

NORTH/EAST KING COUNTY HUMAN SERVICES FUNDERS
General Fund and Community Development Block Grant (CDBG) Public Services
Funding

**2005 - 2006 APPLICATION FOR
SERVICE PROGRAMS**



The following cities accept this common application:

Bellevue
Bothell
Issaquah
Kenmore
Kirkland
Redmond
Shoreline
Woodinville

❖ CONTACT LIST & APPLICATION DEADLINES FOR 2005 - 2006 GENERAL FUND AND CDBG FUNDS

All applications are due by 4:30 p.m. on the dates listed below. Please see individual city supplements for appropriate number of copies to submit.

Jurisdiction

Application Deadline

City of Bellevue:Wednesday, June 2
 Contact: Camron Parker, (425) 452-6165, cparker@ci.bellevue.wa.us
 Emily Leslie, (425) 452-6452, eleslie@ci.bellevue.wa.us

City of Issaquah:Friday, June 18
 Contact: Steve Gierke, (425) 837-3022, sdgierke@comcast.net

City of Kirkland:Wednesday, June 16
 Contact: Sharon Anderson, (425) 803-2833, sanderson@ci.kirkland.wa.us

City of Redmond:Friday, June 11
 Contact: Colleen Kelly, (425) 556-2423, ckelly@redmond.gov

City of Shoreline:Friday, June 4
 Contact: George Smith, (206) 546-5569, gsmith@ci.shoreline.wa.us

City of Woodinville:Friday, June 25
 Contact: Deborah Knight, (425) 489-2700, deborahk@ci.woodinville.wa.us

City of Bothell:Friday, July 9
 Contact: Bruce Blackburn, (425) 486-3256, bruce.blackburn@ci.bothell.wa.us

City of Kenmore:Friday, July 9
 Contact: Carter Hawley, (425) 398-8900, chawley@ci.kenmore.wa.us

OTHER FUNDERS:

A Regional Coalition for Housing, ARCH:Late September
 Contact: Max Bigby, (425) 861-3677, mbigby@ci.bellevue.wa.us

United Way of King County (Venture Funds)Call for Deadlines
 Contacts: Doug Whalen, (206) 461-5078, dwhalen@uwkc.org
 Jan Stout, (206) 461-5079, jstout@uwkc.org

❖ APPLICATION INSTRUCTIONS FOR 2005 - 2006 SERVICE PROGRAMS

The cities of Bellevue, Bothell, Issaquah, Kenmore, Kirkland, Redmond, Shoreline and Woodinville all use the same application forms. These instructions explain how to fill out the generic applications for General Fund and CDBG public service dollars for one-year or two-year funding. Bothell, Issaquah, Kenmore and Woodinville fund for one year at a time; Bellevue, Kirkland, Redmond and Shoreline fund for two years.

This application form has two parts: Part A can be used to describe the program for which you are requesting funds. Part B asks for overall information about your agency and will be the same for all funders receiving proposals. Part A is program and City-specific: fill out a new version for each program and each City to which you are applying. An agency could send multiple Part As and one Part B to one or more funders. Most cities do not need multiple identical copies of Part B. Check the Supplemental Information to find out which cities do.

PART A: PROGRAM INFORMATION

Start by typing the name of the City to which you are applying in the space provided above Question 1.

1. AGENCY NAME AND CONTACT

Self-explanatory

2. PROGRAM NAME

Name the program for which you want funding. The name of the program should be a briefly stated description of the program.

Examples

Elder Abuse Prevention Program (single service)

Western Drug and Alcohol Treatment Center (all services)

3. PROGRAM'S AGE / STATUS

Please check if the program identified in Question 2 is new or ongoing; "new" is defined as a program which is a new addition to your agency's services, or a new agency. "Ongoing" is defined as any currently existing program.

4. BRIEF DESCRIPTION OF THE PROGRAM

In two to three sentences, summarize the activity(ies) for which funding is requested. The City recognizes that agencies have a variety of funding needs. Some agencies may want funding for one specific service. Others may want the City to contribute to the agency's overall budget. **As you complete the rest of the application, please keep in mind what you have defined as the "program" for which you want funding.** For the purpose of this application, "program" can be used to describe one service of an agency or the entire agency (all services of an agency).

5. PROGRAM LOCATION

Enter the program's location (full street address and city) **only** if it is different from the agency's location.

6. TOTAL PROGRAM COST

List the program's actual cost in 2003, its projected costs this year (2004), and its proposed total costs in 2005 and 2006.

7. CITY FUNDS

Enter the amount you were awarded, if any, in 2003 & 2004 and the amount requested in 2005 & 2006.

8. REASONS FOR INCREASED FUNDING

Explain briefly the reasons, if applicable, for any increase in funds requested of the City.

9. LOWEST (“FALLBACK”) LEVEL OF FUNDING POSSIBLE

Can this program be conducted with less money than you are requesting from the City? State the lowest amount you would need to offer a still effective service or accomplish a discrete, if reduced, part of the program. Describe how the program would change with a smaller award than your full request. For example, would the number of persons assisted or other “outputs” decrease or the program’s scope otherwise shrink? If so, explain and tell how much the drop(s) would be.

10. NEED FOR THE PROGRAM

Describe concisely and specifically the existing situation. Identify the problem(s), condition(s), or need(s), your program will address. (It is not necessary to fill all the space provided; you are simply providing a basis for the amount of funding you are requesting.) Do not explain in this section how your project will address the situation, but simply give details of the problematic situation. Give any local or regional documentation confirming this situation. Please do not merely refer the reader to a document or source without giving data yourself.

Examples

The need for emergency shelter for families in King County is escalating. An estimated 10,000 - 12,000 people in King County are homeless. This estimate represents a 25% increase from last year that is consistent with recent projection by the National Coalition for the Homeless. In this City an estimated 800 families are in need of shelter each year. Our agency’s records show families turned away each week have increased since last year from 2 to 5 families.

In 2003, the Health Department determined the existence of a serious lack of dental resources for low-income persons on the Eastside. Of the 854 low-income adults surveyed, 51% said they have problems and cannot get help; 66% have no dental insurance; 77% cannot afford to pay. The survey also found that 20% had received no dental care in 4 years. Our agency currently has a waiting list of 140 adults, and there is a 3 month delay in obtaining service.

11. PROGRAM DESCRIPTION

Describe in detail how your program will operate. How will the program address the need(s)/problem(s) you described in Question 10?

If the program serves youth, you are asked to describe how the program positively promotes one or more Developmental Assets for youth. These assets are building blocks of healthy development that help young people grow up healthy, caring, and responsible. The Search Institute has identified 40 developmental assets, including both internal and external assets. This list of assets is attached to the instructions.

If you are applying for two year funding, describe any changes that may occur in the second year of the program.

Example

Program Objective: To meet the demand for employment counseling and job placement for refugees in the City by placing 50% of those assisted in jobs or appropriate training.

Program Components and Structure: The program has 4 components: (1) intake interview, (2) assistance with job search skills such as resume writing, the job interview, (3) referrals to job placement, and (4) follow-up and evaluation of job retention. Normally, a client is referred to the agency by another human service agency. A culturally and linguistically appropriate counselor interviews the client, a plan is developed, and the counselor supervises the implementation of the plan. The counselor is also responsible for job development and monitoring the economic and employment picture. The agency targets permanent jobs that will provide a livable wage as well as health benefits.

Target Population: The agency targets persons with multiple barriers to employment including lack of English language skills, cultural adaptation difficulties, and/or lack of appropriate job skills. Bi-lingual counselors are available to serve a multitude of languages, including Eastern European, Hispanic, and Southeast Asian populations.

How and When Service Will Be Provided: The services are provided from 8:00 a.m. to 5:00 p.m. five days a week by appointment. Evening services are available twice a week on Tuesdays and Thursdays, from 5:00 p.m. - 9:00 p.m. Persons who drop in are served immediately if possible, or an appointment is made. Our policy is to see individuals within the week of contact.

Service Providers: Services are provided by experienced job counselors with a minimum of a B.A. degree. Describe why this level of training (and not more training or a different type of training) is appropriate. Is supervision provided?

12. PROGRAM OUTPUTS (QUANTITY OF SERVICE)

This section requests the specific output measures or units of service (e.g., #s of persons seen, #s of nights of shelter, and so on) you project from your program.

- 1) The first line asks for the total number of unduplicated clients – from any place of residence – to be served in 2004 (to form a baseline for comparison) and to be served in this program in 2005 with funds from all sources, including the City to which you are applying. Estimates should be based on your past track record and/or geographic location and market area. Unduplicated means that a client is counted only once during the calendar year, usually at intake. This number will represent those persons for whom you anticipate doing an intake procedure, *not those served by telephone* (unless you provide a telephone service). In cases where only phone contact is anticipated, an estimate should be provided and the basis for this estimate given below in the documentation section (Question 16).
- 2) The second line asks for the total number of unduplicated City residents to be served in 2004 (again, to serve as an approximate baseline) and to be served in 2005 with funds from all sources. In other words, how many total residents from the City are you now serving, and how many do you anticipate serving in your program? This number would be smaller than the one in the first line if you serve clients from a greater geographic area, e.g. Eastside, than only the City to which you are applying.

Note: Complete 3) and 4) only for the Cities of Bellevue, Kirkland, Shoreline or Woodinville.

- 3) The third line asks for the total number of unduplicated City residents to be served with the support of the requested funds. This number is usually less than the number in the two lines above. The only instance where the numbers would be the same is when the program is totally funded by the City.
- 4) The fourth line asks for the percent of total City residents to be served with the support of the requested funds. Of all the City residents to be served by your program, what percent will be

served with the funds you are requesting from that City? To do the math, divide the third line by the second line and multiply by 100 to get the percentage. (#3 ÷ #2 x 100)

Example

A counseling program is proposing to serve 250 total clients on the Eastside, including 100 Bellevue residents, with funds from all sources, including the City of Bellevue. The funds requested from Bellevue will serve 50 residents, or 50% of the total City residents served.

2004		
(1)	250	Total number of unduplicated clients to be served in this program with funds from <u>all sources</u> .
(2)	100	Total number of unduplicated <u>City</u> residents to be served with funds from <u>all sources</u> .
NOTE: Complete 3 & 4 only for Bellevue, Kirkland, Shoreline or Woodinville		
(3)	50	Total number of unduplicated <u>City</u> residents to be served with the support of the <u>requested funds</u> .
(4)	50%	Percent of total number of unduplicated <u>City</u> residents to be served with the support of the <u>requested funds</u> (#3 divided by #2 x 100).

13. PROJECTED LOW-MODERATE INCOME BENEFIT

Projected very low income, low income, and moderate income benefit:

Indicate the estimated percent of very low-income, low-income and moderate-income persons who will benefit from your program (refer to Income Guidelines below). Provide numbers based upon the group of clients reported in Part 2 or Question 12 – City residents served with all funding sources. Programs eligible and recommended for CDBG funding will be required to document and demonstrate “low/moderate” income benefit.

2004 HUD INCOME GUIDELINES			
<i>Median Family Income = \$71,900</i>			
	30% MEDIAN	50% MEDIAN	80% MEDIAN
FAMILY SIZE	VERY LOW-INCOME	LOW-INCOME	MODERATE INCOME
1	\$16,350	\$27,250	\$40,250
2	\$18,700	\$31,150	\$46,000
3	\$21,050	\$35,050	\$51,750
4	\$23,350	\$38,950	\$57,500
5	\$25,250	\$42,050	\$62,100
6	\$27,100	\$45,200	\$66,700
7	\$29,000	\$48,300	\$71,300
8	\$30,850	\$51,400	\$75,900

Example

It is not necessary for these percentages to add to 100%.

What percent of your program clients will be:			
60%	Very Low Income (30% Median)	25%	Low Income (50% Median)
		10%	Moderate Income (80% Median)

14. SERVICE UNITS (OUTPUTS)

This item asks about “service units”, or units of each kind of service your program offers. (You will find a menu of units of measure in the Service Unit Descriptions and Units of Measure Section located at the end of these instructions, and you’ll choose from that list.) For some cities to which you apply, the service units (or outputs) you list should include those paid by all sources, that is, by the City to which you are applying, plus other Cities, the county, the United Way, and so on. However, please note that **Bellevue, Kirkland, Shoreline and Woodinville** ask you to list only the service units paid for with funds requested from that particular city.

Select the appropriate unit(s) of measure from the Service Unit Descriptions and Units of Measure Section. Use these definitions and units of measure to develop measurable service units. You should find an appropriate definition here to match your service, but if you do not, call the City’s Grant Coordinator (see contact numbers at the beginning of this packet). The coordinator will help you identify an appropriate definition. These definitions should then be tailored to reflect your unique program design.

Enter the service unit description (in the example here, employment counseling hours) in the left column. For each year, indicate the volume of service to be provided in that year and the full cost of providing that service unit.

Example

Service Units (Outputs)	2004		2005	
	No. of Units	Cost per Unit	No. of Units	Cost per Unit
1. Employment Counseling Hours	145	\$80	160	\$85
2. Employment Workshops	12	\$150	15	\$165
3. Job Placements	30	N/A	32	N/A

15. UNIT COST DEFINITIONS

Provide a more detailed description of the Service Unit. For example, “Employment Counseling Hours are one-on-one sessions held, on average, twice a month with the client and case manager.”

16. DOCUMENTATION

Describe how you developed the numbers (the number of people to be helped, their levels of income, the units of service to be provided, and the costs of the services) in questions 12-15. Reviewers want to understand *how* you arrived at these percentages or numbers. Your explanation may include information gathered at client intake, demographic information, past service records, estimates of program capacity, and delineation of the elements used to compute the cost(s) of service(s).

17. FUNDING PRIORITIES

Some cities identify priorities among the many needs for human services, while others prefer to respond to proposals to support a balanced array of services and do not publish preferred emphases (*see Supplemental Information for further specifics on different cities*). If the City to which you are

applying has specified its priorities for support, complete this question (#17) by describing in what ways your proposal addresses prioritized needs.

18. OVERVIEW OF RESULTS FOR OUTCOME MEASURES

Most cities require evidence of effectiveness, which they call “outcomes”, for programs they support. If your program has previously received public money, you probably have had to report on outcomes, that is, the evidence that a service benefits its clients. Even if you have not previously received public local support, you presumably have reasons for confidence in your program’s value. Question 18 asks you to state your program’s outcomes or benefits in a quantifiable form for the previous year. As much as you can, use objective, replicable data.

Examples

- 85% of referrals from this program resulted in services delivered or continued.
- At follow-up, clients scoring “stable” or better increased by at least 50%.
- Of at risk students served, improvement or stabilization was seen at the following rates: 69% for attendance, 94% for conduct, 75% for grades.
- 86% of seniors served report having had transportation problems before the service, and 95% say that it made getting to medical appointments easier.

19. PROPOSED OUTCOMES TO BE MEASURED IN 2005

Please state one to three measurable outcomes that you plan to track in 2005. To evaluate the application for funding, the City needs reliable information about the effectiveness of the proposed program. You should provide evidence about the impact of the intervention or action. It could include findings of studies reporting the effectiveness of a program using the model you will use, your own track record, clients’ evaluations, or other data.

NOTE: *If you already have developed outcomes as part of your application to United Way of King County or another funder, please use these outcomes here.*

If you do not now track program outcomes, you will need to identify one to three measurable program outcomes that you are prepared to track and report in 2005. If you need help, contact the City’s Grant Coordinator (see contact numbers at the beginning of this packet.)

20. FEASIBILITY

Discuss any factors or experience showing that your organization will be able to manage or complete this program successfully. The indicators may include having completed the same or a similar program in the past, having a good track record, successfully completing other programs, and/or having familiarity with the community. For agencies now receiving public financial support, explain any relevant administrative or management issues during the last year and how they were handled. Also explain your agency’s capacity to deal with the outcome information requested in questions 18 and 19 above.

Discuss the specific qualifications (education, training, experience) of key staff responsible for this program. Include only qualifications relevant to implementing this program. If licensing or other standards commonly apply to the service in question, describe them and your staff’s compliance with these standards.

21. COORDINATION

To maximize the effectiveness of limited resources, the City wants to support programs that do not unnecessarily duplicate or compete with other existing or proposed community projects. Where relevant, priority will be given to activities that reflect regional or sub-regional planning. Please discuss how your program fits into, coordinates with, or complements/enhances the existing delivery system of services. Also, include relationships to significant state and local programs.

22. COLLABORATION WITH RELATED PROGRAMS

Describe actions you have taken to coordinate with other major organizations, groups and service providers who serve the same or similar client populations or address the same or similar problems your program targets.

23. PROGRAM BUDGET

List all major sources of revenue, **including this City and all other sources**, for your program. List the amount of money, by revenue source, for the current year (2004) and for 2005. Include revenue from your agency’s own fund-raising. Put a check in the box for each source if the money has already been secured the program, and leave the box blank if the funds have not been secured yet.

List all the budgeted program expenses for the current year (2004) and 2005. Use the last column to show how City funds would be applied. Check that the total for City funds requested matches the figure(s) listed in Question 7 under requested funds for 2005.

All figures must total across the last row to demonstrate a total program budget. If the program operates with a surplus or deficit please indicate below the Total Expenses.

24. REVENUE NARRATIVE

Explain any issues about the program’s current and projected revenue stream. For instance, if you expect or have had cuts from the state, private donors, or depreciated investments, this is the place to describe what your agency faces. If you expect to hear shortly about major shifts in support, tell when you will know more about the impending situation.

25. EXPENSE NARRATIVE

Explain any issues about the program’s current and projected expenses. For example, if program administration costs show a high percentage increase from one year to the next, explain that agency insurance costs increased 25% and will continue to increase at a similar rate for the next three years.

26. PERSONNEL COST DETAIL

This section supplies information on how you would spend your City grant funds for personnel costs, assuming you are given an award.

List the position titles and the current annual salary (2004) and expected salary in 2005 for each position funded through the grant. Use the “% FTE” column to tell whether each employee works full or part time, using 100% for full-time and a the appropriate lesser percentage for part-time (this column is not a place to show what fraction of an FTE would be supported by a City’s allocation). Provide the lump sum cost of benefits for the listed employees on the bottom row of the chart. Identify the dollar amount of City money requested for each position (City Funds column).

27. SERVICE UNIT COST REIMBURSEMENT: OPTIONAL Note that you need not complete this section if you are requesting reimbursement by the line item method.

This budget format should be used by service program when the program budget is developed on a cost per unit of service basis, or where costs relate directly to the number of service units provided. In the latter case, costs may not be fixed, but rather expended only as the service is provided. An example is a transportation program where costs of a drive and gas relate directly to service demand. Programs using the Service Unit Cost reimbursement method will be required to demonstrate service units as opposed to expenses for billing purposes.

Service Unit Costs:

In this section you are first asked to list the services of the program for which you now receive support. Enter this service in the first column, **Program Service Units** (e.g., you might enter "transportation for seniors"). Next, report how many units of service, here one-way trips to transport seniors, the program will provide to residents of the city to which the application is submitted. Then state the reimbursement rate you would seek for each unit of service delivered (this could be the full cost of the service, or a subsidized rate). For instance, currently you might need \$5.50 to underwrite all costs of a one-way trip for seniors, but will only ask the city to reimburse \$3.00 per trip. Finally, multiply the number of units provided by the reimbursement rate to total the amount of grant funds requested.

Use the space provided at the bottom of the page (or attach an additional page, if necessary) to describe exactly how the Cost per Unit reimbursement rate is determined. If you are requesting a reimbursement rate that is less than the full cost of providing the service, explain how the gap between the full cost and the lesser subsidized rate will be filled.

PART B: AGENCY INFORMATION

1 AGENCY NAME AND ADDRESS, SIGNATURES

Self-explanatory

2. AGENCY PURPOSE

Describe briefly the agency's statement of purpose or mission.

3. MAJOR SERVICES PROVIDED BY AGENCY

List in a bulleted format all the major services your agency provides.

4. GEOGRAPHIC AREA COVERED BY AGENCY

Self-explanatory.

5. AGENCY'S BUDGET

Enter the approved amount of the total agency's budget for the current year (2004) and the proposed amount for calendar years 2005 and 2006. If the agency's future budgets have not yet been determined, estimate as closely as possible, based on past years and future expectations.

6. OVERVIEW OF AGENCY'S SOURCES OF INCOME

Enter the dates of your current fiscal year. Based on revenues for the current year, calculate the percentages of your total budget accounted for by dollars coming from each source of income. If your agency includes the value of in-kind contributions and the work of volunteers in its statements of total support, include those percentages in the last two boxes.

7. ACCESSIBILITY TO PEOPLE WITH DISABILITIES

Please describe your agency's capacity to serve disabled populations. The City intends to support programs that are physically accessible. Has your agency assessed itself and its programs to see if they conform to the requirements of the Americans With Disabilities Act? What were the results of the assessment?

8. ACCESSIBILITY TO CLIENTS IN NEED OF THE SERVICE

Please describe your agency's capacity to serve persons with special needs. The City wants to support programs that are accessible without regard to ability to pay, as well as programs that are culturally sensitive, linguistically accessible, and non-discriminatory. Please discuss and give examples of your program's accessibility to special needs populations, like refugees, members of

minority groups, persons with AIDS, individuals with limited income, persons whose first language is not English, etc. Do you have access to interpreters?

9. PLANS FOR BECOMING ACCESSIBLE

The City intends to fund agencies that are fully accessible. If you have identified an area where your agency is inaccessible, indicate how this deficiency will be corrected and when. A realistic timetable must be included. If funds are needed, what is their projected source?

10. AGENCY ADMINISTRATION

Attach all documents requested in the application – check the Supplemental Information Packet to see how many copies of attached information are required by the city to which you are applying.

OMB Circular A-133 requires that agencies expending \$300,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the standards outlined in the Circular. Check the appropriate box to indicate if your agency’s audit meets the standards of OMB Circular A-133.

11. ABSENCE OF AUDIT

State the reasons, if applicable, your agency has not had an audit.

12. IMPLEMENTING ORGANIZATION

Complete this section only if the implementing organization is different from the applicant organization. Enter the name and full mailing address of the implementing organization. Provide the name and phone number of the person for the implementing organization who will be the direct contact to answer questions about the program.

13-15. INSURANCE, LOBBYING, NON-PROFIT STATUS

Self-explanatory

❖ SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

INSTRUCTIONS: *These definitions and units of measure may be used as a basis to develop measurable service units. You should find an appropriate definition here to match your service. If you do not, call the person listed in the supplemental information as the City's contact person. S/he will help you identify an appropriate service definition. These definitions should then be tailored to reflect your unique program design. Remember that you are sometimes presenting your program to a person who may not be familiar with the service you are providing. If you use your own unit of measurement, please define. Please call the appropriate City person if you want to use a different unit of measure.*

Adult Day Care: Provision for older adults or the disabled, a place for mental and physical renewal as well as socialization. Measured by days of care, or in the case of a voucher program, by program slot. (See **Child Care**)

Advocacy: Intervention/contact on behalf of a client when the individual cannot represent themselves effectively. Measured by contact. This is calculated by multiplying the number of persons involved in the contact or session by the number of contacts or sessions.

Case Management: Comprehensive treatment approach for a single individual involving personal counseling and liaison with other providers to ensure coordination and consistent care. Measured per case manager session. It is presumed that the case manager will deal with one client at a time. If there is more than one client, multiply the number of clients by the number of sessions.

Child Care (See also **Therapeutic Day Care**): Supervised care for children. Measured by child care day. A child care day is a full-time unit of program service which usually consists of care of 8 to 12 hours per day. In after school care programs from 6 a.m. to 9 a.m. and 3 p.m. to 6 p.m. each day for five days per week, can equate to full time care day.

Chore Services/In-Home Care: Essential transportation, light housekeeping or maintenance, meal preparation, yard work, respite, assisting with mobility and personal care. Measured per hour of service provided.

Clothing Bank: A source of previously used clothing for low- and moderate- income persons. Measured by visit. A visit is counted when individuals referred from social service agencies pick up the number of clothes authorized.

Counseling (Mental Health, Domestic Violence, Housing, Employment): In-person individual, family or group consultations with: (1) a professional social worker (with alcohol counseling certification, where relevant), (2) a psychologist, or a psychiatrist for problem solving, (3) a housing counselor. Specify individual or group giving the size of the group. Measured per counseling hour session. This is calculated by multiplying the number of persons counseled by the number of counseling hours/sessions. Estimate the length of a session if less than one hour.

Crisis Line: A centralized toll-free telephone line offering emotional support, crisis intervention and problem solving usually by staff or trained volunteers. Measured by crisis call.

Dental Care: Emergency and routine dental care performed by a dentist or dental assistant, including cleaning, education, extractions, fillings, root canals, dentures and follow-up. Measured by client visits.

Employment Services: Services in support of a client's obtaining employment including job counseling, help with job seeking and retention skills, job search workshops, development of employability plans, and

individualized job development as needed. Measured by client/service contact. Again, if more than one persons is served at the same time, multiply service contact by the number of persons served.

Financial Aid: Interim case assistance for bus fare, vouchers to prevent eviction, tuition waiver, and fees for books and supplies. Measured by individuals or households assisted.

Food: Meals, prepared food pack, nutrition services at senior centers or for the homebound, or bags of food given out at food banks. Measured by meal equivalent. The meal equivalent will be negotiated at the time of contracting.

House Rehabilitation: Physical rehabilitation of houses to prolong their life and preserve housing units for low- and moderate-income persons. Measured by number of houses or rental units rehabilitated.

Information and Referral: Telephone services to improve citizen access to social services such as child care, counseling, etc. Measured by call.

Interpretation/Translation: Written and oral interpretations services provided to limited English speaking persons or the hearing impaired. Measured by client contact.

Legal Services: In person legal help through self-help workshops (where pro se legal assistance is given), lectures with legal information, limited direct representation (where an attorney meets with an individual representing himself or herself and assists the client directly with court proceedings), or direct representation by a lawyer. Measured by client contact or session. To calculate, if there are several persons in a group session, multiply the number of clients times the number of contracts or sessions.

Medical Care: Face-to-face visit with nurse practitioner or doctor for diagnosis and treatment of acute and chronic illness and minor injuries, health screening, preventative health service, and/or linkages to free and low cost ancillary, specialty, and inpatient health service. Measured by patient visit.

Outreach: Contacts by telephone or in person to acquaint potential clients with a range of services available, or to demonstrate to possible volunteer providers (e.g. safe homes or chore services) opportunities to provide volunteer services. Measured by telephone call or client/provider contact. If outreach is offered in the form of a group meeting, multiply the meeting times the number present.

Placement: Referrals to the next step in the recovery pattern, educational ladder, or training program. Measured when the placement occurs.

Shelter: Night of shelter in: a homeless shelter, a hotel with a voucher, or a safe home. Measured by bednights. A bednight equals one night of shelter per person.

Support Group: Emotional support, efforts to build self-esteem, information about the dynamics of social interactions and/or options available to clients as needed. This does not include professional therapist's intervention. Measured by group counseling hours.

Technical Assistance: Assistance/service provided by staff to an outside agency, service or community group, where the staff has a specific level of expertise/knowledge. Measured by hours of service.

Tenant Services: Services designed to prevent eviction by teaching rights and responsibilities of landlords and tenants as well as offering a crisis line. Measured by contact or call, depending on service provided.

Therapeutic Day Care (See Child Care): Day care for children or adults, plus comprehensive assessment, social work, physical, occupational, speech therapies, special education, foster care

placement and coordination of services with Child Protective Services, doctors, and/or Department of Public Health as required. Measured by therapeutic care day.

Training/Workshops/Classes: Classroom instruction to provide skills information in a variety of areas specified by the agency. Measured by number of client hours per classroom session.

Transitional Housing: Housing that has the purpose of facilitating the movement of homeless individuals or families to independent living, usually within two years or less. Measured by bednight.

Transportation: Door-to-door transit for the elderly or disabled to appointments. Measured by one-way trip.

Tutoring: One-on-one teaching to overcome learning problems or illiteracy. Measured by client tutoring session.

Youth Services: A variety of services for persons under the age of 18 with the objective of resolving serious problems at home, in school or in the community, including information and referral, outreach and counseling. Measured by call (information and referral), contact/session (outreach) and hour/session (counseling).

<p>NOTE: <u>SESSION:</u> <i>A session is a face-to-face interaction for no less than 20 minutes. The exact definition should be provided with your contract exhibit.</i></p> <p> <u>CONTACT:</u> <i>A contact is a phone or face-to-face interaction for not more than 15 minutes. The exact definition for your agency program should be provided with your contract exhibit.</i></p>
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40 Developmental Assets

There are many positive ways for each adult to improve the lives of the young people around them. Extensive research by the Search Institute has identified 40 internal and external “assets” that all young people need to grow up healthy, competent and caring. These 40 Developmental Assets provide the framework for *It’s About Time . . . For Kids*.

For more information on *It’s About Time . . . For Kids*, call the Mid East King County Network at (425) 869-0238.

ASSET TYPE		ASSET NAME AND DEFINITION
EXTERNAL ASSETS	Support	1. Family support - Family life provides high levels of love and support.
		2. Positive family communication - Young person and her or his parent(s) communicate positively, and young person is willing to seek parent(s’) advice and counsel.
		3. Other adult relationships - Young person receives support from three or more non-parent adults.
		4. Caring neighborhood - Young person experiences caring neighbors.
		5. Caring school climate - School provides a caring, encouraging environment.
		6. Parent involvement in schooling - Parent(s) are actively involved in helping young person succeed in school.
	Empowerment	7. Community values youth - Young person perceives that adults in the community value youth.
		8. Youth as resources - Young people are given useful roles in the community.
		9. Service to others - Young person serves in the community one hour or more per week.
		10. Safety - Young person feels safe at home, school, and in the neighborhood.
	Boundaries and Expectations	11. Family boundaries - Family has clear rules and consequences, and monitors the young person’s whereabouts.
		12. School boundaries - School provides clear rules and consequences.
		13. Neighborhood boundaries - Neighbors take responsibility for monitoring young people’s behavior.
		14. Adult role models - Parent(s) and other adults model positive, responsible behavior.
	Constructive Use of Time	15. Positive peer influence - Young person’s best friends model responsible behavior.
		16. High expectations - Both parent(s) and teachers encourage the young person to do well.
		17. Creative activities - Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
		18. Youth programs - Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
		19. Religious community - Young person spends one or more hours per week in activities in a religious institution.
		20. Time at home - Young person is out with friends “with nothing special to do” two or fewer nights per week.

ASSET TYPE		ASSET NAME AND DEFINITION
INTERNAL ASSETS	Commitment to Learning	21. Achievement motivation - Young person is motivated to do well in school.
		22. School engagement - Young person is actively engaged in learning.
		23. Homework - Young person reports doing at least one hour of homework every school day.
		24. Bonding to school - Young person cares about his or her school.
	Positive Values	25. Reading for pleasure - Young person reads for pleasure three or more hours per week.
		26. Caring - Young person places high value on helping other people.
		27. Equality and social justice - Young person places high value on promoting equality and reducing hunger and property.
		28. Integrity - Young person acts on convictions and stands up for her or his beliefs.
		29. Honesty - Young person tells the truth even when it is not easy.
		30. Responsibility - Young person accepts and takes personal responsibility.
		31. Restraint - Young person believes it is important not to be sexually active or to use alcohol or other drugs.
	Social Competencies	32. Planning and decision-making - Young person knows how to plan and make choices.
		33. Interpersonal competence - Young person has empathy, sensitivity, and friendship skills.
		34. Cultural competence - Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
		35. Resistance skills - Young person can resist negative peer pressure and dangerous situations.
	Positive Identity	36. Peaceful conflict resolution - Young person seeks to resolve conflict non-violently.
		37. Personal power - Young person feels he or she has control over “things that happen to me.”
		38. Self-esteem - Young person reports having a high self-esteem.
		39. Sense of purpose - Young person reports that “my life has a purpose.”
		40. Positive view of personal future - Young person is optimistic about her or his personal future.

❖ GENERAL APPLICATION TIPS

OVERALL FORMATTING

The application form is designed as a Word Table. Questions and Answers are designed to exist in their own table cell. There is always one empty cell in which to enter your text or data. The table rows have been set at specific sizes. Paragraphs which are larger than the table cell in which they are placed will be cut short. Do not adjust the table cell size to accommodate your text. Instead, edit your text to fit into the space allowed. Application reviewers may choose not to review applications where the table formatting has been altered by the applicant.

HIDE NOTHING

Before starting, click on the Show/Hide Paragraph button on Word's Standard Toolbar – the button image looks like a backward “P” with the loop of the P filled in black (if you don't see this button, go to the Tools menu, select Options... On the View tab, under Nonprinting Characters, select All and then OK). Then under the Table menu, toggle the Show/Hide Gridlines selection to Show Gridlines. Turning these two features on will show you all the “behind-the-scenes” formatting that makes up the application. None of these characters or gray gridlines lines will print and will help you see exactly where answers should be input.

THE TAB KEY

There is one Word Table per page. While it is possible to use the Tab key to move from table cell to table cell within a page, hitting the Tab key at the last cell on the page will produce a new table cell or row. Do not add rows or cells at the end of the page. Use your mouse or Down Arrow key to move the cursor to the next page.

SPELL-CHECKING AND PROOF-READING

In previous years, this application has been Protected. The applicant was able to tab from field to field to input text or data. While it was easy to enter text and data, these fields did not easily allow for spell-checking or editing. In this year's application, the application is not Protected. Applications are now able to be spell checked and revised with greater ease – however there are some trade-offs. You should no longer Tab from response to response (see above). The best way to enter a response is to place the cursor on the spot with the mouse and then type the information. Use the mouse again to jump to the next insertion point.

YES/NO BOXES

To check a Yes/No box, use your mouse to position the cursor over the box and double-click the mouse. A dialog box will appear – choose Checked or Not Checked, depending upon what you need and select OK to return to the application form.

PRINTING

If you have a hard copy of the Instruction section of the application, delete the instructions from your electronic version so that they do not print out every time you want to print a draft or final version of the application. Another way to just print the application itself is to go to the File... menu, and select Print... In the Page Range box, select Pages: and then type “s4” (without the quote marks) to print Section 4, which is just Part A. Type “s5-s6” (without the quote marks) to print Sections 5 and 6, which make up Part B only. To print both Part A and B, type “s4-s6” without the quote marks.

NORTH & EAST KING COUNTY HUMAN SERVICES FUNDERS

APPLICATION FOR SERVICE PROGRAMS

❖ *Limit your answers to the space provided, using a minimum font size of 11 points.*

Application made to the City of

PART A: PROGRAM INFORMATION

1. Agency Name	<input style="width:95%;" type="text"/>		
Contact Person (available to answer questions June – September)			
<input style="width:95%;" type="text"/> Name	<input style="width:95%;" type="text"/> (Area Code) Telephone		
<input style="width:95%;" type="text"/> E-mail address	<input style="width:95%;" type="text"/> (Area Code) Fax Number		
2. Program Name	<input style="width:95%;" type="text"/>		
3. Program is	New for our agency <input type="checkbox"/>	An Ongoing Program <input type="checkbox"/>	
4. Brief Description Of Program 			
5. Program Location (If Different From Agency Location) 			
6. Total Program Cost			
Actual 2003:	<input style="width:100px;" type="text"/> \$	Proposed 2005:	<input style="width:100px;" type="text"/> \$
Projected 2004:	<input style="width:100px;" type="text"/> \$	Proposed 2006	<input style="width:100px;" type="text"/> \$ <i>(if applicable)</i>
7. City Funds			
Awarded 2003:	<input style="width:100px;" type="text"/> \$	Requested 2005:	<input style="width:100px;" type="text"/> \$
Awarded 2004:	<input style="width:100px;" type="text"/> \$	Requested 2006	<input style="width:100px;" type="text"/> \$ <i>(if applicable)</i>
8. Please explain the reasons for any request for increased funding. 			
9. Would the agency accept a reduced award amount? If so, give the amount the agency could not go below and explain the impact on the program.			<input style="width:100px;" type="text"/> \$

NEED FOR THE PROGRAM

10. Describe the need or problem your program is designed to meet in this City. What is the problem/need you are addressing? Quantify this need, using local or regional data which confirm or describe the problem or need. How much of the need are you currently serving?

PROGRAM DESCRIPTION

11. Describe the service for which funding is requested. The description should contain:

(1) Program objective; (2) Program components and structure; (3) Description of client base to be served; (4) How and when the service will be provided; and (5) By whom the service will be provided, e.g. trained volunteers, licensed counselors, medical doctors, etc.

If your services are directed towards children and youth, please identify which developmental assets your program will address, and how (see instructions).

PROGRAM OUTPUTS (QUANTITY OF SERVICE)

12. Persons to be Assisted

2004 2005

(1)		
(2)		

Total number of unduplicated clients to be served in this program with funds from all sources.
 Total number of unduplicated City residents to be served with funds from all sources.

NOTE: Complete 3 & 4 for applications to Bellevue, Kirkland, Shoreline or Woodinville only

(3)		
(4)	%	%

Total number of unduplicated City residents to be served with the support of the requested funds.**
 Percent of total number of unduplicated City residents to be served with requested funds (#3 divided by #2 x 100).**

13. Projected Low-Moderate Income Benefit

What percent of your program clients will be (use pool of clients reported in (2) above):

<input type="text"/> %	Very Low Income (30% Median)	<input type="text"/> %	Low Income (50% Median)	<input type="text"/> %	Moderate Income (80% Median)
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14. Service Units (Outputs) and Cost per Unit: indicate the full cost of providing the service. Use Question #26 to indicate a subsidized rate (if applicable).

Units provided to All City Residents
 (# in Row 2, Question 12 above)**

Service Units (Outputs)	2004		2005	
	No. of Units	Cost per Unit	No. of Units	Cost per Unit
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$

**NOTE: For Cities of Bellevue, Kirkland, Shoreline and Woodinville, provide number of units to be provided to City Residents with Funds Requested (# in Row 3, Question 12 above)

15. Service Unit Definitions

1.
2.
3.
4.
5.

16. Documentation: Please describe how the numbers or percentages in Questions 12-15 were developed.

a. Persons to be assisted

b. Projected Very Low, Low, and Moderate Income Benefit

c. Service Units to be provided

d. Service Unit Costs: give the specific methodology for determining rate, such as a \$45,000 program budget divided by 500 counseling hours provided equals a rate of \$90 per hour.

17. Funding Priorities (if applicable): Describe how this program addresses this City's funding priorities or areas of emphasis.

PROGRAM OUTCOMES (EFFECTIVENESS OF SERVICE)

18. Describe how the Effectiveness of the Program is Measured. Summarize the Program's most Recent Outcome Results.

19. List 1-3 Proposed Outcomes to be Measured in 2005-06.

FEASIBILITY

20. Discuss specific factors that demonstrate your organization can successfully manage the program as described earlier. You should discuss your service record in North and East King County and other programs related to the one proposed for funding. Give a description of and qualifications (titles, training, certification, etc.) of key staff and personnel responsible for the program described in Question #11.

COORDINATION

21. Specify how your program participates in the North/East King County service delivery system including relationships with any local, regional or state-wide networks, coalitions or provider groups.

22. Describe how you coordinate service delivery with other related programs. These programs may be those providing similar services to the same or different populations or programs providing referrals or complementary programs.

24. Describe any Recent Changes in Program Revenue and any Changes Anticipated in 2005

25. Describe any Recent Changes in Program Expenses and any Changes Anticipated in 2005

26. Provide Details on the Funds Requested for Personnel Costs

Position Title	Current Year 2004		
	% FTE	Annual Salary	City Funds Awarded
			\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Benefits	%	\$	\$
TOTAL Personnel		\$	\$

2005		
% FTE	Annual Salary	City Funds Requested
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

27. Service Unit Cost Reimbursement: *Optional* – NOTE: if you are requesting reimbursement according to this method, you need to complete this section. Report the subsidized rate for services below if you are not requesting reimbursement for the full cost of service.

Service Unit	Current Year 2004			2005			
	# Units	Cost Per Unit	City Funds Awarded	# Units	Cost Per Unit	City Funds Awarded	
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	
		\$	\$		\$	\$	
Total City Funds			\$	Total City Funds			\$

 Explain below, or attach a worksheet describing the following: 1) your total program expenses and 2) how you calculate the full service unit cost(s), and the subsidized rate, if applicable. Be sure it includes all the line item expenditures figured into your unit cost per Question #24.

NORTH & EAST KING COUNTY HUMAN SERVICES FUNDERS

PART B: GENERAL AGENCY INFORMATION

1. Agency Name and Address

Authorized Signatures

I, the undersigned, have read and understand the terms and conditions presented in this grant application.

Chief Volunteer Officer

Chief Professional Officer

2. Agency Purpose or Mission Statement

3. Services Provided By Agency

4. Geographic Area Covered By Agency

5. Agency Budget	2004 Approved \$ <input style="width: 80%;" type="text"/>	2005 Projected \$ <input style="width: 80%;" type="text"/>	2006 Projected \$ <input style="width: 80%;" type="text"/>
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6. Overview Of Agency Income Sources

Fiscal Year – From: to

<u>Government Funding:</u>	Percent	<u>Other Sources of Income:</u>	Percent
Federal	%	Services Fees	%
State	%	Individual Contributions	%
King County	%	United Way	%
Cities	%	Corporate/Foundation Grants	%
		Other Workplace Campaigns (not United Way)	%
		Special Events	%
		Memberships	%
		In-Kind Contributions	%
		Other	%

ACCESSIBILITY

7. Describe how your agency ensures accessibility to individuals with disabilities. Has your agency assessed itself and its programs as they conform to the requirements of the Americans With Disabilities Act? Explain.

8. Describe how your agency's programs are made accessible to everyone needing the service, including, but not limited to individuals with limited income, language or cultural barriers, persons with debilitating illness, individuals who work during the day, etc.

9. If your agency is not fully accessible, do you have a plan to ensure progress towards full accessibility? Explain.

AGENCY ADMINISTRATION

-  Attach a list of the members of your Board of Directors. Include name, position/title, City residence, length of time on the Board and expiration of terms.
-  Attach your 2004 Year-To-Date Agency Actual Budget and your 2005 Agency Projected Budget.
-  Attach a copy of your organization's most recent independent financial audit and a copy of your management letter, if prepared.

10. Does the audit meet the standards of OMB Circular A-133? Yes No

11. If your organization has not had a financial audit, please discuss the reasons why not.

12. Implementing Organization (if other than agency listed in Part A, Number 1)

_____	_____
_____	Contact Person
_____	_____
Address	(Area Code) Telephone
_____	_____
E-mail address (if available)	(Area Code) Fax Number

13. Do you carry comprehensive general liability insurance with a minimum of \$1 million per occurrence/aggregate for personal injury and property damage? Yes No

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

15. Applicants NOT previously funded by the City

-  Attach a copy of the IRS letter certifying your tax-exempt, non-profit status.

- a. List the date of your organization's incorporation
- b. List your organization's Federal I.D. Number

ATTACHMENT CHECKLIST

Attachments to be submitted with service applications:

PART A PROGRAM INFORMATION

 (If applicable) Worksheet indicating how service unit costs were calculated

PART B AGENCY INFORMATION

 Copy of most recent independent audit and management letter, if prepared.

 List of current board members (including name, position/title, City residence, and length of time on the board)

 Agency's 2004 year-to-date Actual Budget

 Agency's 2005 Projected Budget

Applicants not previously funded by the City must also submit:

 Copy of IRS letter certifying your tax-exempt, non-profit status.