



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



Rental Assistance

Eligible Programs: Emergency Rental Assistance Pilot Program, Homelessness Prevention

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

Program Applying For:

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I.e., Homelessness Prevention

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.

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

Program Criteria
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?
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?

Program Criteria

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.

10. Anything else that you would like us to know about the program?

Program Criteria

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	