



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



Instructions: Please fill only **ONE** of these forms out per agency. You will fill out a program narrative form for each specific program that you are applying for. Please list all programs that you are applying for funding under Section 1. Please ensure that **ALL** programs you are applying for are listed **and** combined with this form at the time of submittal.

Agency Information	
Applicant Agency	
Agency Physical Address	
Agency Mailing Address, if different	
Agency Executive Director	
Agency Contact Name for Proposals	
Contact Title	
Contact Email Address	
Contact Phone Number	
Agency Type	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Federally recognized Washington State Tribe <input type="checkbox"/> By & For Organization <input type="checkbox"/> Other: _____
Organizational Mission	
Year agency was established	
Federal Tax ID Number or Employer ID Number	

How many proposals are you submitting? Please specify below:	
Program 1	Program Type:
Program 2	Program Type:
Program 3	Program Type:
Program 4	Program Type:
Program 5	Program Type:
Program 6	Program Type:

Program Type = Emergency Shelter, Transitional Housing, Permanent Supportive Housing, etc.

Agency Capacity & Experience
Does your agency have experience managing and accounting for grant and/or public funding? If yes, please describe.
Briefly describe your agency's governing and leadership structure.
Has there been recent turnover in key staff positions in the last 12 months (i.e. Executive Director, program manager, finance manager)? If yes, please describe and identify steps your agency is taking to ensure agency and program continuity.

Agency Capacity & Experience

Unless otherwise specified, grant payments will be processed on a reimbursement basis only. Does your agency have the capability to meet program expenses in advance of reimbursement? If no, please describe what type of reimbursement schedule you would request.

Briefly describe your agency's current financial position and how it affects your ability to meet short- and long-term goals

Does your agency conduct regular financial audits? If so, please indicate the date of your most recent audit and summarize any findings.

Community Engagement & Partnerships

Describe how your agency plays a role in the larger homeless crisis response system in Chelan and Douglas counties. Give one example of how your agency is connected to other organizations that support your clients.

How has your agency been involved with the Chelan-Douglas coordinated entry system? If your agency has not been involved, please describe your willingness and timeline for participation.

Data Collection and Performance Improvement

Does your agency use the Washington State Homeless Management Information System (HMIS)? If yes, how does your agency use HMIS to ensure quality data collection, data entry, and reporting for your homeless service programs? If your agency is currently not using HMIS, describe your plan for increasing agency capacity to quickly begin collecting data in HMIS.

Data Collection and Performance Improvement

How does your agency use program performance/evaluation data to inform program design and implementation? Please provide one concrete example of a program change your agency has made based on data collected.

Authorized Signature

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.

Name & title of authorized representative	
Signature of authorized representative	
Date	