



**City of Woodinville Human Services Grants
2019-2020 Application**

BACKGROUND

The City of Woodinville is pleased to offer grant funding to eligible community non-profit organizations that meet critical human needs in the Woodinville community.

The upcoming City budget process (2019-2020) will allow the City Council to determine its budget priorities. As such, specific funding allotments for human services grants is not yet defined or guaranteed. During the last City budget cycle (2017-2018), the City committed \$68,460 each year to twelve (12) agencies serving the Woodinville community.

SELECTION PROCESS

The City will accept completed human services grant applications until **Monday, September 24, 2018 at 5:00pm.**

Applications will be rated and a recommendation for funding will be passed on to the Woodinville City Council for consideration in the 2019-2020 budget which will be completed in December of 2018. Approved funding will become available on January 1, 2019 on a reimbursement basis.

Applications will be rated based on the ability to meet the following funding obligations:

- 1) Priority will be given to those agencies which provide physical survival services to City of Woodinville residents; however, services which are preventative in nature are also eligible.
- 2) Priority will be given to those agencies which provide an appropriate solution to a need or problem in the community.
- 3) Priority will be given to those agencies providing services which promote self-sufficiency and independent living.
- 4) Priority will be given to those agencies which provide direct services.
- 5) Priority will be given to those agencies which demonstrate a reasonable cost per unit of service or a high cost/benefit ratio.
- 6) Priority will be given to those agencies which will provide a good identification of client population served, particularly with regard to City of Woodinville residents.
- 7) Priority will be given to those agencies which can meet the City of Woodinville's management and performance standards to ensure appropriate use of city funds.
- 8) Priority will be given to those agencies which provide services benefiting poverty, low and moderate income residents.
- 9) Priority will be given to those agencies that charge fees based on the ability to pay for providing services to support gainful employment, social support and interaction, and access to services over other like services.
- 10) Priority will be given to those agencies which have an established process for generating alternative sources of funding or services.

Please mail or email completed applications to:

**City of Woodinville
Attn: Chista Kouretchian, Procurement/Contracts Manager
17301 133rd Avenue NE
Woodinville, WA 98072**

chistak@ci.woodinville.wa.us (Subject Line: **2019-2020 Human Services Grant Application**)

For questions regarding your application, please contact Chista Kouretchian, by phone: 425-877-2288 or by email: chistak@ci.woodinville.wa.us.

INSTRUCTIONS

Please fill out the following application for your request for human services grant funding in 2019-2020. Attach any supporting documents or materials to the end of this application. Additional pages may be used.

APPLICATION

| | |
|---|--|
| Name of Primary Contact: | |
| Title / Role: | |
| Organization/Program Name: | |
| Address: | |
| Phone Number: | |
| E-mail Address: | |
| Website (if applicable): | |
| Secondary Contact Info (if applicable, include name, phone number & e-mail address): | |
| Legal Tax Status of your Organization (example: 501(c) (3)): <i>Please provide documentation of tax status</i> | |

Purpose or Mission Statement of Organization:

General Description of Services Provided by Organization:

Funding Request and Program Description

Please complete the following questions:

1. This request is for \$_____ (Total grant funding available is to be determined.)

2. What is the funding request for? Please be specific and clear.

3. Where will the activity/program take place? Please provide all relevant addresses.

4. Please indicate and describe the Funding Priority Goal(s) your project addresses:

Emergency Shelter, Food, or Medical Service

(specify): _____

Gainful Employment

(specify): _____

Social Support and Interaction

(specify): _____

Access to available, appropriate services (transportation, information, referral services)

(specify): _____

Other

(specify): _____

5. What are the existing needs that your program will address?

11. Who is the target population serviced by your program? Explain how you will track demographic information to verify that the target population is being served.

12. How many estimated Woodinville residents (zip code 98072) will your program assist?

2019: _____

2020: _____

13. How does your program accommodate people with special or functional needs?

14. Does your program fill a need that is not otherwise addressed within the region? If so, explain how your program fulfills a unique need.

15. Does the program/organization formally partner with other agencies or organizations to provide services? If so, list partners and explain partnership arrangements.

16. What are the estimated measurable program outputs that will result from City funding (e.g., number of meals served, meetings held, vouchers provided, etc.)?

2019: _____

2020: _____

17. How is the effectiveness of the program measured? What inputs/outputs/outcomes will be measured in 2019 and 2020? (Feel free to include any documents or forms you utilize from your own internal systems if easier)

Program Budget

Please use **Form A (attached as an excel document)** to provide budget information for your program. Include all revenue sources for your program, including donations, fundraising revenues, foundation grants, in-kind resources, and other governmental funding (federal, state, and local).

If your organization's request is selected and funding is approved by the City Council, a copy of your most recent financial statement and general liability, professional liability, and automobile liability insurance certificates (as applicable) will be required.