

**Request for Proposal
Application for Project Funds
(Ten Year Homeless/Housing Plan)**

Program Name:					
Agency Name:					
Address:					
Contact Person:		Title:			
Phone:		Fax:		E-Mail:	

I. ORGANIZATION

- Government Entity
- Nonprofit (attach a copy of 501(c) (3) IRS determination letter)
- Community Partner (attach copy of business license)

II. ATTACHMENTS

- List of board members and organizational chart
- Agency's current year operating budget (revenues and expenditures)
- Last audit/most recent financial review (Statement of Financial Position or Net Assets and Statement of Activities or (Govt. only) Balance Sheet and Statement of Revenues, Expenditures and Changes in Fund Balance)

III. PROPOSAL PRIORITY OBJECTIVE AND STRATEGY

- Describe how the project addresses a goal, strategy and activity identified in the current 10-year Homeless Housing Plan.
- List the object and strategy your program will be addressing.

IV. PROJECT DESCRIPTION

(Please limit to 2 pages.)

- Describe your project and the innovative and/or researched best practice approaches you will use to reduce homelessness in Lewis County.
- Describe the extent of the project need and how effectively the proposed project can meet the goal of reducing homelessness.
- Describe the type of services your proposed project will provide and your planned delivery method.

V. ADDITIONAL INFORMATION

Complete for program you are applying for only.

- Describe the organizations technical and administrative experience.
- Include job descriptions for staff that will be working with your proposed project.
- Include a project timeline.

VI. FUNDING REQUEST

(Please limit to 1 page.)

- Submit a completed budget and attach a budget narrative.
- List amount of funds needed to complete this project and explain what other sources (if any) are contributing to the total.
- Explain if this request is for a new project or will be used to replace current funding or expand current efforts.
- Projects generally require additional resources (other than ten year plan funds) to address gaps and future needs Please describe where/how additional resources will be acquired.

VII. COLLABORATION

(Please limit to 1 page plus partner letters)

- Briefly outline collaboration with other providers. Include how your project does not duplicate existing efforts.
- Describe your participation in the Continuum of Care Planning Group (AHN). And other Community Groups

VIII. OUTCOMES

- Describe specific outcomes that will be achieved and identify how the outcomes will be measured. Describe your method of tracking and demonstrating project performance.
- If an existing project, please include previous outcomes achieved.

Name of Agency

Authorized Signature

Date

Name and Title (typed)

If you have questions or need further information, please contact Michaelle Sorlie at (360) 740-1434. Submit one paper copy to:

Michaelle Sorlie
Lewis County Public Health & Social Services
360 NW North St.
Chehalis, WA. 98532

AND

Submit one electronic copy via e-mail to:
Michaelle.Sorlie@lewiscountywa.gov

Please note: An original plus an electronic copy of the completed application **must** be submitted. Both copies are due by **3:00 pm on December 16, 2013**
Late applications will not be considered.