

Section 1: Agency Profile

Legal Agency Name

EIN

UEI

CEO/Executive Director Name

CEO/Executive Director Email

CEO/Executive Director Phone

Program Contact Name

Program Contact Email

Program Contact Phone

Agency Mailing Address

Please describe the services provided by the agency. (Max 400 characters)

2022 Actual Agency Budget

2023 Estimated Agency Budget

What percentage of your agency leadership identifies as black, indigenous, and people of color (BIPOC)?

- 0-25%
- 25-50%
- 50-75%
- More than 75%
- Unknown (please explain)

What percentage of your Board identifies as black, indigenous, and people of color (BIPOC)?

- 0-25%
- 25-50%
- 50-75%
- More than 75%
- Unknown (please explain)

Applicant is a nonprofit organization that currently are tax-exempt under section 501(c)(3) of the Internal Revenue Code OR is a public entity?

- Yes or no

Insurance Information: We certify that if our agency is awarded funds, we are able to meet city-specific insurance requirements and understand we may use grant funds for insurance premiums paid during the contract period. View NOFA for specific insurance requirements.

- Yes or no

Will the proposed program be providing:

- A new service
- An expanded service
- None of these choices

A service that would be unable to continue without additional funding (please explain) Could include programs that were expanded during the COVID-19 pandemic and determined to have added value, but funding has ended. May explain other applicable situations

Section 2: Program Description

Program Name

Total Grant Funds Requested (all years):

Program Description/Title (50 characters)

Program Strategy Area

- Workforce development
- Financial literacy

1. In one to three sentences, provide a brief overview of the program. Be concise. Your response should focus on the specific program you are seeking funding for, not your overall agency services. You will provide an in-depth description in question 3; this answer provides only a high-level overview. Max 400 characters.
2. What specific, emerging, or unique issue is your community or the community you serve facing? Describe the need you are trying to address with this program in relation to COVID-19 pandemic response or recovery to the population the program serves. Explain the challenges and issues, both ongoing and new, that the population you serve is facing. Max 3000 characters.
3. Describe your proposed program. Include details on the services provided including how and who will deliver these services. Provide enough detail so we have a solid understanding of your program model and approach. Max 3000 characters.

4. Who will be served by this program? Describe the population of focus for this program- must meet one of the two priority areas -Workforce Development or Financial Literacy. Include both demographic and geographic details as well as any unique/special needs of the population. Funding may only support Federal Way residents as verified through the King County Parcel Viewer; describe tracking method for residency. Max 1500 characters.
5. Where will this program be located? Please describe where services will be located and if they will be offered in person, virtual, or a combination of the two. If the program is primarily virtual, please describe how clients will access the program and how access barriers will be addressed (one example would be to have staff meet clients in the community as requested). Max 1500 characters.
6. How many residents will benefit from the program annually? City of Federal Way funded residents may be a subset of all participants. Budget should correspond with the percentage of Projected Participants who will be City of Federal Way Funded Residents.

Year	Projected Participants	City of Federal Way Funded Residents
2024		
2025		
2026		

7. Please provide the program outputs/service units: Please describe the specific service unit and how it is measured. For example: Name: Case Management, Description: Case management services provided to households in person or via phone, Measurement: Hours. Or Name: Rent or Utility Assistance, Description: Financial assistance for households with a three-day pay or vacate notice or other eviction notice, paid to landlords or utility companies, Measurement: Number of households receiving one-time financial assistance.

Service Unit 1	
Output/Service Unit Description	
Measurement	
2024 Goal	
2025 Goal	
2026 Goal	

Do you have a second service unit yes/no

Service Unit 2	
Output/Service Unit Description	

Measurement	
2024 Goal	
2025 Goal	
2026 Goal	

8. How do clients hear about the services or the work that you provide? Describe your marketing and outreach efforts. Max 1500 characters.

Section 3: Program Impact

Outcomes measure the percentage of clients in your program who experience a desired improvement or behavior change. They measure quality, not quantity, and are different than outputs (such as service units). You may include up to two outcomes that best describe your program's success. If you have two, please focus on the first one in the next 3 questions and follow the prompts after question 10 to enter the second outcome.

9. Outcome Measure 1: Explain the Outcome Measure that you plan to track, using this format: xx% of clients will achieve y result. What change do you expect to see as a result of your program? What percentage of participants do you expect to show this change? E.g. 90% of all clients will attain permanent housing as documented by lease agreement, or 75% of all clients reported having improved mental health after being enrolled in program for two months as documented with a pre and post survey of clients. (If you have questions on outcomes, please contact staff. While staff will not develop or compose outcomes for applicants, staff is available for technical assistance.) Max 250 characters.
10. Outcome Measure 1: Describe your data collection method for measuring the success of this outcome, including who collects the data, when, and how often. E.g. Data is collected through an exit survey completed by the client, or Data is collected using a self-report survey every 6 months, or Data is collected through observation by case managers and reported monthly on a set form. Max 1500 characters
11. Outcome Measure 1: Please explain past program performance in achieving this outcome. Provide a narrative description of outcome measure and past performance. Describe past achievement rate in the format of xx% of clients achieved the outcome in 2022. If performance did not meet the target, please describe any under performance and plans to increase outcome achievement. If a new outcome, please explain why you are changing the outcome and why the new outcome better represents the change the program is designed to create. Max 1500 characters.

Do you have a second outcome measure you would like to include? Yes/no

12. Outcome Measure 2: Explain the Outcome Measure that you plan to track, using this format: xx% of clients will achieve y result
13. Outcome Measure 2: Describe your data collection method for measuring the success of this outcome, including who collects the data, when, and how often. E.g. Data is collected through an exit survey completed by the client, or Data is collected using a self-report survey every 6 months, or Data is collected through observation by case managers and reported monthly on a set form. Max 1500 characters.
14. Outcome Measure 2: Please explain past program performance in achieving this outcome. Provide a narrative description of outcome measure and past performance. Describe past achievement rate in the format of xx% of clients achieved the outcome in 2022. If performance did not meet the target, please describe any under performance and plans to increase outcome achievement. If a new outcome, please explain why you are changing the outcome and why the new outcome better represents the change the program is designed to create. Max 1500 characters.

Section 4: Program Accessibility

For the program for which you are requesting funds, please address accessibility in the following areas.

15. How is your organization working to address disparities based on race, gender, income, and other factors within your organization and in the services, you provide? What changes or impacts have you seen as a result of your efforts?
16. Describe the types of training provided to staff and volunteers, if any, to incorporate best practices for the type of work performed by the program and to provide culturally relevant services.
17. What percentage of your staff identifies as black, indigenous, and people of color (BIPOC)? Select one
 - a. 0-25%
 - b. 25-50%
 - c. 50-75%
 - d. More than 75%
 - e. Unknown (please explain)
18. This program has mechanisms in place to make its services affordable to all populations.
 - a. Free

- b. Sliding fee scale
 - c. Voucher/scholarship
 - d. None of the above (please explain)
19. All program facilities are accessible to individuals with disabilities according to the ADA Accessibility Guidelines.
- a. Yes
 - b. No (please explain)
20. This program is accessible in terms of transportation. Check all that apply
- a. Close to public transportation
 - b. Provide own transportation service
 - c. Provide transportation vouchers (bus tickets, etc.)
 - d. Program staff travels to clients
 - e. Mobile services (e.g. van)
 - f. Services provided by phone or online
 - g. Other (please explain)
21. This program strives to accommodate client schedules. Check all that apply
- a. Evenings
 - b. Weekends
 - c. On demand and/or same day
 - d. Early mornings
 - e. Holidays
 - f. Others (please explain)
22. The program is accessible in terms of language (offering translation and interpretation services upon self-identified or demonstrated need). In what ways is your program accessible in terms of languages. Check all that apply
- a. translated material
 - b. Program and/or agency staff speaks languages other than English
 - c. interpretation on demand
 - d. language line
 - e. ASL
 - f. Other (please explain)
23. How does your program prioritize services? Check all that apply
- a. First come, first served (e.g. wait lists)
 - b. Funder directed (e.g. coordinated Entry)
 - c. Based on severity of client need
 - d. Other (please explain)

Section 5: Financial Feasibility

Budget worksheet will be uploaded in attachments section

24. Explain: (1) how you developed your total project cost; (2) why you consider your project costs to be reasonable; and (3) any unusual budget expenditures listed in the budget forms. Max 3000 characters.
25. Describe your financial procedures for tracking expenditures for reimbursement-based funding. Highlight timekeeping, cost allocation, and other relevant policies and procedures. Include systems used by the organization to track costs and submit for reimbursement. Max 3000 characters.
26. Please explain other revenue sources for this program, including whether they are confirmed or anticipated and the term of the funding. Max 1000 characters.
27. Describe how your organization is prepared to deal with unanticipated project costs. Max 1000 characters.
28. This funding is time limited and one-time only. Please describe your plan to either end or sustain services after the contract ends, if you were to be awarded funds. Max 1000 characters.

Section 6: Attachments

1. Program budget.
2. Non-Discrimination Policy (Policies for Staff and Clients).
3. Proof of organization's non-profit status from the IRS.
4. Most recent agency budget to actuals or financial statement. (Most likely to be 2022 financials)
5. Most recent audit or financial review.
6. Management letter accompanying most recent audit or financial review.
7. Agency response to management letter. (attach only if there were substantive findings)
8. Current board of directors list including terms and cities of residence.