



## **Council on Housing Community Impact Fund**

Walla Walla County Department of Community Health (DCH) and the Council on Housing seek to reduce barriers to accessing housing throughout the community. With the support of the Board of County Commissioners, the Community Health Advisory Board and the newly formed Council on Housing, the DCH has made available funding of up to \$10,000 per calendar year to offer financial assistance to community partners and providers seeking to assist in implementing our 5-Year Housing Plan. The plan focuses on three main areas: a 5-Year Action Plan to End Homelessness, increasing affordable housing, and reducing barriers to accessing essential needs.

This funding was allocated by the County Commissioners from the local Coordinated Homeless and Housing Fund, which is to be used for to implement the County homeless housing plan and promote affordable housing (RCW 36.22.178 and RCW 36.22.179).

**Who is eligible:** Private, non-profit, and public organizations working in Walla Walla County with a mission and vision consistent with implementing the Walla Walla County 5-Year Housing Plan.

**Timing:** Requests should be submitted at least 45-days before the funds are needed to allow time for the approval process.

**Amount:** There is no minimum amount, however with only \$10,000 available per calendar year, amount greater than this will not be considered. An organization can apply through the DCH for financial assistance. Assistance will be reviewed on a case-by-case basis as funding is available.

**Payment:** The DCH will either pay directly for approved proposals or will reimburse approved invoices after the expense has been incurred. Receipts will be required to reimburse all and any expenditures.

**Application Process:** A Funding Request Form must be completed (see attached form) and submitted to the Department of Community Health. Once the form is completed, the evaluation process will begin and will take up to 45 days.

**The DCH reserves the right to decline requests.**

**For questions please call or email Nikki Sharp, Healthy Communities Division Manager at 509-524-2664 or [nsharp@co.walla-walla.wa.us](mailto:nsharp@co.walla-walla.wa.us)**



**WALLA WALLA COUNTY  
DEPARTMENT OF  
COMMUNITY HEALTH**

**Funding Request Form**

Request Date: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Address: \_\_\_\_\_ Non-Profit/501-C3 Status? Yes No N/A

Name of Request: \_\_\_\_\_

Amount of Request: \_\_\_\_\_ Date Funding Needed: \_\_\_\_\_

Explanation of how this request is aligned with the County 5-Year Housing Plan:

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**Completed by WWCDCH Staff**

**Approved by:**

Requestor: \_\_\_\_\_

\_\_\_\_\_  
COH Representative Date

Fund Use: \_\_\_\_\_

\_\_\_\_\_  
Division Manager Date

Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Director Date

Funding Source: 160 or 161