



REQUEST FOR PROPOSALS (RFP)
2026–2027 Cold-Weather Shelter or Warming Center:
Facility Use and Operational Services

Important Dates:

Date of Issuance	Wednesday, September 2, 2026
Pre-Proposal Conference	Thursday, September 10, 2026, 10 am
Additional In-Person RFP Information Session	Tuesday, September 15, 2026, 4pm-6pm Revolution Church located at 1015 W Franklin Blvd, Gastonia, NC 28052
Deadline for Written Questions	Wednesday, September 16, 2026, 4 pm
Q&A Posted	Friday, September 18, 2026
Submission Deadline	Friday, October 9, 2026, by 4 pm

Issuer:

City of Gastonia
Housing and Community Engagement Department
150 S. York Street
Gastonia NC 28052

Submit all inquiries to:

Zsuzsi E. Kadar
Housing Division Manager
Email: Zsuzsi.Kadar@gastonianc.gov

The City of Gastonia has extended the deadline for this Request for Proposals (RFP) to allow additional time for interested organizations to prepare and submit complete proposals. The extension is intended to encourage broader participation and ensure qualified applicants have sufficient time to respond to the RFP requirements.
All other terms and requirements of the RFP remain unchanged.

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REQUEST FOR PROPOSALS (RFP)
2026–2027 Cold-Weather Shelter or Warming Center:
Facility Use and Operational Services

The Request for Proposals may be found on the City of Gastonia website at <https://gastonianc.gov/rfp>.

1.0 Project Scope

1.1 Purpose

The City of Gastonia is seeking a qualified faith-based, for profit, or non-profit organization to operate a Temporary Overflow Emergency Shelter (Cold Weather Shelter) or Warming Center for the 2026–2027 fall and winter seasons. This initiative reflects the City of Gastonia’s continued commitment to fostering partnerships with faith-based and community organizations to deliver emergency shelter and essential support services to individuals experiencing homelessness or housing instability during periods of extreme cold.

All proposers are required to carefully read, understand, and comply with the information contained in this Request for Proposal (RFP).

1.2 Preferred Qualifications (Not Required)

The City encourages proposals from organizations with demonstrated experience in emergency shelter operations, trauma-informed care, and collaborative service delivery. While not required, it is *strongly encouraged* that Proposers demonstrate the following qualifications:

1.1.1 Experience working with individuals who have been living unsheltered for extended periods and who may present complex physical and behavioral health needs.

1.1.2 Demonstrated ability to provide culturally responsive services that promote positive outcomes for historically underserved communities.

1.1.3 Proven success in supporting and sustaining participant engagement across diverse populations.

Experience managing funding from federal, state, county, municipal, and foundation sources is also preferred.

1.3 Facility Requirements

The proposed facility must meet minimum safety, accessibility, and zoning requirements. Preference will be given to organizations that can mobilize quickly, maintain consistent staffing, and foster a welcoming environment for all guests. [Section 319, Operation of a Temporary Shelter, of the North Carolina Fire Code \(2018\)](#) lists the requirements to operate a facility (*or see Appendix A*). *See sections 2.0 SCOPE OF SERVICES and 3.0 PROPOSAL SUBMISSION CHECKLIST for additional details.*

1.4 Definitions

Both the **Emergency Shelter (Cold Weather Shelter)** and the **Warming Center** are both subject to requirements as outlined in [Section 319, Operation of a Temporary Shelter, of the North Carolina Fire Code \(2018\)](#) , *see Appendix A*. Facility types are defined as follows:

1.3.1 Temporary Overflow Emergency Shelter (Cold Weather Shelter)

This facility type meets regulated building and fire safety requirements and **is authorized to accommodate overnight sleeping.**

1.3.2 Warming Center

This facility type provides temporary relief from the elements by offering a warm space; however, it does not meet building and fire code requirements and **is not equipped to accommodate overnight sleeping.**

1.5 Program History/Background

During the 2025-2026 season, the Cold Weather Shelter operated by Unity Baptist Church served an average of **33 individuals per night** over **61 nights**, with a peak of **90 guests** on the coldest evenings. Guests included individuals facing chronic homelessness, families in crisis, and those displaced due to economic hardship. The shelter provided not only warmth and safety, but also a vital connection to supportive services that promote long-term stability.

1.6 Collaborative Partners and Resources

To ensure the successful operation of the facility, the following partners will provide coordinated support: the City of Gastonia, Gaston County, the Gaston-Lincoln-Cleveland Continuum of Care (G-L-C CoC), HealthNet Gaston as the lead agency to the G-L-C CoC, and United Way of Gaston County. These organizations will work together to offer resources, guidance, and collaborative assistance, helping selected providers meet the needs of shelter guests and deliver services effectively.

Note: The total program resources from all collaborative partners is estimated at \$100,000. **Of this amount, City-funded resources are available up to a maximum of \$50,000.** Exceptions to this cap may be considered in the event of a substantial number of days during which temperatures remain at or below 32 degrees Fahrenheit.

COLLABORATIVE PARTNER RESOURCES		
Service	Description	Provider
Police Services	Onsite security services provided throughout the duration of program operation	City of Gastonia Gaston County Or third-party provider
Janitorial Services ¹	Reimbursement costs for janitorial services to maintain the facility	City of Gastonia Gaston County
Program Support Staff ²	Reimbursement costs for one (1) temporary, part-time staff person to aid with volunteer coordination, data collection and guest assistance	City of Gastonia Gaston County
Emergency Medical	Intermittent visits by GEMS staff to ensure medical support as needed through the duration of program operation	Gaston County
Volunteer Coordination Assistance	Staff support provided for the initial setup and assistance with volunteer coordination	Gaston County City of Gastonia
Referrals and Intake	Intake and referral assistance with Homeless Management Information System (HMIS) referral to community resources	GLC-CoC Partners, HealthNet Gaston and other local non-profit organizations

RFP TIMELINE 09/02/2026 Note: The City of Gastonia reserves the right to modify the date and schedule	
Request for Proposal release	Wednesday, September 2, 2026
Pre-Proposal Conference <i>How to Join the Meeting:</i>	Thursday, September 10, 2026, 10 am Meeting code: 2532 084 5344 Meeting password: UpPnR6vk6M6 (87767685 when dialing from a video system)
Additional In-Person RFP Information Session	Tuesday, September 15, 2026, 4pm-6pm Revolution Church located at 1015 W Franklin Blvd, Gastonia, NC 28052
Deadline for Written Questions Submit via email to zsuzsi.kadar@gastonianc.gov	Wednesday, September 16, 2026, 4 pm
Q&A Posted to Website	Friday, September 18, 2026
Proposal Submission Deadline Submit to both individuals: Zsuzsi.Kadar@gastonianc.gov and stacy.pethia@gastonianc.gov	Friday, October 9, 2026, by 4 pm
Staff Review of Proposals	Monday, October 12, 2026 – Wednesday, October 14, 2026
Meet with City Staff /Inspection of Facility Review written agreement (date to be set with all parties)	Thursday, October 15, 2026 to Friday, Tuesday, October 20, 2026
Complete building re-inspection (if needed) Finalize written agreement	Monday, October 15, 2026 through Wednesday, October 20, 2026
Agenda Placement Deadline	Friday, October 23, 2026
City Council Meeting-Approval	Thursday, November 5, 2026
Meet with Collaborative Partners	Monday, November 9, 2026
Preparation and Follow-up Activity	Wednesday, November 11, 2026 Through Friday, November 20, 2026
Anticipated Start of Program Services (at 32-degree Fahrenheit or below day)	Monday, November 23, 2026 through Wednesday, November 25, 2026
Operation Season	On or about November 23, 2026 – March 31, 2027
Season Recap/Follow-up Meeting	TBD

1.7 RFP Timeline

Below is the proposed timeline for this Request for Proposals (RFP):

1.8 **Written Questions**

Any questions, requests for clarification or additional information regarding this RFP should be submitted via email to Zsuzsi E. Kadar at zsuzsi.kadar@gastonianc.gov . Questions are due no later than *Wednesday, September 16, 2026, at 4:00 pm*. Any issues encountered during submission should also be directed to Zsuzsi E Kadar at Zsuzsi.Kadar@gastonianc.gov or (704) 866-6745 prior to the deadline.

1.9 **Proposal Submission Deadline**

All proposals must be received **on or before Friday, October 9, 2026, by 4:00 PM ET**. Responses received after the Due Date/Time will not be considered. The City of Gastonia reserves the right to terminate this RFP at any time, as determined by City at its sole discretion. The City also reserves the right to reject any and all proposals.

Proposers are responsible for all costs associated with the preparation, submittal, and presentation of their responses. Any information disclosed in the submission of the RFP can be used for potential agreement with the City to provide the services. The City of Gastonia reserves the right to finalize a contract based on all factors involved in the written response submittal without further discussion or interviews.

1.10 **Submission Requirements**

Submissions may be delivered by email, in person, USPS mail or courier service. All submissions should be titled: **RFP-Shelter or Warming Center: Facility Use and Operational Services**. Submissions may be submitted as follows:

1. **Email**

Submit to zsuzsi.kadar@gastonianc.gov and stacy.pethia@gastonianc.gov . The email subject line of the email must identify the RFP title: **RFP-Shelter or Warming Center: Facility Use and Operational Services**. If you experience any issues or errors with email submission, please call Zsuzsi E. Kadar at (704) 866-6745 for assistance.

2. **USPS Mail**

City of Gastonia
Housing and Community Engagement Department
ATTN: Zsuzsi E. Kadar, Housing Division Manager
PO Box 1748
Gastonia NC 28052

3. **Courier or Hand Delivery (In-Person)**

City of Gastonia
ATTN: Zsuzsi E. Kadar, Housing Division Manager
Housing and Community Engagement Department
Garland Business Center
150 S. York Street
Gastonia NC 28052

NOTE: Proposals submitted in-person or by mail should include two (2) printed documents with

original signature and an electronic version on a flash drive.

2.0 SCOPE OF SERVICES

2.1 Facility Operation: Temperature Requirement, Time Span and Hours of Operation

Facility operation will occur on nights when temperatures are forecasted to reach **32°F or below**, per the National Weather Service-Greenville/Spartanburg Office, with an anticipated **40 to 45 activation nights** between **November 23, 2026, and March 31, 2027**. Hours of operation are **8:00 pm to 8:00 am**.

Organization(s) selected through this Request for Proposals (RFQ) will be responsible for providing safe, accessible shelter facilities within the Gastonia city limits, along with staffing, intake coordination, and basic services such as meals, hygiene access, and referrals to community resources.

2.2 Proposer's Role and Responsibilities

Selected organization or service provider will be responsible for carrying out the following duties:

(a) Facility Staffing Duties

1. Commitment to service delivery, ensuring shelter is meaningfully accessible to people in need as long as they are able to safely participate
2. Ability to provide for basic needs based upon facility type specified
3. Ability to demonstrate capacity through staffing ratios (volunteers or paid staff)
4. Ability to keep families and children safe and free from potential misconduct
5. Comply with the hours of operation or recommend hours of operation

(b) Low-Barrier Facility

Selected organization must operate the facility as low barrier. A **low-barrier shelter** is designed to reduce traditional entry requirements and provide immediate access. Low-barrier facilities do not require guests to participate in religious services, undergo background checks, provide identification or commit to long-term case management as a condition of entry. Instead, facility operation focuses on meeting people where they are, offering warmth, food, and basic hygiene in a nonjudgmental environment.

(c) Volunteer Management

Manage, schedule, coordinate and track volunteer services; accept and coordinate prepared dinners and/or snack options.

(d) Data Collection and Reporting

Provide intake procedures and tracking methods for medical services and related programming.

Manage volunteers and oversee data tracking;

Track and report persons receiving services, volunteers on site, number of days of operation and report to City of Gastonia staff weekly.

(e) Facility Supplies and Housekeeping

Maintain a clean facility and stock supplies.

Secure a janitorial firm with the assistance of City of Gastonia and/or Gaston County staff.

(f) Modify and Maintain Policies and Procedures

Strongly recommend using the available Winter Weather Shelter operational handbook as a guide to establish policies, procedures, and house rules for the safety of staff, volunteers and guests that

meets the organizations/service provider's needs. Feel free to reach out to Zsuzsi E. Kadar to obtain a copy at zsuzsi.kadar@gastonianc.gov.

(g) Space Accommodation for Case Management/Housing Navigation Services

Allow a small, designated space for collaborating partners to offer housing navigation services including a range of interventions to end participants' unsheltered status.

(h) Notification of Operational Days

Maintain social media notification of days of operation.

Coordinate volunteer orientation, meal delivery and adequate volunteer staffing.

(i) Volunteer Screening

Require staff and volunteers to undergo and satisfactorily complete a criminal background check.

(j) Volunteer Handbook

Establish and maintain a policy and procedures manual for volunteers (volunteer handbook).

Note: A sample/draft handbook is available upon email request to Zsuzsi.Kadar@gastonianc.gov.

(k) Accommodate Service Animals/Pets

The service provider must have the ability to accommodate participants with service animals/pets; *non-service animals are not required to receive accommodations.*

(l) North Carolina Code Requirements

Meet the necessary building and fire code facility requirements based upon facility type.

2.3 Neighborhood Relations

To ensure that facility operation does not create any undue strain on neighboring homeowners or businesses, the following actions should be considered for implementation to maintain community relationships:

(a) Promote Positive Community Relations

Engage with local homeowners and businesses regarding the Good Neighbor Agreement. Be mindful of how shelter operations may impact the neighborhood. Identify and act on opportunities to enhance public safety. A shelter staff member will provide on-site presence and be available to support the neighborhood, especially in cases where a guest has not yet transitioned to their next location.

(b) Communicate Shelter Operations

Notify nearby residents and service providers of each shelter's opening and closing dates.

(c) Engage with Neighbors

Meet with Neighbors as needed to gain feedback, discuss and address concerns.

(d) Maintain Positive Relationships with Neighbors

Foster respectful and responsive relationships with shelter neighbors. Address any concerns promptly.

(e) Restrict Congregation during Non-Operational Hours

Guests may not loiter or congregate at the shelter site or in the surrounding neighborhood when the facility is not open or limit hours of congregation prior to opening/closing of the facility. Guests are not permitted to line up for shelter before 7:30 p.m. on the night of shelter operation.

3.0 PROPOSAL SUBMISSION CHECKLIST

3.1 Proposal Format

All Proposers should submit responses that are clear, concise, and easy to understand. Proposals should include essential information that offers a straightforward and comprehensive overview of the vendor's capabilities to meet the requirements outlined below.

3.2 Additional Submission Requirements

Narrative text page limit: Responses must submit a maximum of ten (10) narrative pages.

Attachments such as resumes, board listings, and other supporting documents are not subject to the narrative page limit.

Please adhere to the following formatting and content guidelines:

- ☐ Provide a narrative response for each question.
- ☐ Answer each section completely and thoroughly.
- ☐ Include the completed Proposal Coversheet.
- ☐ Use 8.5" x 11" paper, portrait orientation, with **1-inch margins on all sides**.
- ☐ Use a **12-point font size** (standard, easy-to-read font such as Arial or Times New Roman).
- ☐ **Do not** include web links, attachments, or any materials not specifically requested in this RFP.

3.3 Proposal Content

Response should address the following information:

(a) **PROPOSAL SUMMARY**

The proposal summary should **specify** the type of facility the organization chooses to operate:

- ☐ ***Temporary Overflow Emergency Shelter (Cold Weather Shelter)***
A temporary overflow or cold weather emergency shelter that meets regulated building and fire safety requirements and ***is authorized to accommodate overnight sleeping***.
- ☐ ***Warming Center***
A facility that provides temporary relief from the elements by offering a warm space; however, it does not meet building and fire code requirements and ***is not equipped to accommodate overnight sleeping***.

Note: The type of operation is also contingent upon the facility's compliance with applicable North Carolina fire and building code requirements.

(b) **AGENCY INFORMATION AND EXPERIENCE**

- ☐ Organization name and pertinent data (*see application coversheet*)
- ☐ Brief background of agency
- ☐ Mission Statement
- ☐ Description of scope of services to be provided
- ☐ Primary representative and contact information
- ☐ Current Roster- Board of Directors including board term expiration
- ☐ Minutes from the last two (2) board meetings
- ☐ Possession of a Unique Entity Identifier (UEI) or ability to obtain

3.0 PROPOSAL SUBMISSION CHECKLIST, Continued

(see <https://sam.gov/entity-registration> for more details)

☐ **Partnership (if applicable)**

Include the information listed above for the partnership organization, along with a description of the agency's role in the partnership.

Note: A separate, signed proposal coversheet is required for the partnership agency.

(c) STAFFING

- ☐ List all staff and provide resumes
- ☐ Outline the proposed role of each person for facility operation

(d) COMMUNICATION

- ☐ Describe how your agency will communicate and coordinate with program participants, neighboring residents, and community stakeholders during facility operations.
- ☐ How will your agency partner with City of Gastonia and Gaston County staff, including law enforcement, emergency medical services, and other public safety entities?
- ☐ What strategies will you use to ensure timely updates to the City of Gastonia, Gaston County and service providers regarding facility openings, closings, and daily operations?
- ☐ How will you integrate participant feedback and community input into ongoing program improvements?

(e) FISCAL MANAGEMENT

- ☐ Describe how the organization manages finances, including any financial systems you use.
- ☐ Describe the method in which the organization provides services.
- ☐ Describe the process for submitting invoices for reimbursement in a timely manner.
- ☐ Describe organization experience in meeting reporting requirements established by previous funders.
- ☐ The selected agency will serve as a subrecipient of the City of Gastonia. As a sub recipient of federal funds, the organization is required to comply with 2 CFR Part 200 OMB Uniform Guidance.
- ☐ Provide a proposed line-item budget proposed for use in operating the facility.
- ☐ Provide proof of registration by the organization to <https://sam.gov> to establish a Unique Entity Identifier and to allow the City of Gastonia to verify eligibility to receive federal funds.

(f) LOCATION

- ☐ Describe the physical space available for facility operation to include:
 - square footage
 - layout
 - ADA accessibility
 - Photos

3.0 PROPOSAL SUBMISSION CHECKLIST, Continued

- Inspection reports if available).
- ☐ Explain how the location meets fire, safety, and ADA compliance requirements.
- ☐ How will the site ensure safety, security, and accessibility for participants, staff, volunteers, and the surrounding neighborhood?
- ☐ Describe how the location supports a safe, welcoming, and low-barrier environment for participants.
- ☐ Provide Proof of Insurance Coverage for the Facility
- ☐ **Proposal Coversheet.** Be sure to include

END OF CHECKLIST

3.4 Evaluation Criteria

All qualified proposals will be evaluated and award made based on considering the following criteria: *(see next page)*

3.5 Method of Award

RFP will be awarded based on overall scoring. The City of Gastonia reserves the right to not award, or to cancel this RFP in its entirety without awarding a contract.

3.6 Proposal Coversheet

Form available on page 14. Complete and submit with application

SCORING RUBRIC
CITY OF GASTONIA
REQUEST FOR PROPOSALS (RFP)
2026-2027 Cold-Weather Shelter or Warming Center:
Facility Use and Operational Services

Category Title	Evaluation Criteria	Rating System	Maximum Points Value
AGENCY EXPERIENCE			25
	Describe your agency's history, experience, and the current work you do, related and how it serves unsheltered homeless individuals.	10 POINTS Proposer demonstrates experience and understanding of the core components of their selected program area. 10 POINTS Proposer has experience operating a shelter/station with referrals from and to community providers, hospital, and law enforcement. 5 POINTS Experience reflects history with operating and providing services that are focused on helping individuals gain safety, improve health, and address barriers to securing housing.	
STAFFING			10
	Outline the organization's history, experience, and the current work you do, related to each of your selected program area and how it serves unsheltered homeless individuals. Describe how the organization will operate the selected program with health and safety protocols in place.	5 POINTS Describe the paid staff who will have a significant role in designing, delivering, and evaluating each program area. What will they be responsible for doing? What is the ratio of staff to participants? 5 POINTS Describe recruitment, training and use of volunteers	
COMMUNICATION			15
	Describe how the organization will communicate and coordinate with program participants, neighboring residents, and community stakeholders during facility operation. How will the organization partner with City and County Departments, including law enforcement, emergency medical services, and other public safety entities? What strategies will be used to ensure timely updates to the City of Gastonia, Gaston County and service providers regarding shelter/station openings, closings, and daily operations? How will participant feedback and community input be integrated into ongoing program improvements?	5 POINTS Demonstrates clear, proactive communication strategies with participants, neighbors, and partner agencies. 5 POINTS Provides detailed methods for coordination with City and County departments, especially law enforcement and emergency services. 5 POINTS Describes transparent systems for notifying stakeholders of operations and changes in a timely manner.	

SCORING RUBRIC CITY OF GASTONIA REQUEST FOR PROPOSALS (RFP) 2026-2027 Cold-Weather Shelter or Warming Center: Facility Use and Operational Services			
Category Title	Evaluation Criteria	Rating System	Maximum Points Value
FISCAL MANAGEMENT			25
	Describe how the organization manages finances, including any financial systems you use. Are you financially able to provide services and submit invoices for reimbursement in a timely manner? Describe the experience in meeting reporting requirements established by previous funders. As a sub recipient of federal funds, the organization is required to comply with 2 CFR Part 200 OMB Uniform Guidance. Provide proposed line-item budget with budget justification.	7 POINTS Proposer adequately describes its revenue, financial health, and financial management system. 6 POINTS Proposer can provide services and timely submit invoices for reimbursement, and cope with changes in funding support. 6 POINTS Proposer has experience meeting reporting requirements with Federal, State, County and municipal funding sources. 6 POINTS Proposer has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity. If Proposer lacks fiscal management capabilities, Proposer identifies its fiscal sponsor.	
LOCATION			25
	Describe the physical space available for shelter/station operations (include square footage, layout, accessibility, photos, or inspection reports if available). Explain how the location meets fire, safety, and ADA compliance requirements. How will the site ensure safety, security, and accessibility for participants, staff, volunteers, and the surrounding neighborhood? Describe how the location supports a safe, welcoming, and low-barrier environment for participants.	5 POINTS Identifies a facility that is code-compliant, ADA accessible, and meets health and safety standards. 5 POINTS Provides evidence of site readiness, including inspections, layout descriptions, and photos. 5 POINTS Demonstrates consideration of participant accessibility (public transit, walkability, etc.). 5 POINTS Includes plans for neighborhood safety, security measures, and minimizing community disruption. 5 POINTS Shows how the site environment supports dignity, privacy and participant well-being.	
TOTAL AVAILABLE POINTS			100

CITY OF GASTONIA
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2026-2027 Cold-Weather Shelter or Warming Center:
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PROPOSAL COVERSHEET

1. Facility Operation Type	☐ Shelter ☐ Warming Center		
2. Agency Name			
3. Executive Director			
4. Primary Contact			
Name:		Title:	
Address:		City/State/Zip	
Email:		Phone:	
5. Organization Type Check one below			
☐ Faith-Based ☐ Non-Profit ☐ Other (Specify): _____			
6. Federal Tax ID or EIN:		7. UEI #:	
8. N C Business License #:			
9. Partner Agency (if applicable):			
10. Executive Director:			
Primary Contact Name:		Title:	
Address:			
Email:		Phone:	
Description of partner agency proposed activities:			
Signature of partner agency representative: _____ Date: _____			
Authorized physical signature of Proposer/lead agency _____			
<i>To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the Proposer who will comply with all contractual obligations if the Proposer is awarded funding.</i>			
Name and Title of Authorized Representative (Print):			
Signature of Authorized Representative:			Date:

4.0 Appendix A: 2018 North Carolina Fire Code - Section 319

SECTION 319

TEMPORARY OVERFLOW SHELTER

319.1 General. Existing Group A-2 and A-3 occupancies shall be permitted to provide facilities for temporary overflow emergency shelters for the homeless provided that all of the following conditions are met and approved by the local building and fire code official.

319.1.1 Occupant load and age. The maximum number of homeless occupants is 20 individuals who are ambulatory. The homeless occupants must be 18 years of age or older.

Exception: Occupants may be less than 18 years of age if the temporary shelter meets all of the following:

1. Is intended to serve homeless families with children and their parents or other legal guardians;
2. Consists of a group of churches or other nonprofit religious entities that have agreed to host the shelter occupants on the premises of each church or religious entity on a rotating basis; and
3. Equipped with smoke detectors meeting applicable code provisions for such devices in all sleeping areas.

319.1.2 Construction type. The building must be of Type I, II, or III construction.

319.1.3 Staff. The temporary overflow emergency shelter must be staffed by a minimum of two individuals, 21 years of age or older, trained in accordance with Chapter 4 of the *North Carolina Fire Code* and at least one trained individual shall be awake to monitor the sleeping room and restrooms throughout the time the facility is occupied by the homeless.

319.1.4 Fire alarm and detection systems. Functioning smoke detection and a local fire alarm system in accordance with Section 907.2.8 shall be provided throughout the sleeping room and exit access corridors and stairs of the temporary overflow emergency shelter.

The building owner shall submit documentation illustrating that the fire alarm system is approved and that all emergency batteries have been tested and are operational.

319.1.5 Means of egress. There shall be a minimum of two separate code compliant means of egress serving the temporary overflow emergency shelter. An evacuation route approved by the local building and fire code officials shall be posted and be in compliance with Sections 403 and 404 of this code.

319.1.5.1 Illumination. The temporary overflow emergency shelter sleeping room and exit access corridors and stairs shall have unswitched illumination and emergency powered illumination with a duration of not less than 90 minutes.

319.1.6 Automatic sprinkler system. No fire protection sprinkler system is required in accordance with Section 903.2.8, Exception 2.

319.1.7 Ventilation and temperature control. Heating, cooling, and ventilation must be provided by equipment installed and approved for such use. Use of space heaters shall be prohibited.

4.0 APPENDIX A: 2018 North Carolina Fire Code - Section 319, Continued

319.1.8 Fire extinguishers. There must be an adequate number of fire extinguishers to serve the temporary overflow emergency shelter as determined by the local fire marshal. Travel distance to an approved fire extinguisher shall not exceed 50 feet (15 240 mm). Minimum rating of extinguishers shall be 3A:40B:C.

319.1.9 Occupant restrictions. No smoking is permitted in the temporary overflow emergency shelter.

319.1.10 Permits. Temporary overflow emergency shelters must be approved by the local code official for occupancy by issuance of an approved occupancy permit. Life Safety drawings of the temporary overflow emergency shelter sealed by a registered design professional must be provided for local code official review and approval. Occupancy of a temporary overflow emergency shelter shall be for a maximum of 150 calendar days within any 365-day time span.

319.1.11 Accessibility. For temporary overflow emergency shelters, compliance with Chapter 11 and Section 1007 is not required provided that the local jurisdiction has other shelter facilities that are accessible by the disabled.

- END -

<https://codes.iccsafe.org/content/NCFC2018/chapter-3-general-requirements>