



TEHAMA COUNTY
CONTINUUM of CARE

VISTA WAY NAVIGATION CENTER SERVICE PROVIDER EXPRESSION OF INTEREST

Instructions:

1. Download the REQUEST FOR EXPRESSIONS OF INTEREST: VISTA WAY NAVIGATION CENTER FACILITY OPERATIONS and read it thoroughly prior to completing this EXPRESSION OF INTEREST (EOI).
2. This document includes fillable fields that will only work properly when the document is opened in Adobe Acrobat Reader. If this document did not automatically open in Adobe Acrobat Reader on your computer, follow these steps:
 - a. Download and install Adobe Acrobat Reader, available for free at <https://get.adobe.com/reader/>.
 - b. Return to the browser window in which this form opened when you click on its link online.
 - c. In the top right corner of the window, you may see a button that asks if you want to open the document in a different reader. If so, click on the button and choose Adobe Acrobat Reader from the list. If not, locate and click on the download icon (📄). If a window pops up asking if you would like to Open or Save the document, select Open, then select Adobe Acrobat Reader as the application you would like to open it in.
3. Once this document is open in Adobe Acrobat Reader, click "File", then "Save As", and save the document on your computer in a location that will be easy for you to find.
4. Complete all fillable fields found on the following pages. Fillable fields are highlighted in blue.
5. To save your progress and come back to finish the form later or to save the form once completed, simply click "File" then "Save".
6. To submit your completed form, go to <http://www.tehamacoc.org/vwnc-eoi-service-provider.html>, complete the form, and click "Submit".
7. You will receive a confirmation email verifying that your EOI has been submitted. Retain the confirmation email for your records.

VISTA WAY NAVIGATION CENTER SERVICE PROVIDER

EXPRESSION OF INTEREST

1. Applicant Name (Organization): _____
2. Organization Type: 501(c)(3) Non-Profit Corporation Unit of Local Government
 Other (describe): _____
3. Mailing Address: _____
4. Primary Contact Name: _____ Title: _____
5. Primary Contact Email: _____ Phone: _____
6. Website/Social Media Page(s): _____
7. Please select the service component that your organization is interested in subcontracting with the Vista Way Navigation Center to provide:
8. Please describe your organization's experience providing this service, your organization's experience serving individuals and families experiencing homelessness, and your plan for providing this service at the Vista Way Navigation Center. (2000 character limit)