



Housing Trust Fund and Homelessness Solutions Committee

Project Proposal Form

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Project Information

Narrative of Proposed Project (Attach Site Map)

Facility Description

Ownership or Interest in the Site(s)

Services Provided and Staffing Plan (if any)

Security and Safety Plan

Long-term Schedule

Compliance with Title II of the Americans with Disabilities Act

Access to Public Transportation

Detailed Budget

Description of Funding Sources

Detailed Operational Budget to Include Funding and Expenses

- If applicable, include all volunteer staffing associated with the proposal
- Budget shall not include County matching funds or any funding provided by the County

Insurance and Indemnity

Proof of Liability Insurance

Proof of Ability to Indemnify the County of Humboldt

Commitment to Execute Hold Harmless/Release in Favor of the County

Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a funding commitment, I understand that false or misleading information in my application or interview may result in the project's disqualification.

Signature: _____ Date: _____