Application for
Human (Public) Service Programs

Part I: Application Instructions,
Questions (Narrative and Tables)
and Checklist

The following cities accept this common application:

2009-2010 General Funds

Auburn

Burien

Covington

Des Moines

Enumclaw

Federal Way

Kent

Renton

SeaTac

Tukwila

2009-2010 Community Development Block Grant (CDBG)

Public Service Funds

Auburn

Federal Way

Kent

Renton

See supplemental information for due dates by city and specific submittal requirements.

Contact List

For questions regarding this application, or to request technical assistance contact city staff listed below:

City	Contact	Phone	Email
Auburn	Michael Hursh, Human Services Manager	(253) 804-5029	mhursh@auburnwa.gov
Burien	Lori Fleming, Management Analyst	(206) 248-5518	lorif@burienwa.gov
Covington	Victoria Throm, Human Services	(253) 638-1110	vthrom@ci.covington.wa.us
Des Moines	Sue Padden, Senior Services	(206) 870-6584	spadden@desmoineswa.gov
Enumclaw	Bob Baer, Community Development Director	(360) 825-0825	bobb@ci.enumclaw.wa.us
Federal Way	Lynnette Hynden, Human Services Manager	(253) 835-2650	lynnette.hynden@cityoffederalway.com
	Kelli O'Donnell, CDBG Coordinator	(253) 835-2653	kelli.odonnell@cityoffederalway.com
Kent	Katherin Johnson, Human Services Manager	(253) 856-5070	kjohnson@ci.kent.wa.us
	Merina Hanson, Senior Human Services Coordinator		mhanson@ci.kent.wa.us
	Dinah Wilson, CDBG Coordinator		drwilson@ci.kent.wa.us
	Jason Johnson, Human Services Coordinator		jajohnson@ci.kent.wa.us
Renton	Karen Bergsvik, Human Services Manager	(425) 430-6652	kbergsvik@ci.renton.wa.us
	Dianne Utecht, CDBG Coordinator	(425) 430-6655	dutecht@ci.renton.wa.us
SeaTac	Colleen Brandt-Schluter, Human Services Coordinator	(206) 973-4815	cbschluter@ci.seatac.wa.us
Tukwila	Evelyn Boykan, Human Services Manager	(206) 433-7180	eboykan@ci.tukwila.wa.us
	Stacy Hansen, Human Services Specialist	(206) 433-7181	shansen@ci.tukwila.wa.us

Application Introduction and Instructions

The South King County cities have collaborated to produce a "Common Application" for general fund human services for all participating cities; and for Community Development Block Grant (CDBG) public services for the cities of Auburn, Federal Way, Kent, and Renton. This application serves as both the general fund and CDBG public service application for these cities. It is not necessary to indicate which type of funding is requested. City staff will determine which type of funding (general fund or CDBG) to allocate to the selected programs.

King County will have a separate application for the CDBG public/human services funds for the cities of Burien, Covington, Des Moines, Enumclaw, SeaTac, Tukwila and unincorporated King County. Note: CDBG Capital funds are **not** included in this application. You may apply to King County or Federal Way through a separate CDBG capital application.

Once this application is completed, the agency will submit the same application to all participating cities from which human services general funds are requested for that program except as noted in Part II. A separate application with all questions answered must be submitted for each program where funding is requested. The 2009-10 Human Services Application consists of two parts, the application and the city specific supplemental information.

- Part I contains a Contact List and the Application Introduction and Instructions (pages 2-4). The Application starts on page 5. Agencies must complete the Agency Information at the top of page 5 and complete all Questions 1-19 including narrative responses, tables and the application checklist with required documents.

- Part II contains city specific supplemental information. Review Part II for city specific additional requirements.

Read the entire application before answering the questions. Use the hard copy of the forms provided or complete the forms electronically and print. The same format as the forms provided **MUST** be maintained. (Do not change fonts, print size, margins, space between questions, etc.).

Below is the amount of funding that is estimated to be allocated by this application for public services from the following cities by funding category and year. Cities will determine which funding source is appropriate based upon the agencies and programs applying for funding to a particular city. Reminder: CDBG Capital funds are not included in this application.

Participating City	Est. General Funds Available 2009/10	Est. CDBG Funds Available 2009/10
Auburn	$425, 000	$65,000
Burien	$145,000	King County
Covington	$93,000	King County
Des Moines	$69,700	King County
Enumclaw	closed	King County
Federal Way	$430,000	$77,000
Kent	$822,000	$135,000
Renton	$437,000	$47,000
SeaTac	$278,000	King County
Tukwila	$317,000	King County

Program Requirements / Use of Funds

Funds provided under this application are intended to serve residents of the following cities in South King County: Auburn, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Renton, SeaTac, and Tukwila.

If funded, your agency will be required to keep records on the number of city residents served with this funding, including characteristics such as age, gender, race or ethnicity, and income. Your agency will be required to submit this data and other reports on the progress of the program to the funding city's Human Services office.

Form of Application

The following format guidelines apply to all cities. Keep in mind that each city's Human Services Commission / Advisory Board may have different or additional requirements – **check the application guidelines and additions in Part II** *City Specific Supplemental Information* of this application for each city to which you are applying.

Do	*Don't*
• **Do** use a typewriter or a computer to write your proposal.	• **Don't** write your application by hand.
• **Do** use standard, 8 ½ by 11 inch paper.	• **Don't** use legal paper (8 ½ by 14 inch).
• **Do** number all the pages of your application.	• **Don't** staple the original or copies.
• **Do** use binder clips or colored paper to separate the original and each copy you submit.	• **Don't** include organizational brochures or other attachments not specifically asked for in the application.
• **Do** single space responses.	• **Don't** use plastic covers, staples, or any fasteners other than binder clips.
• **Do** Double-side (duplex) copies.	• **Don't** use type smaller than 12 characters per inch or 12-point type.
• **Do** label the original copy on the first page. You may hand-write "original".	• **Don't** repeat information in different questions. Refer to prior page if necessary.
• **Do** make sure that you use the checklist at the end of this document (Question 19) to ensure that your application has all the parts that it needs, in order.	• **Don't** submit pages 1 through 4 (cover sheet, contact list, introductions & instructions)
• **Do** hole punch original and all copies for a 3-ring binder	• **Don't** exceed page limits. Pages exceeding maximum number of pages will not be read.
• **Do** give clear and concise answers to all questions. Assume reader is not familiar with your organization/program.	• **Don't** submit Part II City Specific Supplemental Instructions.
• **Do** submit city specific requested information in Part II only to the applicable city.	

Application Cover Pages (Agency Information and Questions 1 – 7)

Agency Information

Agency Name:

Applicant Name and Address:

Agency Director:

_____
Name and Title

_____
(Area Code) Telephone

_____
E-mail address (if available)

_____
(Area Code) Fax Number

Required signatures: By signing below, you certify that the information in this application is accurate to the best of your knowledge and that you have read the application, certifications, and appendixes. **(SIGNATURES MUST BE IN BLUE INK)**

_____
Signature of Agency Board President/Date

_____
Signature of Agency Director/Date

_____
Printed Name of Agency Board President

_____
Printed Name of Agency Director

Program Information

1. **Program Name**	

Contact Person (available to answer specific questions on this application)

_____
Name

_____
(Area Code) Telephone

_____
Address (if different than above)

_____
E-mail address (if available)

_____
(Area Code) Fax Number

2. Program is New for our agency ☐ An Ongoing Program ☐

3. Brief Description of Program (One sentence)

4. Where are services provided? (If different from agency location)

5. Total Program Cost:

Actual 2007: $ Proposed 2009: $

Projected 2008: $

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6. Total City Funds Requested for this Program:

City	Awarded 2008		Requested 2009*
	General Fund	CDBG	Total Requested**
Auburn			
Federal Way			
Kent			
Renton			

City	Awarded 2008	Requested 2009*
	General Fund	General Fund
Burien		
Covington		
Des Moines		
Enumclaw		
SeaTac		
Tukwila		

*Cities on a two year funding cycle will renew 2009 awards to 2010 based upon performance and availability of funds. See Part II for city specific information.
**Include your total request for Auburn, Federal Way Kent and Renton. The source of funding will be determined by staff.

7. Agency Contact Sheet

Provide the following information for the agency and for the program requesting funds.

Agency Contacts

General

Agency Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Agency Web Address: _____

Executive Director

Name: _____

Title: _____

Direct Phone: _____

E-Mail: _____

Development Director

(or Grant Writer)

Name: _____

Title: _____

Direct Phone: _____

E-Mail: _____

Finance/Accountant

(person preparing invoices)

Name: _____

Title: _____

Direct Phone: _____

E-Mail: _____

Program Contact

(Staff contact for contracting, reporting and program implementation.)

Program Name: _____

Staff Name: _____

Title: _____

Direct Phone: _____

E-Mail: _____

Application Narrative Section (Questions 8 – 12)

The maximum number of pages is listed after each major section. You are not required to submit the maximum number of pages for each section, **but you may not exceed this limit**.

8. ORGANIZATIONAL EXPERIENCE (2 page maximum)
In this section you should provide enough information about your agency/organization for the reviewer to determine whether you will be able to successfully implement the program you propose.

A. Experience. Provide a short description of the programs and services you provide, including the length of time your agency has delivered these services and your experience working with the proposal's target population. If this is a new service or program, please explain how your agency is qualified to deliver the program to the target population.

B. Operational Structure. Discuss how your agency is operationally organized and the roles, responsibilities and expertise of management and staff. Include (as an attachment to Question 19) an organizational chart, which indicates how the proposed program fits in to your organizational structure.

Explain how your governing board stays connected and informed about the needs in the South King County cities to which you are applying. The governing board is the legally responsible entity that makes policy decisions on behalf of the organization (usually has error and omissions insurance on its members). Explain the functions of the governing board and indicate how often it meets. Discuss how diversity is reflected among the governing board membership (i.e. age, service, consumers, disability, gender, race/ethnicity, geography).

If the governing board is not local, you may also have a local advisory council/committee that makes recommendations to the governing board and/or is more connected to the local community. If there is a local advisory council/committee in addition to the governing board, discuss their function and decision making authority and their relationship to the governing board, as well as how diversity is reflected.

9. NEED FOR YOUR PROGRAM (2 page maximum)
This section should describe the specific problem faced by the population you are serving or intend to serve.

A. Problem Statement. Describe the problem faced by your target population that will be addressed by your proposed program including any research or data that supports the need and/or gap in services. Do not describe how your program will address this problem.

B.Target Population. Identify and describe the population to be served by your program – both demographically and geographically.

10. PROPOSED PROGRAM/SERVICE (See page maximums to each part of this Question below.)

This section should describe the program/service proposed for funding, with specific information on what you expect to accomplish and the major activities for achieving the proposed outcomes. Best practices may be cited.

A. Program Description. (2 page maximum) Describe what you want to do and how you will do it. Be sure to include: (1) the type of services to be provided; (2) methods (including locations) you will use to serve your target population; (3) what outreach you will use to reach your target population; (4) how your program addresses the Problem Statement in 9.A.; (5) how the program addresses the language and/or cultural needs of clients; (6) if you are making significant changes to your program or agency in 2009-10, explain these changes and the rationale; and (7) detail how this program will work with other programs and/or agencies.

Question 18 must be completed whether or not you are subcontracting on **this program.** If your application contains subcontracts to other agencies/organizations, these must be itemized in your proposed budget. If you will not be subcontracting any part of the program, indicate not applicable for Question 18.

B. Performance Measures and Outcomes. (1 page maximum) List the **performance measures** which are the outputs from your program (e.g. the number of home delivered meals) followed by the related **outcome(s)** of your program (e.g. increased ability of clients to obtain nutritious food) and the **indicator** used to measure the outcome (e.g. percent of survey respondents reporting that receiving home delivered meals makes it easier to get enough to eat).

These performance measures, outcomes, and indicators will be used to develop the contract if the program is funded.

    i. **Performance measures** are the units of service produced by the program such as number of hours of counseling, number of home visits, number of meals served, training hours, etc. (Reported in Question 14.)

    ii. **Outcomes of the program/service**. Program outcomes are the intended effects of the program on a particular problem, and measures what changes have been made in the lives of individuals, families, organizations, or the community as a result of the program. Outcomes are generally very broad and are not often directly measurable. (See Part II: City Specific Supplemental Information to determine whether a city is requiring additional information on city specific results or has specific strategies your program should be addressing.)

    iii. **Indicators** are used to measure progress toward the outcome by stating outcomes in specific and observable terms.

The following is an example of how your performance measure, outcome, and indicator information should be organized. Every performance measure must have at least one outcome and indicator. Some performance measures may have more than one outcome and some outcomes may have multiple indicators depending on the program. Your response to this question should match the performance measures provided in response to Question 14.

> **EXAMPLE:**
>
> **Performance Measure:** Number of home delivered meals.
>
> **Outcome**: Increase the ability of clients to obtain nutritious food.
>
> **Indicator**: At least 90% of survey respondents report that receiving home delivered meals makes it easier to get enough to eat.
>
> **Performance Measure**: Number of case management hours provided.
>
> **Outcome**: Increase in individual/family self sufficiency.
>
> **Indicator**: 95% of clients will set service plan goals to increase/maintain self-sufficiency.

C. Staffing Plan & Evaluation. (1 page maximum)

> **i. Staffing Plan**. Explain your staffing plan *for this program* as a whole. How many FTEs will work on this program? What will they do? What are their credentials?
>
> **ii. Evaluation**. Describe how the program will be monitored and evaluated to determine whether program/service outcomes have been met. Describe the board and client involvement in the evaluation process. Include how the evaluation will be used to improve client services.

D. Differences in Service Delivery by City. (2 page maximum) Explain any differences in service delivery for this program among the cities that you are submitting this application to for funding. Explain any differences in the average cost of service per client relative to funds requested by city as shown in the last column of Question 14c.

11. LONG RANGE PLAN (1 page maximum)

In this section you should describe your long range plans for this program. Discuss your plans for future service delivery, collaboration, and other sources of continued funding for the program. What funding sources do you anticipate this program will have in the next three to five years?

12. BUDGET (2 page maximum)

The budget section of your application pertains to the information provided in Question 17 of your application.

A. Budget Request Narrative. In this section of the application narrative, provide a short paragraph explaining how your requested funds in Question 17 will be used.

B. Changes to Budget. Explain any significant changes between 2008, 2009 and 2010 expenses or revenues as noted in Question 17. Are there any known or anticipated changes to the program's 2008 Budget since adopted?

C. Cost per Service Unit(s). You should provide an estimate of your cost per service unit provided by the program you propose. Explain how your cost per service unit was determined. These should be based on the **total** cost of the program and the total number of clients served, not just the funds requested. You have the option of providing a cost per service unit for each separate service provided within the program.

Cost Per Service Unit: $_____

Explanation of how determined:

Data Table Requirements (Questions 13 – 18)

The following documents contain all the data tables you are required to submit with your application.

If you are submitting an application to continue an existing program, complete the following data tables with information *pertaining only to this application*.

If you are submitting an application to fund a new program for your agency or forming a new agency, organization or a team of agencies and you do not have client data which is specific to your proposed program, fill out the data tables with information *pertaining to what you predict your program will accomplish (projected)*. Explain in the applicable questions in the narrative for your program and how the numbers for each data table were determined.

13. NUMBER OF INDIVIDUALS / HOUSEHOLDS SERVED (DATA TABLE)

Provide the number of individuals or households your program serves. *The columns should be an unduplicated count of clients served from all funding sources as indicated.* For example, someone may have attended a group meeting in March 2007 and then received direct, personal service in October 2007. Such a person should only be counted once when they first received services in 2007. If the group meeting was for one program at your agency, and the direct personal service was offered through another program at your agency, you can count this individual once for each program. Do not double-count a person who received the same type of service more than once. For example, a woman who received a physical exam in January and a mammogram in March would only be counted once if both medical services are part of the same program. All clients should be counted as an unduplicated user the first time they receive services in a calendar year. A client who received services from the same program on 12/31/07 and 01/02/08 would be an unduplicated user for the 01/02/08 visit.

The 2007 % of column 1 clients served by city is the number of unduplicated clients served in 2007 by city, divided by the total number of unduplicated clients served in 2007. The total of this column will equal 100%.

The final column represents the unduplicated number of clients that will be served with the funds requested by city in this application. You will be required to serve that number of clients if fully funded. For example, your program has a total of 900 unduplicated clients served in a city. If you are requesting $10,000 to provide services to 90 unduplicated clients with the funds requested with (the remaining 810 clients to be served with another funding source), 90 would be shown in the last column for this city.

13. NUMBER of INDIVIDUALS/HOUSEHOLDS SERVED BY PROGRAM

☐ Individuals? or ☐ Households? *(Check which applies and use for reporting all demographics.)*

	Unduplicated Number of all Clients Served by All Funding Sources				Unduplicated Clients Served with Funds Requested
	2007 (Actual)	2007 % of column 1 clients served by City	2008 (Anticipated)	2009 (Projected)	2009 (City Requested Funding Only)
Auburn					
Burien					
Covington					
Des Moines					
Enumclaw					
Federal Way					
Kent					
Renton					
SeaTac					
Seattle					
Tukwila					
Other					
Total		100% (This column must total 100%)			

*Unduplicated means count each client only once per calendar year per program. This number should match the number of clients by city indicated in the top row of Question 15.

14. Performance Measures & Average Cost of Service (Data Tables)

This information will be used by each City to develop 2009-10 contracts with funded agencies.

14a. Your Performance Measures should reflect numbers based on the funding you are requesting from each City.

14b. In the space provided, define at least one (1) and no more than three (3) performance measures the program will report with a brief explanation. **Do not use Unduplicated Clients/Households as a performance measure.** Provide the estimated number of clients/ households served by city your program plans to provide in the corresponding column for each of the performance measures listed. Estimate the number of units to be provided for each measure annually. Provide accurate and realistic estimates. These estimates will be the basis of your contract if funded.

14c. Complete the table with the city funds requested in Question 6 and the unduplicated clients served with funds requested by City listed in the last column of Question 13. Explain any differences between the average cost of service per client between cities in Question 10.D. of your application.

Example of Completed Data Tables 14a:

14a.

	Service with 2009 Requested Funds Proposed Performance Measures as listed below.		
	A) Meals Delivered	**B) Case Mgmt Hrs**	**C)**
Auburn	7,000	75	
Burien	5,000	50	

Data Table 14b. Performance Measure 2009 Proposed (City Requested Funding Only)	
Title:	Brief explanation:
A) Meals delivered	One meal delivered counts as 1 service unit.
B) Case management hours	Will include intake, assessment, planning, advocacy and evaluation of results.

14. Performance Measures (Data Table)

Agency: _____

Program: _____

14a.

	Service with 2009 Requested Funds Proposed Performance Measures as defined below.		
	A)	**B)**	**C)**
Auburn			
Burien			
Covington			
Des Moines			
Enumclaw			
Federal Way			
Kent			
Renton			
SeaTac			
Seattle			
Tukwila			

14b. Performance Measures 2009 Proposed with funds requested City Funding Only	
Title:	Brief explanation:
A)	
B)	
C)	

14 Performance Measures (Data Table), Cont.

14c.

Average Cost of Service

	Requested 2009 (Same as last column of Question 6)	Unduplicated Clients Served with Funds Requested 2009 (Same as last column of Question 13)	Average Cost of Service per Client Column 1 divided by Column 2
Example:	$5,000	45	$111.11
Auburn			
Burien			
Covington			
Des Moines			
Enumclaw			
Federal Way			
Kent			
Renton			
SeaTac			
Seattle			
Tukwila			

Agency: _____

15. Demographics (from all funding sources) (Data Table)

Program: _____

Client Residence	Auburn	Burien	Covington	Des Moines	Enumclaw	Federal Way	Kent	Renton	SeaTac	Seattle	Tukwila	TOTAL
Unduplicated (check one) ☐ Individuals ☐ Households Served in 2007*												
Household Income Level												
30% of Median or Below												
50% of Median or Below												
80% of Median or Below												
Above 80% of Median												
Unknown												
TOTAL												
Gender												
Male												
Female												
TOTAL												
Age												
0 - 4 years												
5 - 12 years												
13 - 17 years												
18 - 34 years												
35 - 54 years												
55 - 74 years												
75+ years												
Unknown												
TOTAL												
Ethnicity												
Asian												
Black/African American												
Hispanic/Latino(a)												
Native American/Alaskan												
Pacific Islander												
White/Caucasian												
Other / Multi-Ethnic												
TOTAL												
Female Headed Household												
Disabling Condition												
Limited English Speaking												

* Check Individual or Household, which should be the same as checked in Question 13. Unduplicated means count each client only once per calendar year. This should match the number served by City in the *Actual 2007* column of Question 13.   The "total" column will be different from Question 13 since the "other" column is not included due to space limitations.

16. PROGRAM STAFF (DATA TABLE)

In this data table, record the number of full-time equivalent (FTE) *paid* staff and volunteers for this program. FTE means a 40-hour week throughout the entire year. For example, if you enter "5" in the box for Number of Volunteer FTEs, this would mean that you have, on average, five volunteers assisting your program at all times (assuming a 40-hour week).

If you know only the total number of hours contributed by all volunteers for this program, simply divide that number by 2,080 to find the total FTE number. For example: 5,000 volunteer hours over the course of a year, divided by 2,080 equals 2.4 FTEs.

	2007 (Actual)	2008 (Budgeted)	2009 (Projected)
Total Number of Staff (FTEs)			
Number of Volunteer (FTEs)			
Actual Number of Volunteers			

17. PROGRAM REVENUE & EXPENSE BUDGETS (DATA TABLE)

Program Budget: All columns should include total program operating revenue and expenses. Complete the following data tables with figures indicating the source of **program operating funds** for 2007 (actual), 2008 (budgeted) and 2009 (projected). Budget amounts should match funding requested (Question 14c) and Question 5. Include an explanation of any significant differences between the revenues and expenses by year in Question 12B of your application.

17. PROGRAM REVENUE BUDGET (DATA TABLE)

Agency: _____

Program: _____

Revenue Source	2007 (Actual)	2008 (Budgeted)	2009 (Projected / Requested)
City Funding (General Fund & CDBG)			
• Auburn			
• Burien			
• Covington			
• Des Moines			
• Enumclaw			
• Federal Way			
• Kent			
• Renton			
• SeaTac			
• Seattle			
• Tukwila			
• Other (Specify)			
• Other (Specify)			
Other Government Funds			
▪ King County			
▪ Washington State			
▪ Federal Government (Specify)			
▪ Other (Specify)			
Private Sources			
▪ United Way (grants & designated donors)			
▪ Foundations and Corporations			
▪ Contributions (e.g., Events, Mailings)			
▪ Program Service Fees (User Fees)			
▪ Other (Specify)			
TOTAL PROGRAM BUDGET			

17. PROGRAM EXPENSE BUDGET, CONT. (DATA TABLE)

Agency: _____

Program: _____

Expenses	2007 (Actual)	2008 (Budgeted)	2009 (Projected)
Personnel Costs			
▪ Salaries			
▪ Benefits			
▪ Other			
• Total Personnel			
Operating and Supplies			
▪ Office / Program Supplies			
▪ Rent and Utilities			
▪ Repair and Maintenance			
▪ Insurance			
▪ Postage and Shipping			
• Printing and Advertising			
• Telephone			
▪ Equipment			
• Conference/Travel/Training/Mileage			
▪ Dues and Fees			
▪ Professional Fees / Contracts			
▪ Direct Asst. to Individuals			
▪ Administrative Costs			
• Other (specify)			
▪			
▪			
▪			
▪			
TOTAL PROGRAM EXPENSES			
Net Profit (Loss) **(revenue – expenses) =**			

18. SUBCONTRACTS (DATA TABLE)

List all the agencies you will be subcontracting with for this program. Provide the agency name in the first column, a description of the contract/service in the second column, and the contract amount in the third column. **Do not list agencies you coordinate with on a referral only basis.** Indicate not applicable if you do not subcontract for any part of this program.

Subcontracting Agency	Specific Subcontracted Activities in the Operation of Your Program	Contract Amount

19. APPLICATION CHECKLIST

Applications missing one or more of the following components or not following these directions may not be reviewed. Sign and submit the application checklist with your application.

Contents (Your application should contain each of these items *in this order*.)

☐ **Application Cover Pages.** The top three pages of your application must be a completed copy of the Agency Information and Questions 1-7.

Application Narrative:
- ☐ Question 8 Organizational Experience (2 page maximum)
- ☐ Question 9 Need for Your Program (2 page maximum)
- ☐ Question 10 Proposed Program/Service (6 page maximum)
- ☐ Question 11 Long Range Plan (1 page maximum)
- ☐ Question 12 Budget (2 page maximum)

Data Tables
- ☐ Question 13 Number of Individuals/Households Served
- ☐ Question 14a-c Performance Measures and Average Cost of Service
- ☐ Question 15 Demographics (from all funding sources)
- ☐ Question 16 Program Staff
- ☐ Question 17 Program Revenue & Expense Budgets
- ☐ Question 18 Subcontracts

☐ **Required documentation.** Supply one copy of the following required documents with the signed original application. See Part II: *City Specific Supplemental Information* to determine whether additional copies of the application and required documentation need to be submitted.

- ☐ Question 19 Required Documentation, including:
  - ▪ Proof of non-profit status
  - ▪ Organizational Chart
  - ▪ Agency/Organization Mission Statement
  - ▪ Board resolution authorizing submittal of the application (may be submitted up to 60 days after application).
  - ▪ List of the current governing board and local board, if applicable, (include name, position/title, city residence, length of time on the Board, and expiration of terms. Note any vacancies.)
  - ▪ Board Meeting Minutes of last three board meetings of governing board and local board as applicable
  - ▪ Annual Budget
  - ▪ Financial Audit Cover Letter
  - ▪ Financial Audit Management Letter
  - ▪ Financial Statement
  - ▪ Verification of Non-Discrimination Policy
  - ▪ Program Intake Form
  - ▪ Sliding Fee Scale

☐ **Application Check List**. (Signed below.)
☐ **City Specific Supplemental Information.** Required in Part II for applicable City only.

Name: _____
Position: _____
Phone #: _____
E-mail: _____

_____

Signature of Person Completing Checklist

DO NOT SUBMIT ANY OTHER MATERIALS WITH THIS APPLICATION

> *Make sure that you carefully check Part II of this application*
> *to see what additional attachments each city requires.*