



2022 Request for Proposals for
Projects Serving Families

**APPLICATION**

# **Projects Serving Families—Application Cover Sheet**

|  |
| --- |
| 1. **Agency Name**:
 |
| 1. **Title of Proposed Project**:
 |
| 1. **Geographic Area Served** *(Include counties to be served)*:
 |
| 1. **families Served** *(Describe families your organization/agency hope to serve with these funds)***:**

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| 1. **Data & CE Access** *(Check all that apply; these are not disqualifiers, but funded orgs will need eventual HMIS access)*:

[ ]  Current HMIS access.[ ]  Currently involved with Coordinated Entry in your community. |
| 1. **Proposed Use of WYFF Funds** *(Summarize in 2 or 3 sentences how the WYFF funds would be used)*:

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| 1. **Total WYFF Budget**:

 Personnel $        Flexible Funds $      Other Costs $       Indirect Costs $       Sub-contracted costs, if applicable $      **Total Washington Youth & Families Fund Request $** |
| 1. **Contact Information for Project Applicant:**

 Name:       Title:       Mailing Address:       City/State/Zip Code:       Telephone Number:       E-mail Address:       |
| 1. **Eligible Applicant:**

[ ]  This application represents a nonprofit community or neighborhood-based organization; regional/statewide nonprofit housing assistance organization; federally recognized tribe; local housing authority; or public development authority.  |
| 1. **Culturally-specific and/or bipoc-led and -Serving Organization:**

[ ]  This application represents a culturally-specific and/or BIPOC-led and -serving organization. |
| 1. **Authorized Signature of Applicant (Required):**

Name:       Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:      Date:       |

*Percentages indicate weighting of categories for review.*

# **Application Narrative (90%)**

**Please respond to the questions below. Use 12-point font and keep responses to a maximum of 10 pages.**

## Program Design Description (30%)

1. Please describe your understanding of the connections between trauma and homelessness.
	1. How will your project promote healing for families experiencing homelessness?
2. Please describe your program design according to the strategic objectives: ending homelessness through flexible funds and housing assistance and healing services that strengthen cultural identity, community, and belonging. In your responses, please specifically respond to the following questions (provide examples where possible):
	1. Please describe how you will implement the healing services you wish to deliver.
		1. What programmatic goals and objectives do your healing services promote with family participants?
		2. Will facilitators or staff leading healing services be employed in-house or contracted? Are they trained in trauma-informed care and racial equity best practices? Do they have experience in facilitation and/or have experience leading healing services in group or one-on-one settings?
		3. Do you plan to contract healing services to an external partner? How will you ensure an effective and cohesive partnership is made through shared goals and values?
		4. How do you currently make or plan to make referrals based on clients’ needs for clinical support?
	2. Describe how you will implement the use of flexible funds to meet the housing needs of families.
		1. Does your agency already provide housing support services? If so, which ones and what does eligibility, services, and support look like in those services (e.g., Rapid Re-Housing, Diversion, receiving assistance to temporarily stay in hotels/motels)?
			1. How will this project add to/enhance existing services?
3. Describe anticipated challenges that may arise during project implementation. Which strategies will be used to address them?
4. What additional resources will you need to deliver housing flexible funding and healing services? What additional resources will you need, training or otherwise, to deliver the healing services you wish to expand on?
5. How will you measure progress towards the project’s goals and which data will you use?
6. Please complete the table below with project goals.

**Project Goals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of families receiving housing & healing services  | # of families exiting to permanent housing  | % of families surveyed indicating positive cultural identity & community belonging | Average flex fund expenses per family  |
| Grant Year 1 Goals |  |  |  |  |
| Grant Year 2 Goals |  |  |  |  |
| Grant Year 3 Goals  |  |  |  |  |

## Racial Equity Focus (30%)

1. Please describe the racial inequities of family homelessness in your community. How does structural racism and discrimination show up as root causes of homelessness and housing instability for families? Please respond to the following questions in your response.
	1. How is your organization or agency working to address or dismantle structural racism and discrimination? What are the outcomes and/or learnings from those efforts?
	2. Describe how many families experience homelessness in any given year in your geographical area.
	3. What are the racial/ethnic demographics of these families?
	4. Describe the racial/ethnic demographics of your agency’s clients. Please include relevant demographic reports, if possible.
	5. How has systemic and institutional racism directly affected these families?
2. Please describe the racial equity practices and priorities for your organization or agency. In your responses, please specifically respond to the following questions:
	1. What are the racial equity goals that would be prioritized by your organization/agency if awarded WYFF funding? What are the main services and/or activities that would be used to help fulfill those goals?
	2. How do your organization’s leaders and direct support service staff reflect the demographics of the families being served in your work?
	3. What kind of training and assessment or racially equitable services does your organization or agency currently provide?
	4. How do you assess whether your organization’s practices are racially equitable? How do you consistently reflect and improve on your work to provide equitable services?
	5. What existing infrastructure is in place to receive and review feedback from participants? How will you use this information to change policies, procedures, practices, and services so that they are more racially equitable?

## Community Partnerships & Organizational Capacity (20%)

1. Please describe what “housing and healing strategies” mean to your organization or agency? How does it align, support, enhance your scope and mission?
2. How does your organization or agency deliver housing services to families? Please respond to the following questions in your response.
3. Describe the experience of a family accessing and navigating through housing services.
4. How do you receive referrals and what determines whether or not a referral is accepted?
5. What other needs do families have that current housing support services (e.g., Rapid Re-Housing, Diversion) do not fulfill? What other housing interventions and supports does your organization offer families?
6. Are you connected to the Homeless Management Information System (HMIS) or Coordinated Entry?
7. Please describe partnerships your organization or agency has or work you have done to support families navigating homelessness.
	* 1. Whether these partnerships are currently in place or need to be developed, please describe how partnerships can enhance the work of your organization or agency in establishing housing stability for families?
		2. Describe formal (e.g., contracts, MOUs) or informal partnerships that can strengthen healing services delivery.
		3. If there are no such partnerships in place, please describe strategies for engaging them.
8. Describe key staff you will deploy (existing or new) to fulfill the objectives and obligations of this grant. Include any educational, professional, or personal experiences, expertise, or skills, that staff might have to effectively deliver on the housing and healing strategies.
9. What existing infrastructure and resources (e.g., existing services, other fund sources, data tracking and reporting capacity, supervisory capacity, etc.) does your agency have in place that can support and contribute to the success of the housing and healing strategy?
	* 1. If existing infrastructure is minimal, please describe plans to develop infrastructure to support this project.

## Project Timeline (10%)

* 1. Please provide an estimated timeline for project roll-out (beginning July 1st, 2022). In your timeline, please specifically include the following:
		1. Project planning.
		2. Hiring.
		3. Initial outreach and enrollment of families.
		4. Initial training.
		5. Launch of housing and healing services.

# **Application Budget (10%)**

Budget Forms and Instructions are provided in an Excel workbook. **The first worksheet in the workbook is labeled “Instructions” and contains important information on filling out the budget forms. Please read the instructions carefully before filling out the forms.** Budget forms will **not** count towards application narrative page limit.

# **Supplemental Materials**

All applicants must submit the following additional information with their completed applications. Supplemental materials will **not** count towards application narrative page limit. **(Please attach all supplemental materials LAST.)**

* Lead agency’s organizational chart.
* Any existing relevant MOUs or other existing documentation of partnership.
* Documents certifying tax-exempt status of applicant’s organization or agency. Examples include IRS determination letter for 501(c)(3)/nonprofit organization or an IRS W-9 form. A resolution from the board of the applicant’s organization, or if time does not allow, a letter signed by the applicant’s organization’s board president affirming the agency’s request. Please note that a board resolution will be required from finalists. Applicant agency’s current year operating budget (sources and uses).

# **Application Check List**

* One (1) copy of the application narrative, executive summary, and budget worksheets in electronic format.
* Lead agency’s organizational chart.
* Existing, relevant MOUs or other existing documentation of partnerships.
* Letter of support from area’s Coordinated Entry operator, if other than applicant
* Documents certifying tax-exempt status of applicant’s organization or agency. Examples include IRS determination letter for 501(c)(3)/nonprofit organization or an IRS W-9 form. A resolution from the board of the applicant’s organization, or if time does not allow, a letter signed by the applicant’s organization’s board president affirming the agency’s request. Please note that a board resolution will be required from all finalists. Applicant agency’s current year operating budget (sources and uses).