



City of Woodinville COVID -19 Emergency Human Services Grant Program

Program Overview:

A COVID-19 Emergency Human Services Grant Program has been approved by the City Council to address community impacts caused by the coronavirus pandemic. This program is funded in order to provide quick and flexible access to resources for eligible non-profit organizations providing emergency services to Woodinville residents. The City desires to ensure that no Woodinville resident goes without food or other essential personal items during this pandemic. Resolution No. 563 provides funding in the initial amount of \$100,000. The City Council may direct additional funds, as deemed necessary, to be placed into the COVID-19 Emergency Human Services Grant Program at a later time.

Eligibility:

- A. Eligible Human Service Providers shall be 501(c)(3) organizations and/or faith-based organizations that provide direct emergency response support to Woodinville residents, regardless of whether those organizations are currently receiving funding, in whole or in part, from the City.
- B. Applicants must be in or close to Woodinville and ensure that the preponderance of funds provided will assist Woodinville residents.
- C. Each agency must submit a completed application within the time period and in the manner prescribed by the City. A current W-9 must be submitted prior to any funds being disbursed.
- D. Applicants must demonstrate a nondiscriminatory policy.
- E. Applicants must adhere to sound and accepted management, business, and accounting practices.
- F. Grant requests shall be a minimum of \$1,000 up to a maximum of \$10,000 to provide food, essential personal items, temporary shelter, or other emergency aid to Woodinville residents.

APPLICATION INFORMATION

Name of Organization: _____

Check one: 501(c)(3) Faith-based Organization Other: _____

Contact Information:

Name: _____ Title: _____

Email: _____ Phone: _____

Mailing Address: _____

Amount of Funds Requested: \$ _____

Please attach a narrative explaining how these funds will be used and the anticipated number of people (and what percentage are expected to be Woodinville residents) that will be served; include a statement explaining current resource gap.

By signing this application, I affirm that this request is supported by the Board of the organization I am representing and that all or substantially all the funding will be used for providing emergency aid to Woodinville area residents.

Signature: _____ Print Name: _____

Date: _____