



Chelan – Douglas County Homeless Taskforce  
2025 – 2027 Homeless Grant Request for Proposal  
Agency Application



Supportive Housing Services

Eligible Programs: Diversion, Flexible Funding for Housing Stability, and Centralized Case Management

| Agency Information           |  |
|------------------------------|--|
| Applicant Agency             |  |
| Program Contact Name / Title |  |
| Program Contact Email        |  |
| Program Contact Phone Number |  |

Program Applying For:

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*I.e., Diversion Funds*

Name of Program

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Is this an existing program or would this be a new program at your agency?

Existing                      New                      Other (Please explain in narrative)

**Program Proposal Narrative**

**Describe the program and demonstrate need for funding – Please give a brief overview of how your program operates. How do clients access this program? Please explain what a client would experience from start to finish in this program. What is your program capacity?**

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## Program Proposal Narrative

## Program Criteria

1. How many people would your agency be able to directly serve with this project?

2. Please explain how your agency is well-positioned to successfully implement the proposed project. (i.e. leadership, staff, volunteer base, broad funding base, experience etc.)

3. Please give an example on how your program staff incorporates or would incorporate the progressive engagement and housing first models for this program.

### Program Criteria

4. Will your agency be able to fulfill ALL of the Low Barrier Requirements that are found on pages 4 and 5 of the Chelan-Douglas RFP Guidelines 2025-2027? If not, please explain which criteria cannot be met and why.

5. What do you expect your program outcomes to be? How will you ensure that you meet these outcomes? How do you measure the success of your outcomes?

6. Does this program or will this program leverage other funding sources? If so, what are they?

## Program Criteria

7. If you are not selected to be funded for this program or if you do not receive the full amount of funding for this program, what impact would that have on your agency? On the community?

8. Please explain how long someone is typically enrolled in this program and explain what efforts program staff make to help clients toward self-sufficiency. How often does staff check-in with clients?

9. How many program staff do you have working with this specific program? Please give a brief summary of their duties.

| Program Criteria  |  |
|---|--|
| 10. Anything else that you would like us to know about the program? |  |
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| Authorized Signature   |  |
|--|--|
| <i>To the best of my knowledge and belief, all information in this application/proposal(s) is true and correct. The document has been duly authorized by my agency's governing body who agree to comply with all contractual obligations if awarded funding.</i> |  |
| Name & title of authorized representative  |  |
| Signature of authorized representative   |  |
| Date   |  |