

**North/East King County Human Services Funders**  
 General Fund and Community Development Block Grant (CDBG) Public Services  
 Funding

# 2005 (-06) SERVICE PROGRAM APPLICATION

## SHORT FORM



Please answer the following questions to determine if you are eligible to fill out this form:

**Agency Name:**   
**Program Name:**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has this program received grant funding from this City for 3 or more years?
<input type="checkbox"/>	<input type="checkbox"/>	Is the request for funds within ~20% of the current level of support from this City <u>and</u> equal to or less than \$7,500?
<input type="checkbox"/>	<input type="checkbox"/>	Will the program for which you are requesting funds be essentially unchanged from what was previously funded?
<input type="checkbox"/>	<input type="checkbox"/>	Has the program met its contractual goals (providing agreed levels of service and evidence of positive outcomes) for this City during the past 3 years?

**If you answered No to ANY of the questions above, or**  
 if you want detailed instructions to complete an application, or  
 want to add information not requested on the short form form,  
***DO NOT use the short form for your proposal. Please complete the regular application.***

**If you answered Yes to ALL of the questions above:**

1. Contact the city(s) to which you are applying and notify them of your intent to use the short form.
2. Proceed to the next page.

## Service Program Application -- Short Form

<b>1. Application made to the City of:</b>		
<b>2. Agency Name and Address</b>	<b>Authorized Signatures</b>	
_____	_____	
_____	Chief Volunteer Officer	
_____	_____	
<b>Contact Person</b> (available to answer questions June – September)	Chief Professional Officer	
_____	_____	
Name	(Area Code) Telephone	
_____	_____	
E-mail address (if available)	(Area Code) Fax Number	
<b>3. Program Name</b>		
<b>4. Program Description</b>		
<b>5. Evidence of Need for the Program in this City</b>		
<b>6. City Funds Requested</b>	2005: \$ <input style="width: 100px;" type="text"/>	2006: \$ <input style="width: 100px;" type="text"/>
<b>7. Program Details</b>	<b>Total Program Costs</b>	<b>City Clients Served</b>
Projected 2004:	\$ <input style="width: 100px;" type="text"/>	Projected 2004: <input style="width: 100px;" type="text"/>
Expected 2005:	\$ <input style="width: 100px;" type="text"/>	Expected 2005: <input style="width: 100px;" type="text"/>
<b>8. Provide Reasons for any Significant Increase/Decrease in Total Program Costs</b>		
<b>9. Units of Service to be Provided</b>	<b>2004</b>	<b>2005</b>
	No. of Units	No. of Units
1.	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

## Service Program Application -- Short Form

**10. Describe the clientele helped by this program** - general demographic profile of the client population such as age, income, race/ethnicity, incidence of disability or other special needs, etc.

**11. How is the program accessible to all potential clients** - describe availability of translation, affordable fees, cultural sensitivity, evening hours, transportation, etc.

**12. How do you verify client income?**

**13. How do you evaluate the program's success?** Include 1-3 outcome measurements to be tracked and reported for 2005.

Please attach a copy of the following documents or information.

<input type="checkbox"/>	Year-to-date 2004 actual budget for this program (including revenue and expenditures)
<input type="checkbox"/>	2005 proposed budget for this program (include revenue and expenditures)
<input type="checkbox"/>	Most recent audit and management letter, if any