m.

Facilities approved for use should be available throughout the Code Blue season as requested by the Department and agreed upon by the facility owner and the selected operator.

Submission Instructions

Interested facility owners shall submit **one typed Letter of Interest on standard 8½" × 11" paper** expressing their interest in making the proposed facility available for use as a Code Blue Warming Center.

The Letter of Interest shall include **complete responses to every question contained in this Facility Interest Form.**

All Letters of Interest will be shared with prospective 501(c)(3) nonprofit applicants responding to the Code Blue Warming Center Request for Proposals (RFP). Prospective applicants will review submitted facilities and may consider them for use in operating a Code Blue Warming Center.

Dutchess County and/or prospective nonprofit applicants may contact the facility owner to request additional information, discuss the proposed facility, or schedule a site visit.

Each submission shall include the name, title, telephone number, and email address of the individual authorized to approve the use of the facility and negotiate occupancy terms on behalf of the facility owner.

Submission of a Letter of Interest does not obligate Dutchess County or any prospective nonprofit applicant to utilize the proposed facility, nor does it guarantee selection for a contract or occupancy agreement.

The County reserves the right to inspect any proposed facility before award and at any time during the contract period.

Facility Occupancy Costs

Dutchess County strongly encourages facility owners to propose a **single, comprehensive occupancy fee** whenever feasible.

Preference may be given to facilities that include utilities, maintenance, and other occupancy-related expenses within one all-inclusive occupancy rate rather than requiring separate reimbursement for individual operating expenses.

Please indicate whether the proposed occupancy fee includes the following:

☐ Heat/Fuel
☐ Electricity
☐ Water and Sewer
☐ Internet/Wi-Fi
☐ Trash and Recycling Removal
☐ Snow and Ice Removal
☐ Janitorial/Cleaning Services
☐ Pest Control
☐ Security Services or Alarm Monitoring
☐ Building Maintenance and Repairs
☐ Generator/Emergency Power
☐ Occupancy-Related Insurance Costs
☐ Parking
☐ Other (please specify): _____

Preference may also be given to facilities that:

- Provide space as an in-kind contribution.
- Offer a reduced nonprofit/community partner occupancy rate.
- Minimize additional operating expenses for the nonprofit operator and Dutchess County.

Facility owners shall clearly identify any costs **not included** within the proposed occupancy fee.

The County reserves the right to evaluate the reasonableness of all proposed occupancy costs, including rent and ancillary operating expenses, when determining facility suitability.

Facility Information

Facility Name:

_____

Facility Owner:

_____

Facility Address:

Street: _____

City/Town:_____ State:_____ Zip Code: _____

Primary Contact Authorized to Approve Facility Use

Name: _____

Title: _____

Organization: _____

Telephone: _____

Email: _____

Facility Availability

Overnight Warming Center (6:00 p.m. – 9:00 a.m.)

☐ Yes

☐ No

Daytime Warming Center (9:00 a.m. – 6:00 p.m.)

☐ Yes

☐ No

If other hours are available, please describe:

_____

What days of the week is the facility available?

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Are there any dates, weeks, holidays, or periods between October 15 and April 30 when the facility would not be available?

_____

_____

Proposed Occupancy Cost

Daily Occupancy Fee

$_____ per day

☐ No Charge / In-Kind Donation

☐ Reduced Community Partner Rate

Please identify any costs not included in the occupancy fee.

_____

_____

In-Kind Contributions

Please describe any additional resources the facility owner is willing to provide, including staff support, volunteers, furnishings, cots, storage space, equipment, supplies, parking, or other assistance.

_____

_____

Facility Capacity

1. What is the total square footage of the proposed space? _____
2. What is the maximum number of individuals the facility can safely accommodate? _____

3. Please describe the layout of the proposed space, including sleeping/rest areas, intake space, common areas, dining space, storage, and any separate rooms.

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Restroom Facilities

Please describe:

- Total number of restrooms. _____
    - Male: ☐ Yes ☐ No How Many?_____
    - Female: ☐ Yes ☐ No How Many?_____
    - Unisex restrooms: ☐ Yes ☐ No How Many?_____
- ADA-accessible restrooms. ☐ Yes ☐ No How Many?_____
- Shower facilities (if available but not required). ☐ Yes ☐ No How Many?_____
- ADA-accessible shower facilities? ☐ Yes ☐ No How Many?_____
- Any additional information regarding restroom accessibility or functionality.

_____

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Building Operations

1. Is the facility fully heated and capable of maintaining safe indoor temperatures during severe winter weather? ☐ Yes ☐ No
2. Does the facility have a backup generator or emergency power? ☐ Yes ☐ No
3. Are there any occupancy restrictions, fire code limitations, insurance requirements, or zoning restrictions that could impact use as a warming center? ☐ Yes ☐ No
4. Are there any restrictions on the County's or operator's use of the facility?

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Accessibility

1. Is the facility fully ADA accessible? ☐ Yes ☐ No
2. Are entrances, common areas, and restrooms ADA compliant? ☐ Yes ☐ No
3. Is there an accessible entrance available throughout operating hours? ☐ Yes ☐ No
4. Please describe any accessibility limitations.

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Parking & Transportation

1. Is on-site parking available? ☐ Yes ☐ No
2. Approximately how many parking spaces are available? _____
3. Is parking available for staff, volunteers, and guests? ☐ Yes ☐ No
4. Is the facility located on or near public transportation? How far is the nearest bus stop from the facility?

_____

_____

Building Amenities

Please indicate whether the facility includes any of the following:

- Refrigerator/Freezer? ☐ Yes ☐ No
- Tables and chairs? ☐ Yes ☐ No
- Cots or sleeping furnishings? ☐ Yes ☐ No
- Laundry facilities? ☐ Yes ☐ No

- Secure storage for supplies? ☐ Yes ☐ No
- Office or intake space? ☐ Yes ☐ No
- Private meeting/confidential interview room? ☐ Yes ☐ No
- Telephone service? ☐ Yes ☐ No
- Internet/Wi-Fi? ☐ Yes ☐ No
- Security cameras? ☐ Yes ☐ No
- Alarm system? ☐ Yes ☐ No
- Exterior lighting? ☐ Yes ☐ No
- Other amenities? ☐ Yes ☐ No

Please describe:

_____

_____

Safety & Security

1. Please describe the facilities' security features.
2. Are smoke detectors, fire alarms, fire extinguishers, and emergency exits operational?
3. Has the facility experienced any significant flooding, fire, or structural damage within the past five years? If yes, please explain.

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Additional Information

Please provide any additional information that would assist Dutchess County and prospective nonprofit operators in evaluating the suitability of your facility, including previous experience serving as an emergency shelter, warming center, or other emergency response facility.

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Certification

By submitting this Facility Interest form, along with my Letter of Interest, I certify that the information contained in this submission is true and accurate to the best of my knowledge and that I am authorized to submit this Facility Interest form on behalf of the facility owner.

If you have questions or need to submit additional information,

please include it in your email to dcfsinfo@dutchessny.gov