



Homeless Housing and Assistance Program Request for Proposal Informational Session

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Yakima County Human Services Department

RFP Overview

5-Year Plan
Goals

Project Type
Categories

Funding

Timeline

Results-Based
Accountability

Eligibility Requirements

General Eligibility

- Program Type
- Alignment with 5-Year Plan
- Adherence to State and Federal Anti-Discrimination Laws
- Participation in HMIS and Coordinated Entry

CHG Eligibility

- Participation in Trainings

Low Barrier Program Eligibility

- Low Barrier Requirements

WizeHive Submission Portal

https://webportalapp.com/sp/login/yakima_county_hsd

A. Program Description

1. What is the specific problem/issue that the program will address?
2. Is this program ready to proceed immediately?
3. For capital projects:
 - a. Do you already have a location secured for your project?
 - b. If yes, is the location already zoned correctly for your use?
 - c. If yes, what is the zoning?
4. Describe all key activities for the program, and the specific improvements that will be made and services that will be provided through said activities.
5. Indicate which (if any) activities are new for your agency. Please detail a start-up timeline for each new activity.
6. Include the anticipated number of unduplicated clients to be served annually for each activity.
7. Describe how the delivery of your program is in alignment with existing best practices. Site peer-reviewed research backing up best practices if possible.
8. Briefly describe the role of all key personnel who will contribute significantly to program coordination and service delivery.
9. Indicate which zip codes will be served by your program.
10. If applicable, briefly highlight any specific geographic areas of focus within those zip codes (e.g. “Naches Ave in Yakima”).

A. Program Description

1. Each activity is clearly described
2. Programs are ready to proceed immediately
3. Applicant clearly states the number of unduplicated individuals to be served for each activity.
4. If the Applicant is requesting funding for new activities, a separate start-up timeline is included for each new activity.
5. Applicant has identified roles and responsibilities of key staff needed for program coordination and service delivery.
6. If the applicant is requesting funding for multiple activities, each activity is described separately and the activities are integrated in a logical way to better serve the community.
7. Applicant describes a strong understanding of the issues they intend to address.
8. Applicant describes a strong understanding of the results they are seeking, in order to improve said issues.
9. Applicant describes a strong understanding of the strategies they are implementing to achieve said results.
10. Strategies are informed by thoughtful reflection and awareness of best practices.
11. Applicants present evidence of likely success in serving program participants.

B. Population Description

1. Describe the specific population(s) that the program intends to serve.
2. Describe the experiences of the specific population(s) that the program intends to serve.
3. Identify the strengths, assets, challenges, and concerns of the specific population(s) the program intends to serve.
4. Describe how the program will reach the priority population(s), and how it will address any barriers that might prevent access to services (e.g. language, transportation, cultural differences)

B. Population Description

1. Applicant describes a strong understanding of the population(s) they intend to serve, and an understanding of their unique characteristics, experiences, strengths, needs, and concerns.
2. Populations to be served are from the priority populations identified in the 5-Year Plan. If the applicant intends to serve populations not listed as priority populations in the 5-Year Plan, the response includes specific details and quantitative or qualitative data clearly describing a significant need among that population.
3. Applicant describes how population(s) will be reached and how potential barriers to accessing services will be addressed.

C. 5-Year Plan Goal Alignment

- 1. Identify which of the 5-Year Plan Goals the program addresses.**
- 2. Describe how the program addresses the goal(s).**

C. 5-Year Plan Goal Alignment

- 1. Program adequately addresses at least one of the goals of the 5-Year Plan.**
- 2. Descriptions include tasks identified as metrics for goals in the 5-Year Plan.**

D. 5-Year Plan Values Alignment

- 1. Describe how the program embodies each of the values identified in the 5-Year Plan:**
 - a. Honoring human dignity**
 - b. Recognizing resiliency**
 - c. Nonjudgmental, respectful, and responsive planning**
 - d. Transparency**
 - e. Inclusive and engaging services**

D. 5-Year Plan Values Alignment

1. Program adequately explains methods of embodiment for the value of honoring human dignity.
2. Program adequately explains methods of embodiment for the value of recognizing resiliency.
3. Program adequately explains methods of embodiment for the value of nonjudgmental, respectful, and responsive planning.
4. Program adequately explains methods of embodiment for the value of transparency.
5. Program adequately explains methods of embodiment for the value of inclusive and engaging services.

E. Data and Fiscal Management

1. Describe your organization's experience and capacity to collect and manage data, including confidential data.
2. What challenges does your organization experience in collecting and managing data?
3. For organizations currently using HMIS: HMIS data will be reviewed when available as part of the application process. If you would like to supply additional information or data to explain or supplement the data collected in HMIS, you are invited to do so.
4. Describe your organization's financial management system. How does your organization establish and maintain accounting principles to safeguard all funds that may be awarded under the terms of this funding opportunity?
5. Upload the results of your organization's most recent fiscal audit. In the event that your organization does not have audited financial statements, upload the most recent year-end financial statements.
6. Upload a copy of your organization's General Liability and Insurance Certificate.
7. For non-profits:
 - a. Upload a copy of your organization's IRS Form 990
 - b. Upload a copy of your organization's 501(c)3 Tax Exempt Letter

E. Data and Fiscal Management

1. Applicant understands current organizational capacity to collect and manage data.
2. Applicant understands current data being collected.
3. Applicant understands and can identify current organizational barriers to effective data collection.
4. All necessary forms are submitted.
5. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles. If applicant lacks fiscal management capabilities, applicant identifies fiscal sponsor and describes their fiscal management system.

F. Capacity and Experience

- 1. Describe your organization's past success in providing the program you are applying for. If your agency has no experience delivering this program, describe any related experience and a plan for development of service capacity.**
- 2. Describe relevant trainings that program staff currently participate in.**

F. Capacity and Experience

- 1. Organization has proven experience that lends itself to future success with the implementation of the program.**
- 2. Staff are provided with the resources needed to be successful in their roles.**

G. Partnerships and Collaborations

- 1. Will your organization partner with other organizations to deliver on the activities of the program?**

- 2. If the answer above was yes:**
 - a. Describe your partnerships, including the names of organizations.**
 - b. How will this/these collaboration(s) enhance services to benefit clients?**
 - c. How will this/these collaboration(s) streamline services and build efficiencies?**
 - d. Upload a signed letter of intent from the collaborating agency(ies) confirming this collaboration will exist as described.**

G. Partnerships and Collaborations

1. Applicant is pursuing partnerships and collaborations.
2. Applicant describes effective partnerships that enhance service quality, minimize duplication, and amplify available resources.
3. Applicant describes clear partnership responsibilities in deliveries services, managing data, and reporting.
4. Applicant describes ability to oversee and monitor partner agency activities to ensure accountability in shared work.
5. Applicant describes how collaboration benefits program participants.
6. Applicant submitted signed letters of intent from partners.
7. Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner.

H. Budget

1. Complete a separate **Proposed Program Budget** for each activity in your proposal. The costs reflected in the budget should be the activity(ies) you are applying for, not your total agency budget. List expenses in your budget(s), including the other resources and amounts that will be used to support the participants served by this activity in the appropriate columns of the budget worksheets. The other columns are for grants, dedicated funding sources, or listing funds provided through your agency's fundraising mechanisms.
2. Describe the sustainability of the other funding sources listed in your budget(s) supporting the activity(ies).

H. Budget

1. Budget items are reasonable and appropriate given the nature of the service, the priority populations, and the proposed level of service.
2. The proposed program is cost effective given the type, quantity, and quality of services.
3. Applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence that these funds are sustainable.
4. Key staff identified in section A. Program Description are all funded.



Questions?

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Yakima County Human Services Department