

Request for Information from Potential Subrecipients

(RFI #2026-SR)

Fiscal Year 2026-2027

Issued by:

Community Action Program of East Central Oregon (CAPECO)
211 SE Byers Ave
Pendleton OR, 97801

Solicitation Issued: April 27, 2026

Proposed Due Date: May 29, 2026 by 5pm

Awardee Selection Date: June 10, 2026

Contact: Alyssa Alexander 541-276-1926

Proposals/Questions Accepted By: Mail:

CAPECO

Attn: Alyssa Alexander

211 SE Byers Avenue

Pendleton, OR 97081

Or

Email: aalexander@capeco-works.org

Overview:

CAPECO is committed to sharing the public resources we receive in recognition that a system is as strong as its partners. It is a foundational principle of our organization to work collaboratively with the entire nonprofit sector to meet the needs of the vulnerable. CAPECO plans to pass through a portion of our total state awards during the 2026-2027 fiscal year.

To assess the viability of a subrecipient partnership, CAPECO has issued this Request for Information ("RFI"). This RFI consists of a questionnaire and a request for documentation. Through this information, CAPECO will be able to assess your organization's compatibility for a potential subrecipient partnership. This information is a necessary step for any potential subrecipient awards under state and federal regulations including 2 CFR 200.332.

All interested organizations should complete this RFI by **May 29, 2026 by 5pm.**

Part I – Subrecipient Questionnaire

General Information
Legal Name of Organization:
Address:
Representative Name:
Representative Contact Information:
Month/Year Organization Established:
Number of Employees:
Number of Locations:
Brief Description of Organization's Service or Product:

Management Information

Name of Executive Director (or other Chief Executive):

When did this person assume their current role?

Name of Program Director (or other homeless services program lead):

When did this person assume their current role?

Name of Chief Financial Officer (or other financial/accounting lead):

When did this person assume their current role?

Prior Award Experience

Does the organization have prior experience as a subrecipient of CAPECO funding?

Yes

No

If yes, when was the organization's first year receiving funding?

Does the organization have prior experience working with state funding?

Yes

No

If yes, please list state funding programs received in 2025 (including those received through CAPECO):

Please list state funding programs received in 2024 (including those received through CAPECO):

Please list state funding programs received in 2023 (including those received through CAPECO):

Does the organization have a Unique Entity ID on sam.gov? If yes, please list.

Audit History and Internal Controls

Did your organization **spend** more than \$1,000,000.00 in **federal** grant funds last fiscal year?

Yes No

If you select yes, the next question is required.

If yes, was a Single Audit performed in accordance with 2 CFR 200, Subpart F – Audit Requirements?

Yes No

Is your organization currently undergoing any open governmental inquiries, investigations, or enforcement actions?

Yes No

If yes, please identify the entity and type of inquiry, investigation or enforcement that is currently open:

Does the organization maintain procedures to ensure the physical security of equipment, inventories, cash, and other assets?

Yes No

Does the organization have a written document retention and destruction policy?

Yes No

Does the organization have a written conflict of interest policy?

Yes No

Does the organization have a cybersecurity plan?

Yes No

Financial Recordkeeping

Does your organization maintain audited financial statements?

Yes No

If yes, when was the last financial statement audit conducted?

If no, are unaudited financial statements prepared in accordance with Generally Accepted Accounting Principles?

Does the organization have dedicated finance & accounting personnel?

Yes No

Does the organization have employees trained in Generally Accepted Accounting Principles (GAAP)?

Yes No

If you select yes, the next question is required.

If so, please list the name and job title of the person(s) and date of the training(s).

Does the organization have employees trained in Uniform Grant Guidance?

Yes No

If you select yes, the next question is required.

If so, please list the name and job title of the person(s) and date of the training(s).

Financial & Accounting Systems

What financial and/or accounting system does your organization use for recordkeeping?

When was the current accounting system implemented?

Does the accounting system track expenses by cost category?

Yes No

Does the accounting system track expenses by location?

Yes No

Does the system use a cash-based or an accrual-based method of accounting?

Cash-based Accrual-based

Documentation of Personnel Expenses

Does the organization maintain payroll records?

Yes

No

Does the organization maintain an updated employee roster with names and job titles?

Yes

No

Does the organization maintain a time and effort recordkeeping system?

Yes

No

If you select yes, the next question is required.

If so, please describe.

Homeless Services Recordkeeping

Which category of homeless services does your organization provide (street outreach, shelter operations, etc.)?

Does your organization enter information into the Homeless Management Information System (HMIS), or other system?

Yes No

Does your organization have a dedicated person (employee or volunteer) entering information into HMIS?

Yes No

If you select yes, the next question is required.

If yes, please list the name and title of the HMIS person.

If not, what is your plan to comply with HMIS requirements?

Do you generate reports from the HMIS system?

Yes No

Do you need additional training on the HMIS systems?

Yes No

Recordkeeping for Non-recurring Expenses

Do you maintain receipts for non-recurring expenses?

Yes No

Does your accounting system assign non-recurring expenses to a cost category?

Yes No

Does your organization have a policy or authorization procedure for non-recurring expenses?

Yes No

Does your organization use company credit cards?

Yes No

If so, does your organization have a credit card policy?

Yes No

Does your organization issue gift cards?

Yes No

If so, does your organization have a gift card policy?

Yes No

**Culture, Belonging, Outreach and Engagement
Policies and Procedures**

Does the organization have a non-discrimination policy in place?

Yes No

If you select yes, the next question is required.

If yes, how does your organization track progress and/or ensure compliance regarding this policy?

Does your organization currently have policies in place to promote culture and belonging during the hiring process?

Yes No

Does your organization seek diversity in board members and leadership staff?

Yes No

Do employees of your organization participate in trainings regarding non-discrimination and/or culture, belonging, outreach and engagement.

Yes No

Does your organization make efforts to ensure all populations have equal access to services?

Yes No

2026-2027 Fiscal Year Planning

Does your organization plan to operate a shelter this year?

Yes No

If you select yes, the next question is required.

If so, when and where will the shelter operate?

Does your organization provide services seasonally or throughout the year?

Seasonal only Year-round only Both

Does your shelter require guests to sign a lease or occupancy agreement?

Yes No

Does your shelter require guests to pay rent or fees in exchange for services?

If so, please provide the monthly amount and what services these fees cover:

Do you have any new or special projects under consideration for the current fiscal year?

Yes No

If yes, please describe.

Aside from CAPECO, what other sources of funding does your organization anticipate? Please list source and project type. (Ex: fundraising, private grants, donations, etc.)

2026-2027 Fiscal Year Planning

What is your organization's total funding request **from CAPECO** for the 2026-2027 Fiscal Year?

Please distribute your total CAPECO request across the applicable allowable cost categories listed below. Please select the categories your agency intends to deliver:

Allowable Cost Categories	Amount
Administrative (limit is 8%)	\$
Street Outreach	\$
Shelter Facility Operations	\$
Shelter Program Delivery/Services/Staffing/Data	\$
Shelter Resident/Guest Financial Assistance	\$
Pet Food/Supplies, Crates/Kennels, Basic Vet Services	\$
Total Request	\$

Part II – Subrecipient Document Checklist

Organization:

Fiscal Year:

Year Established:

All applicants, whether new or returning, must provide the following documentation:

1. Completed IRS Form W-9; Must be the most current revision from the IRS (March 2024) and be dated for the current calendar year.
2. Copy of the most recent internally prepared financial statements (Balance Sheet, Profit & Loss, AND Statement of Cash Flows)
The end date of statements should be no older than most recent quarter.
3. Copy of current year budget
Budget must be applicable to new funding you are applying for. Unapproved/draft copies are acceptable if board approval is still pending at time of application.
4. Copies of the prior three years' Forms 990 or 990 EZ, including all supporting schedules and attachments (also Form 990-T if applicable).
Returning applicants should provide most recent year(s) not previously provided. If N/A, explain:
5. Copies of the prior three years' audit reports and management letters received from an independent auditor (including all reports associated with audits performed in accordance with 2 CFR Part 200.500-521, if applicable)
Returning applicants should provide most recent year(s) not previously provided. If N/A, explain:
6. Copies of reports of government agencies (Inspector General, State or local government auditors, etc.) resulting from audits, examinations, or monitoring procedures performed in the last three years, if applicable
If N/A, explain:

All NEW applicants must additionally provide the following:

7. Articles of Incorporation
8. Bylaws or governing documents
9. Determination letter from IRS (recognizing the sub-recipient as exempt from income taxes under IRC section 501 (c) (3))