

**Project Application**

**System Navigation**

**Request for Proposals**

**24-012-HOMELESS-SP**

# Project Narrative

## Overview & Experience

Limit response to questions A.1 through A.2 to two pages.

### Please provide an overview of how the project will be implemented. Please include how many full-time employees will be deployed, any service-models that will be used, what experience staff have in delivering this model, where services will be delivered, and what makes your agency uniquely qualified to deliver this project in the best possible manner.

### Describe your organization’s experience in serving people who are literally homeless (living in places not meant for human habitation or in emergency shelter), are highly vulnerable and have high housing barriers. If you do not have experience serving this population, explain what steps you are taking to transition your agency to be able to serve this population.

## Project Narrative

Limit responses in Section B to one page.

### Describe your overall knowledge of Pierce County’s Coordinated Entry system and how it operates. Please describe your approach to System Navigation. How will you ensure households in transient situations remain in contact with the system?

### Please describe your understanding of By-Name Lists. Please describe your process of collaboration in collecting household information from providers outside HMIS. Please describe your process for case conferencing.

## Staffing

Limit response to questions one page.

### In the table below identify all direct staff (non-management) positions for which the application is proposing funding (do not include any roles covered in Administration Expenses), their role in the project, the total number of employees in that role, and whether they are full or part-time.

|  |  |  |
| --- | --- | --- |
| Position Title | # of Employees | Full Time or Part Time |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |
|  |  | Choose an item. |

## Project Budget Narrative

Limit responses chart below.

### In the event full funding is not possible, please identify up to two reduced funding amounts wherein the project could be reasonably implemented or sustained. For each reduced amount, indicate the corresponding reduced output and staffing levels. You only need complete the number of options you feel are reasonable for your project**.**

### **NOTE: If you fail to provide Priority 2 and/or Priority 3, the committee will assume that you do not want any funding if your priority cannot be fulfilled.**

# of client served and # of FTEs should be reasonable to % of funding reduced.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Funding Level | Amount | # Clients Served | # of FTEs |
| Priority 1\* | 100% | $      |       |       |
| Priority 2 |      % | $      |       |       |
| Priority 3 |      % | $      |       |       |

\*Priority 1 should match the total application request.

### **Grant Knowledge**: How many years of agency experience do you have successfully implementing federal and state grant requirements?