HUMAN SERVICE FUNDERS COLLABORATIVE

2013/2014 HUMAN SERVICES FUNDING APPLICATION QUESTIONS

This document was created to provide agencies with a list of the questions asked in the 2013-2014 Joint Funding Application for East, North and South King County and is for reference purposes only. Agencies interested in applying to any of the following cities Auburn, Bellevue, Bothell, Burien, Covington, Des Moines, Federal Way, Issaquah, Kenmore, Kent, Kirkland, Redmond, Renton, Sammamish, SeaTac, Shoreline, Tukwila, or Woodinville will still need to register and complete their application online at http://share1app.culturegrants.org/. Please note that the online application will also have additional information (e.g. formatting, required fields, character limits) and guidelines not included here.

AGENCY INFORMATION/ACCOUNT INFO

(Note: This section will need to be completed for each program application.)

Federal Tax ID #

DUNS # (if don't have, enter N/A)

Agency Name

- Enter the agency's legal name.

Executive Director Name

Executive Director Email

Agency Main Office Address, City, State, Zip

Agency Purpose or Mission Statement (max. 600 characters)

- Enter the agency's adopted purpose or mission statement.

Services provided by Agency (max. 600 characters)

- Enter a brief description of the services provided by your agency.

Agency Budget

- 2011 Actual
- 2012 Estimated
- 2013 Projected

Enter the amount of the entire agency's actual annual budget for 2011, the approved estimated amount for 2012 and the projected amount for 2013. If the agency's future budget has not yet been determined, estimate as closely as possible, based on past years and future expectations.

Have you developed an emergency-preparedness plan? If no, please explain. (max. 500 characters)

- Increasingly, funders are asking for agencies to have a business continuity plan in the event of a catastrophic emergency or disaster that can disrupt operations and affect clientele (e.g., earthquakes, floods, etc.). In general, the cities would like to know to what degree agencies have been mindful of this issue, whether emergency plans are in place and, if not, whether the agency anticipates developing such a plan in the future.

Required Attachments

- 2012 Year-to-Date Agency Budget or Financial Statement
- At least one of the following: Cover letter to your most recent audit; management letter attached to your most recent audit; most recent audit; or audited financial statement.
- Proof of organization's non-profit or tax-exempt status as issued by the IRS.
- Business Continuity Plan/Emergency Preparedness Plan, if you have one.
- Demographic table for each program that is applying. (NEW)
- Sliding Fee Scale (if applicable)
- Board List

PROGRAM INFORMATION

Program Name:

Program Main Office:

Program Contact Name:

Program Contact Email:

Program Contact Phone:

Grant-writer Contact Name:

Grant-writer Contact Email:
(This is whom we can contact from May-September if we have questions about the application.)

List the program's total actual cost in 2011, its projected total costs in 2012 and its proposed total costs in 2013. These figures should match those you provide in the program budget section later.

Program funding request through share1app: Mark ONLY the boxes next to the cities to which you are applying for funding for the 2013-2014 budget cycle.

- Auburn
- Bellevue
- Bothell
- Burien
- Covington
- Des Moines
- Federal Way
- Issaquah
- Kenmore
- Kent
- Kirkland
- Redmond
- Renton
- Sammamish
- Seatac
- Shoreline
- Tukwila
- Woodinville

Note: The cities are on a two-year funding cycle. If checked, you are requesting funds for 2013 and 2014 program years.

PROGRAM DESCRIPTION

NOTE: The Cities recognize that agencies have a variety of funding needs. Some agencies may want funding for one specific service. Others may want the Cities 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).

Briefly describe your program. (max. 500 characters)
Summarize the primary activity(ies) for which funding is requested.

What are the existing needs that your program will address? (max. 5,000 characters)
Describe the existing community problems, conditions or needs your program will address. Build a simple case for the relevance of your program. Provide recent local data or documented facts confirming the situation. Cite all data sources with the year of publication. You should address needs in specific cities to which you are applying if needs vary significantly within East, North, and South King County. Include turn-away data if applicable. Please be concise and specific, and assume you are addressing a moderately informed reader.

What are the core components of your program and how will they address the needs identified above? (max. 1,500 characters)

Describe how and when are services provided, and how this addresses the needs identified above. (max. 1,500 characters)

What factors demonstrate that your agency is able to manage this program successfully? (max. 1,500 characters)
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.

Which key program positions are responsible for program design and delivery? (max. 1,500 characters)
Discuss the specific qualifications (education, certification, training, experience) of **key** positions responsible for this program. Include only the qualifications relevant to implementing this program. Do not include information on agency management staff if they are not directly involved in the implementation of the program. If licensing or other standards commonly apply to the service in question, describe them and your staff's compliance with these standards.

Who is the target population served by your program? (max. 2,000 characters)
Include both demographic and geographic details as well as any unique/special needs of the target population.

Demographics

(Chart and document to upload)

Persons to be Assisted
Column A: Under "2011", list the number of residents served by this program in 2011. List the numbers of all residents served from each city, regardless if you are requesting funds from that city and regardless of the funding source.

Column B: Project the number of clients to be served by this program for 2012. List the numbers of all residents projected to be served from each city, regardless if you are requesting funds from that city and regardless of the funding source.

Column C: Project the number of clients to be served by this program for 2013. List the numbers of all residents projected to be served from each city, regardless if you are requesting funds from that city and regardless of the funding source.

Column D: Estimate and enter the number of residents to be served in 2013 with funds requested from those cities to which you are applying. Figures in this column should not be greater that figures in column C.

Total unduplicated clients served in program by ANY AND ALL fund sources:

City	(A)2011	(B)2012	(C)2013	(D)#residents served in 2013 with $ requested from City
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Federal Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				
Other (Seattle, etc.)				
Unknown				
TOTAL				

Where are clients primarily being served through this program?

- Service locations in East King County
  (if checked, list the program address location/s, including street address and city):
- Service locations in North King County
  (if checked, list the program address location/s, including street address and city):
- Service locations in South King County:
  (if checked, list the program address location/s, including street address and city):
- Service locations in City of Seattle
  (if checked, list the program address location/s, including street address and city):

ACCESSIBILITY AND DIVERSITY

How is the program accessible in terms of transportation? (max. 500 characters) Answer in terms of proximity to transit stops, special transportation programs, bus tickets/vouchers, etc.

How do you reach out to and meet the needs of people with physical disabilities and/or developmental delays? (max. 800 characters)

How do you reach out to and meet the needs of people in your geographic service area who are of various cultural and language backgrounds? (max. 1,000 characters) Answer in terms of which specific languages your staff and volunteers speak, how you market your program among these populations, and how you train staff and volunteers to be respectful and sensitive toward people of various cultures. If your agency has experienced challenges with cultural sensitivity and language access, specify your plan for improvement. Be sure to specifically identify these language and culture groups in your answer

SERVICE SYSTEM COORDINATION

How does your program fit within the regional system of human services? (max. 700 characters)
Describe how your program differs in the type of service provided if other programs are providing a similar type of service. Include whether your program is part of a region-wide plan (e.g. Ten Year Plan to End Homelessness).

What written, formal partnerships and/or collaborations are in place to assist clients in achieving long-term positive outcomes? (max. 700 characters) Include the degree to which resources and or activities are shared. Do not include those partnerships that involve simple referrals between programs.

PROGRAM OUTPUTS: PERSONS TO BE ASSISTED

Service Unit #1: Select from Dropdown (see glossary at end for list of dropdown choices) If other is selected, please describe:				
City	2011 Actual	2012 Estimated	2013 Projected	2013-Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Federal Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

Service Unit #2: Select from Dropdown If other is selected, please describe:				
City	2011 Actual	2012 Estimated	2013 Projected	2013-Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Federal Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

Service Unit #3: Select from Dropdown If other is selected, please describe:				
City	2011	2012	2013	2013-Units supported by requested city funds
Auburn				
Bellevue				
Bothell				
Burien				
Covington				
Des Moines				
Federal Way				
Issaquah				
Kenmore				
Kent				
Kirkland				
Redmond				
Renton				
Sammamish				
Seatac				
Shoreline				
Tukwila				
Woodinville				

*Under 2011: What is the actual number of units provided in 2011 to any of the residents of the cities from whom you are requesting funds? Regardless of the funding source, list all the units provided in this program in 2011 to any of the residents of the cities from whom you are requesting funds. (max. 10 characters)

*Under 2012: What is the estimated number of units to be provided in 2012? Regardless of the funding source, provide an estimate of all the units expected to be provided in this program in 2012 to any of the residents of the cities from whom you are requesting funds. (max. 10 characters)

*Under 2013: What is the estimated number of units to be provided in 2013? Regardless of the funding source, provide an estimate of all the units expected to be provided in this program in 2013 to any of the residents of the cities from whom you are requesting funds. (max. 10 characters)

*Under 2013 Units supported by requested city funds: Estimate how many units of service could be provided with just the funds you are requesting from each individual city (consider the cost per unit you have identified to help make the estimate). The number of units supported by city funds should never exceed, and in most cases, will be less than the total number of service units provided with all fund sources. (max. 10 characters)

Explain any significant increase or decrease in service units shown between 2012 and 2013.
Also, if applicable, describe anticipated changes to service units in 2014. Explain the reasons for any significant increase or decrease in service unit performance overall, or for specific cities. (max. 800 characters)

PROGRAM OUTCOMES

How is the effectiveness of the program measured? (max. 700 characters)

Describe how the effectiveness of the program is measured. Summarize the program's most recent outcome results.

1. Individuals and/or families will have secure housing.
2. Individuals and/or families improve health (physical/dental/mental).
3. Individuals and/or families will have increased access to food and clothing.
4. Individuals and/or families will have access to services that increase self-sufficiency.
5. Improved community-based capacity building.
6. Individuals and/or families will improve their understanding of domestic/sexual violence.
7. Individuals and/or families will have access to and/or improve their knowledge of community resources.
8. Improved ability to meet developmental milestones.
9. Individuals and/or families will have improved access to transportation.
10. Increased academic success.
11. Improved family relationships.
12. Human services providers will have increased opportunities for mutual support, information exchange and community education.
13. Other, but strongly recommend to use one on the list. If not, consult HSFC staff.

What are the proposed outcomes to be measured in 2013?

Outcome Area #1 (Select from Dropdown list above)

In achieving success toward this outcome, what is the expected result, (expressed in a percentage)? (max. 700 characters)

Data collection methods: (max. 700 characters)

Outcome Area #2 (Select from Dropdown)

In achieving success toward this outcome, what is the expected result, (expressed in a percentage)? (max. 700 characters)

Data collection methods: (max. 700 characters)

PROGRAM BUDGET REVENUE

Document your program's revenue.
List all major sources of revenue, including this request (broken out by each City) and all other sources, for your program.List the amount of money, by revenue source, for the current year (2012) and 2013.

HSFC Cities Revenue Table
Use this table to enter revenue amounts from the Cities from which you are requesting funding. Under "Awarded 2012", enter the amount of funding your program received from each of the cities listed. Under "Requested 2013", enter the amoung of funding you are requesting for your program through this application process. This section is required and constitutes your grant funding request which you plan to submit to a city.

Program Revenue

Revenue Sources: East/North/South Cities	**$ Awarded** 2012	**$ Requested** 2013
Subtotal: East/North/South Cities		

Document your program's other revenue.
List the amount of money, by revenue source, for the current year (2012) and 2013. Put an "X" in the last column for each source if the money has already been secured for the program, and leave the box blank if the funds have yet been secured.

Five categories are suggested below to help guide you. They are:

- Foundations
- Fundraising (corporate, individual, special events)
- Government (federal, state, local, other cities not listed)
- United Way
- Other

These items can be deleted and revised. Enter as many fund sources as space allows. For example, list significant foundation grants by naming each foundation; list individual federal agencies, etc. There are 22 lines available for you to enter fund sources. If this is not sufficient, consider combining multiple grants from one source--e.g., combine all King County grants into one item. This can help conserve space you may need to list other fund sources.

Other Revenue Sources:	**$ Awarded 2012**	**In-kind 2012**	**$ Requested** 2013	**In-kind** 2013	**Check Box if Committed** 2013
United Way					
Agency Resources (Fundraising)					
Other Cities (list each)					
County (list Dept./Program)					
State (list Dept./Program)					
Federal (list Agency/Program)					
Foundations					
Other					
Private Donations					
Subtotal: Other Revenue Sources					

TOTAL REVENUE	**$ Awarded**	**$ Requested**
	2012	2013
East/North/South Cities		
Other Revenue Sources		
TOTAL		

PROGRAM BUDGET EXPENSES

This table is required. List all the budgeted program expenses for the current year (2012) and 2013. Use the last column to show how aggregate total requested from the Cities would be applied. Check that the 2013 Total Expenses for all City funds matches the total amount for Funds Requested for 2013 in the Program Revenue chart. All figures must total across the last row to demonstrate a total program budget.

Personnel	**2012 Prog. Expenditures**	**2012 In-kind**	**2013 Prog. Expenditures**	**2013 In kind**	**2013 Funds Requested, HSFC Cities**
Salaries/Wages					
Benefits					
Subtotal, Personnel					
Operating, Supplies, and Other					
Administrative/indirect costs					
Depreciation					
Direct assistance to individuals					
Dues and fees					
Equipment					
Insurance					
Office supplies					
Postage/shipping					
Printing/advertising					
Professional services					
Rent and utilities					
Repair and maintenance					
Special events					
Telecommunications					
Travel and training					
Other (specify below)					
Subtotal, Operating/Supplies/Other					
TOTAL EXPENSES					
Personnel					
Operating/Supplies/Other					
TOTAL					

PROGRAM BUDGET SUMMARY

How many FTEs does this program utilize? OR how many FTEs are reflected in the Salary/Wage line above?

If applicable, explain significant increases or decreases in your funding requests to specific HSFC cities. If you received grant funding from a City in 2012 and are requesting a significantly different (more than 10%) amount for 2013 please briefly provide the reason. (max. 700 characters)

Describe any recent changes in program expenses and any changes anticipated in 2013 or if known, 2014. (max. 700 characters)
Explain any issues about the program's current and projected expenses. For example, if program administration costs show a high percentage increase form 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.

Describe any recent changes in program revenue and any changes anticipated in 2013 or if known, 2014. (max. 700 characters)
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, explain when you will know more about the impending situation.

If your program is showing a deficit or surplus relative to revenue and expenses in 2013, please explain. (See the Revenue-Surplus field above.) (max. 700 characters)

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2013/2014 HUMAN SERVICES FUNDING APPLICATION QUESTIONS

GLOSSARY OF SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

These definitions and units of measure may be used as a basis to develop measurable service units. This list is not exhaustive. If you do not find an appropriate definition to match your service, call the staff person for a city to which you are applying to discuss other possible service units that may be acceptable.

Adult Day Care: Provision for older adults or people with disabilities, 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 counselor (with license or certification, where relevant), (2) a psychologist, or a psychiatrist for problem solving, (3) a housing advocate. Specify whether individual or 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 telephone line where staff or trained volunteers offer emotional support, crisis intervention and problem solving. 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 person 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 or 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 people with disabilities 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).