

City of Everett
2017 Human Needs Grant Application



Return to:

Rebecca McCrary
Department of Planning and Community Dev.
2930 Wetmore Avenue, Suite 8A
Everett, WA 98201

Application Due: No Later than 5:00 p. m.
Friday, January 6, 2017

Funding Period: January 1, 2017 – December 31, 2017

A. Agency Information. Please submit only one Section A even if you are applying for Everett Human Needs funding for multiple programs.

1. Name: _____

Address: _____

Contact Name: _____ Phone: _____ E-mail _____

2. Agency budget: Projected 2016 \$ _____ Proposed 2017 \$ _____

3. Agency purpose:

4. Major services provided by agency:

5. Programs for which funding is being requested:

6. Please attach the following information to your application:

- Most recent financial audit and a copy of the management letter.
- Board of Directors, including name, position/title, and length of time on the Board.
- 2016 Year-to-Date Agency Actual Budget and 2017 Agency Projected Budget.
- A copy of the IRS letter certifying tax-exempt, non-profit status.
- A copy of City of Everett business license

7. Please provide the following information:

- a. Date of your organization's incorporation. _____
- b. Your organization's Federal I.D. Number: _____

NOTE: If your agency is funded with City of Everett Human Needs funds, you will be required to carry commercial general liability insurance with minimum limits of \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate, including but not limited to premises and operations (including off-site operations), blanket contractual liability and broad form property damage. You will also be required to provide the City of Everett with two insurance forms: a Certificate of Insurance and an **Endorsement naming the City of Everett**, its officers, employees and agents as additional insured for the duration of the program.

8. Do you certify that no public funds will be used for lobbying? Yes No

9. **Coordination/Collaboration.** Provide information about how your agency coordinates and collaborates with other agencies/programs including formally and informally, for the benefit of Everett residents. If you are not collaborating with other agencies, please explain. Since these programs may be those providing similar services to the same or different populations or programs providing referrals or complementary programs, explain how your agency fits into the overall service delivery in the community. Elaborate about where there may be more opportunities to serve residents through coordinating and collaborating with other service providers.

10. **Feasibility.** Discuss specific factors that demonstrate your organization can successfully manage the program(s) below. You should discuss your record of service in the City of Everett. Give a description of and qualifications (titles, training, certification, etc.) of key staff and personnel responsible for the program(s).

11. **Priorities.** Please list in order of priority the programs for which you seek 2017 City of Everett Human Needs funding:

*(Please complete a separate Section B for each of these programs. **Start each Section B at the top of a new sheet.**)*

a.)
b.)
c.)
d.)

Authorizing Signatures:

1) Chief Officer _____
 (President, Exec. Director, etc.) Please Print Signature

_____ Title

2) Chief Volunteer Officer _____
 (Board President, etc.) Please Print Signature

_____ Title

Agency Name _____

B. Program Title: _____

Please prepare all pages in Section B for each program for which you request Human Needs funding. Start each Section B on a new page.

1. Program Summary

a. Application Contact Person _____ Phone _____ E-mail _____

b. Program Contact Person _____ Phone _____ E-mail _____

c. Program is: New Ongoing

d. Priority area. Select which Everett Human Needs priority and population your program is intended to serve.

POPULATION AREA OF NEED	
<input type="checkbox"/>	YOUTH <input type="checkbox"/> <i>Housing and Food Assistance</i> <input type="checkbox"/> <i>Health Services (i.e. Medical, Dental, Mental Health and Drug/alcohol Treatment)</i> <input type="checkbox"/> <i>Counseling/Guidance/Legal Services</i> <input type="checkbox"/> <i>Abuse/Neglect</i> <input type="checkbox"/> <i>Violence/Delinquency Prevention</i>
<input type="checkbox"/>	SENIORS <input type="checkbox"/> <i>Housing and Food Assistance</i> <input type="checkbox"/> <i>Health Services (i.e. Medical, Dental, Mental Health and Drug/alcohol Treatment)</i> <input type="checkbox"/> <i>Counseling/Guidance/Legal Services</i> <input type="checkbox"/> <i>Abuse/Neglect</i>
<input type="checkbox"/>	PERSONS WITH DISABILITIES AND/OR BARRIERS <input type="checkbox"/> <i>Housing and Food Assistance</i> <input type="checkbox"/> <i>Health Services (i.e. Medical, Dental, Mental Health and Drug/alcohol Treatment)</i> <input type="checkbox"/> <i>Counseling/Guidance/Legal Services</i> <input type="checkbox"/> <i>Employment Support</i> <input type="checkbox"/> <i>Abuse/Neglect</i>

e. Summary description of program:

f. Program location (if different from agency location): _____

g. Does this program use volunteers and if so, how are the volunteers used: Yes No

2. Program Cost Summary

a. Total program cost: Projected 2016 \$_____ Proposed 2017 \$_____

b. Everett Human Needs funds: Awarded 2016 \$_____ Requested 2017 \$_____

3. Need

Describe the need or problem your program is designed to meet in this city. Quantify this need, using local or regional data that confirms or describes the problem or need. How much of the need are you currently serving?

4. Program Description

Describe the service for which funding is requested. ***Be sure to state which of the City of Everett’s Human Needs Priorities your program aligns with and how.*** The description should contain: (1) program objective, (2) program components and structure, (3) who is to be served, (4) how and when the service will be provided and (5) by whom the service is to be provided, e.g. trained volunteers, medical doctors, licensed counselors, etc.

5. Program Outputs

Using the definitions of service units and program output measures set forth in the application instructions, provide the following data for evaluation.

a. Persons to be assisted

	Number unduplicated clients to be served with funds from all sources
	Number unduplicated City of Everett residents to be served with requested Human Needs funds

- Please describe how the numbers were developed.

b. Projected low-moderate income benefit

What percentage of your program clients will be: *(see income definitions in application instructions)*

_____ % very low income _____ % low income _____ % moderate income
 (0-30% median) (31-50% median) (51-80% median)

- Please describe how the percentages were developed.

c. Program Service Units

Program Service	Unit Description	Number of Units to be provided with funds requested

- Please describe how the numbers were developed.

6. Accessibility

a. Describe how your agency and this particular program ensure accessibility to disabled individuals. Has your agency assessed itself and its programs for conformity to the requirements of the Americans with Disabilities Act? Explain.

b. Describe how your agency and program promote/address diversity in the City of Everett.

c. Does your agency have TDD/TTY Yes No

7. Program Outcomes

a. Evaluate your program's performance. How do you know that your practice, procedure, technique is effective? How will the City of Everett know? Provide evidence regarding the impact of the intervention/action you propose. This evidence could include study findings about your program or a similar model, your own track record, client evaluations, etc. Please state one to three measurable outcomes that you are planning to track in 2017.

b. If your program currently receives funding from the City of Everett, please describe your program outcome results including # units and Everett residents served for the period of January 1, 2016, to the date of application.

c. How will your program meet one or more of the following criteria:

Criteria (choose all that apply)	Explanation
<input type="checkbox"/> Increase self-sufficiency	
<input type="checkbox"/> Promote health and healing	
<input type="checkbox"/> Promote/address diversity	
<input type="checkbox"/> Reward coordination and collaboration	

8. Program Budget Summary

a. Program Expenses:

Budget Category	2016	2017		
	Current Year Projected	City Funds Requested	Other Funds	Total Program Budget
Personnel Expenses	\$ _____	\$ _____ +	\$ _____ =	\$ _____
Office/Operating Expenses	_____	_____ +	_____ =	_____
Communications	_____	_____ +	_____ =	_____
Travel/Training	_____	_____ +	_____ =	_____
Consultant or Purchased Services	_____	_____ +	_____ =	_____
Other	_____	_____ +	_____ =	_____
TOTAL		\$ _____ +	\$ _____ =	\$ _____

b. 2017 Personnel Expenses Detail:

Position Title	% FTE	Annual Salary	Human Needs Funds
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub-Total - Salaries	_____	_____	_____
Benefits & Fringe (%)	_____	_____	_____
TOTAL Personnel Costs		\$ _____	\$ _____

c. Service Unit Cost (**NOTE: Service unit numbers should match those indicated in Question 5.c.)**

Program Service	Service Unit	# Units Provided	2017	City Funds Requested
			Cost Per Unit	
_____	_____	_____	\$ _____	\$ _____
		x	=	
_____	_____	_____	\$ _____	\$ _____
		x	=	
_____	_____	_____	\$ _____	\$ _____
		x	=	
Total proposed Everett Human Needs Budget				\$ _____

d. Service Unit Costs Comparison:

Program Service	Unit Description	2016 No. of Units	2016 Unit Cost	2017 No. of Units	2017 Unit Cost

Please provide a brief narrative on the reasons for changes in unit costs between 2016 and 2017:

9. Program Revenue (NOTE: Please provide detail on funding from all sources, including non-grant fundraising)

Revenue Source	Current Year 2016 Projected	Next Year 2017 Estimate	Committed for 2017	Restricted Use
_____	\$ _____	\$ _____	<input type="checkbox"/>	\$ _____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	_____
TOTAL	\$ _____	\$ _____		\$ _____

10. City of Everett Human Needs funds for 2017

- a. If you received a City of Everett Human Needs grant in 2016 and are requesting increased funding for 2017, please explain the reasons for this increase:

- b. State the least amount of City funding you could receive and still offer an effective service or accomplish a complete, though reduced, program. \$ _____ ***(This extremely important question requires your careful consideration as your response will affect the City's funding decision. For example, requesting \$20,000 and indicating that \$20,000 is the least amount you can make effective use of may eliminate your program from consideration if \$15,000 is all the City has to offer.)***

- c. Describe how the program outputs listed in Item 5 would be revised at the reduced funding level described in 10(b).

d. How would Everett Human Needs Funding help you to leverage other resources?

11. The City of Everett encourages those types of fundraising events where people are invited to be held in Everett. In consideration of this, the evaluation criteria will place some consideration on where agencies hold their fundraising events when they have such activities.

a. Do you have fundraising events where people are invited? Yes No

- If yes, please answer the questions below:

b. Do you hold fundraising events in the City of Everett? Yes No

- If yes -- where and how often?

c. Do you hold fundraising events outside the City of Everett? Yes No

- If yes -- where and how often?