MWVCAA Request for Proposal
Applicant Title Page

Appendix E: Application and Checklist
MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY

REQUEST FOR FUNDING PROPOSALS
APPLICATION PACKET, INSTRUCTIONS AND CHECKLIST
2025-2026

2025-26 Funding
Required Application Forms

Mid-Willamette Valley Community Action Agency
615 NE Commercial St
Salem OR 97301
503.399.9080 x4203
Contact: Rachel McKee

Legal Name of Organization_____

Program Name_____

Address_____

City, State, Zip_____

Tax ID Number _____

Agency Executive Director _____

Phone _____ Email _____

Contract Contact (*if different than Executive Director*): _____

Phone _____ Email _____

What is your organization's mission and primary service(s)? _____

_____

_____

_____

What is the experience level of the organization (years in operation, etc.)? _____

_____

_____

Is your organization: □ a non-profit organization □ a public entity □ other (explain):

Signature of Organization Director or other authorized individual:

_____   _____
Signature   Date

AMOUNT REQUESTED:

Total Requested (7/1/2025-6/30/2026)
$

This proposal will: (check the appropriate response)

    □ Create a new program not currently provided
    □ Continue a current program or service
    □ Expand a current program or service

PROGRAM PROPOSAL/NARRATIVE RESPONSE SECTION

Responses to narrative questions shall not exceed ten (10) letter sized pages. The narrative response section must be in Times New Roman, 12-point font. Margins should not be less than 1". Do not attach or send letters of support.

(The Budget spreadsheet and other required supplemental materials are excluded from the 10-page limit.)

1. ***Organizational Overview:*** *Describe your organization/agency.*

    a. *Briefly describe your organization's mission, organizational structure, and history providing housing and sheltering services.*

    b. *Explain your organization's outreach efforts to underserved communities.*

    c. *Describe the population(s) you propose to serve. Discuss strategies to engage participants with agency services.*

2. ***Program Overview:*** *Describe the program for which you are requesting funds.*

    a. *What is the intent and focus of the program? Describe how the program will help meet (or continue to meet) an unmet need in the community.*

    b. *What are the program's major activities (i.e. program design) that SHAP funding will support, including costs for personnel, services, and operations? This description should agree with the budget forms.*

    c. *What would the key resource needs of participants be as they move toward permanent housing and optimum self-sufficiency, and how would you see that these needs are met??*

3. **Outcomes and Evaluation**: *Describe how you will demonstrate program effectiveness.*

    a. *How will the program define and measure success? Describe the program's SMART goals and measurable, quantifiable objectives*

    b. *How will your program track housing status outcomes?*

    c. *What methods/tools will you use to evaluate your program's outcomes?*

    d. *How do you currently gather and report on client data and what type of data do you collect? What data tracking systems does your program utilize?*

    e. *Please describe your processes for ensuring file compliance and eligibility.*

4. **Budget:** *Complete a budget, Match Report, and spend down rate for your program, for each year, using the attached charts sheets.*

    a. *Provide a budget narrative.*

    b. *Describe the capacity and expertise of your organization to manage financial responsibilities, meet spenddown milestones and reporting requirements.*

    c. *How will the program modify services if full funding is not awarded, and how will you sustain operations beyond the funding cycle*

    d. *How will your program evaluate and track outcomes?*

Grant year: July 1, 2025 – June 30, 2026	Grant Amount requested for each activity	Estimated # of Households	Estimated # of Adults	Estimated # of Children	Estimated Total Individuals
Name of Sub Recipient:					
Program Component Budget – List activities under each heading					
Emergency Shelter Operations					
	$				
	$				
	$				
Shelter Resident Support Services					
	$				
	$				
	$				
Street Outreach					
	$				
	$				
	$				
Data Collection					
	$				
	$				
	$				
TOTAL	$				

MATCH REPORT			
Name of fund/agency providing Match	**Sources:** **P = Private** **L = Local** **S = State** **F = Federal**	**What Match Pays For**	**Amount & Status** **Status:** **S = Secured** **P = Pending**
			$
			$
			$
TOTAL			**$**