

**2025-2028 UWYC United to Solve Homelessness**

**Community Housing Navigators**

**Application**



|  |
| --- |
| **Application Information** |
| **Program Title:** | United to Sove Homelessness, Community Housing Navigators (CHNs) |
| **Award Amount:** | Up to $75,000 annually (for each CHN salary, fringe & admin) |
| **Application Deadline:** | May 2, 2025 |
| **Funding Period:** | July 1, 2025 - June 30, 2028 |
| **Number of Awardees:** | Four FTE Community Housing Navigator Positions will be funded. This is the maximum number of position requests per agency. |
| **Who Can Apply**  |
| **Eligible Agency Types:** | 501(c)3 charity or government entity. |
| **Data Management Participant:** | Must currently have access to or be able to attain access and utilize the HMIS and the Coordinated Entry System. |
| **Geographic Location:** | Must operate in part or entirely within Yellowstone County. |



|  |
| --- |
| **Organization Information** |
| **Agency Name:** |  |
| **Address:** |  | **City:** |  | **State:** |  | **Zip Code:** |  |
| **Website:** |  |
| **Mission Statement:** |  |

|  |
| --- |
| **Contact Info** |
| **CEO or Executive Director Name:** |  |
| **Phone Number:** |  | **Email:** |  |
| **Financial Contact:** |  |
| **Phone Number:** |  | **Email:** |  |
| **Application Contact:** |  |
| **Phone Number:** |  | **Email:** |  |

**2025-2028 UWYC United to Solve Homelessness**

**Community Housing Navigators**

**Application**

**POSITIONS REQUESTED**

1. **How many Community Housing Navigators (CHNs) is your agency requesting? Please respond in whole numbers (1, 2, 3, or 4) (applicants may be awarded some or all of the CHNs they request, If your proposal includes bringing two 0.5 FTE roles up to full time please enter 1.)**

**SECTION 1: QUALIFICATIONS & EXPIERENCE (40 POINTS)**

***Organizational Background***

1. **Provide your organization’s background of previous work with homeless populations and with families. Please include how this background supports your ability to effectively steward these funds to make an impact on families experiencing homelessness. (150 Word Limit) (10 Points)**

***Agency’s Qualifications***

1. **Describe your agency’s qualifications to employ and train Community Housing Navigator(s) to provide housing navigation & wraparound support, specifically the duties as outlined in the attached CHN Job Expectations Document. (300 Word Limit) (25 Points) Please include:**
	1. **Why is your agency the best positioned to receive CHN(s).**
	2. **How your agency will leverage expertise and experience to ensure your CHN(s) successfully impact families experiencing homelessness.**

***DEI Commitment***

1. **Please explain your organization’s commitment to DEI and how not only your hiring process, but also your service provision, meets DEI values. (100 Word Limit) (5 Points)**

**SECTION 2: PLAN & IMPLEMENTATION (35 POINTS)**

***Plan, Structure, & Implementation***

1. **Describe your agency’s plan to train and maintain CHN(s) who will make a significant impact on families experiencing homelessness in Yellowstone County. (300 Word Limit) (25 Points) Please include:**
	1. **How you will structure supervision, training and skill development for your hired CHN(s).**
	2. **Details of how your case management and client support plan will work to provide in-depth, wraparound navigation, and ultimately create a significant additional impact on families experiencing homelessness.**

***Collaboration***

1. **Describe how you will ingrain a commitment to collaboration and partnership with community agencies and available resources in your hired CHN(s). (200 Word Limit) (10 Points) Please include:**
	1. **How you will work within the Homeless Management Information System.**
	2. **How you will utilize coalitions, data collection and housing solution funds.**

**2025-2028 UWYC United to Solve Homelessness**

**Community Housing Navigators**

**Application**

**SECTION 3: BUDGET (10 POINTS)**

1. **Each 1.0 FTE CHN position comes with up to $75,000/yr in direct funding. Please fill out the budget template attached. The total requested funds may be less than $75,000 but not more, per requested 1.0 FTE position.**

*(Inserted as downloadable file)*

|  |
| --- |
|  |
|  | ***UWYC Grant Request*** | ***Agency Match over three-year funding cycle*** *(recommended, 2 points)* | ***Total Budget*** | ***Description*** |
| ***Year 1******FY 2025-26*** | ***Year 2******FY 2026-27*** | ***Year 3******FY 2027-28*** |
| ***Personnel*** *(Salary & Fringe)* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Supplies*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Equipment*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Travel*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Admin. – Indirect/ Other*** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Total*** |  |  |  |  |  |  |

*Total Annual Organizational Budget:*

**2025-2028 UWYC United to Solve Homelessness**

**Community Housing Navigators**

**Application**

***Budget Narrative***

1. **Please lay out your budget narrative of how funds will be spent here. Your budget narrative should show how funds will make an impact on families experiencing homelessness. Please include an explanation for any agency match you are proposing. (200 Word Limit) (10 Points)**

**SECTION 4: SUSTAINABILITY (15 Points)**

***Sustainability Plan***

1. **Describe your sustainability plan to continue assisting families experiencing homelessness following the grant period end date. (150 Word Limit) (10 points)**

***Caseload***

1. **Describe your agency’s plan to limit the burnout of your hired CHN(s) and ensure an on-going reasonable caseload that maintains an in-depth approach to client services while also making an impact on as many client families as possible. (100 Word Limit) (5 points)**

**SECTION 5: ATTACHMENTS**

**Documents to Review:**

* **CHN Job Expectations**
* **RFP FAQ**
* **FAQ Session**
* **RFP**
* **Scoring Criteria Breakdown**

**Documents to Attach:**

* **Attach Budget Form**
* **Form 990**