

# APPLICATION INSTRUCTIONS

## Common Application

### PAGE 1 of the Application

1. Program Information: This is information relating to the specific program for which you are requesting funding. Name the program you are applying for; provide the specific amount of funding you are seeking in this application list any funding you received from this funding source in the last funding cycle (January 1, 2009 to December 2009—the first year of the biennium); list the total annual budget for the program, including funding from all sources; list the street address where services will be provided (if multiple addresses, please note and list as many as possible); and provide the name, phone number and e-mail address of the person responsible for the program covered by this application and of the agency Executive Director.

The application form **must** be signed by a person authorized to commit the agency, preferably the Executive Director.

2. General Agency Information: This is information about the applicant's agency. Name the agency, identify the type of agency (corporation, partnership, sole proprietor, non-profit, municipality, etc.), list the agency's federal tax ID number, UBI number, DUNS\* number, and the local **agency's** total annual budget covering all programs.

\*A DUNS (Data Universal Numbering System) number may be requested via the following website: [http://www.grants.gov/applicants/request\\_duns\\_number.jsp](http://www.grants.gov/applicants/request_duns_number.jsp).

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Section 3 of the common application provides specific information about the program you are proposing.

3a. Purpose: In one or two sentences, briefly describe the program. Be specific and focus on what the program does and who it serves. For instance, you may provide up to 60 days of emergency shelter for homeless families or intensive case management for women and their children who are victims of domestic violence.

3b. Program Description: Describe in detail the program for which you are requesting funding. Begin by noting the type of program you are providing (homeless shelter, case management for victims of domestic violence, substance abuse counseling, etc.) Include the process and activities performed to serve the clients. Explain how the program satisfies the needs described in 3c, and serves the target population described in 3f. You might identify the length of time staff spends with each client (intensity) and the length of time the client needs to be involved in the program (duration) to achieve your program goals. For instance, if as noted above you were providing emergency housing for homeless persons, describe exactly how you intend to accomplish that purpose. Would you operate a 24 hour shelter, make arrangements to house persons in area churches or hotels/motels, would you have case managers on-site to work with

each homeless person or family to assess their overall needs and to direct them to appropriate services? How would you get the individuals or families on-track for an all-encompassing continuum of care?

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#### 3c. Need:

3c1. Program need: Clearly, and in detail, explain the need the program addresses. What problem are you helping to solve? Use statistics, demographic information, quotes from recognized publications, first person accounts, or other factual information. Do not use conjecture or draw unsubstantiated conclusions. Using the homeless example in 3a, you might cite from the county's homeless survey the number of homeless persons in your target area, the number of existing shelter beds available to serve that population, and explain how your proposed project will help to fill the gap.

3c2. Degree of impact: Describe the impact to the community if your program did not exist. How is your program unique from other programs that serve the same population? If known, provide the percentage of the total target population that you serve (for example, how many homeless individuals out of the total number in your community are served by your program?) Additionally, indicate whether you provide a service to an underserved population (i.e. a minority population or geographically isolated area).

3d. Partnerships: Cooperation and collaboration are important in the long-term solution of social service issues. Provide up to two (2) thorough examples of how your program works closely with another program to benefit your clients or program. Indicate how resources and/or activities are shared. For instance, again using the above examples, you might collaborate with another agency to provide food, or medical services to all the homeless persons residing in your shelter on a continual basis. You might jointly case manage clients with another program. Or you might collaborate with a counseling agency to provide anger management and abuse prevention training to victims of domestic violence you are managing. Do not include casual referrals such as: advising an unemployed person to visit Employment Security to seek a job; giving the client a bus token; or giving them a referral to another agency to receive a service you don't provide.

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3e. Mission: State your agency's mission and explain how this program is consistent with that mission.

#### 3f. Clients Served:

3f.1 Client Selection: Clearly define the clients you intend to serve by appropriate identifiers such as age, gender, status, condition, need, location, barriers experienced, etc. Identify any client characteristics in the program's target population **that sets it apart from the general population within that services strategy** (within the

Emergency Services strategy, program primarily serves a unique subset of homeless population such as individuals with disabilities or single fathers with children).

Describe how you will select, qualify for services and monitor the target population. Include a description of the selection process (how you find/screen the target population). Describe the records you maintain on your clients. For example, do clients certify their income level and is that verified, do you ensure that clients reside in an eligible area, do you verify income throughout the service period, do clients have to regularly demonstrate they are complying with program guidelines, do you request race and ethnicity data, etc.? How do you ensure your client's status remains unchanged?

3f.2 Client Condition: The goal of many social service programs is to change the condition of their clients, to help them become self-sufficient or improve their condition in some other manner. However, that may not always be possible. Other programs provide services that allow their clients to maintain their existing status without jeopardizing the client's well-being. Provide an example of how your program promotes client change or the maintenance of existing condition(s) and explain why your program chose that approach.

3f.3 Outreach:

(1) Describe the steps your program takes to reach out to and to serve the special needs of persons with disabilities. Include information supporting the convenience of your location and hours of operation, special physical or sensory accommodations, and compliance with the Americans with Disabilities Act. For instance, are your facilities accessible to those with mobility impairments; are your written materials accessible by those with reading impairments, do you have access to a TDD, etc?

(2) Describe the steps your program takes to reach out to and to address the special needs of persons with limited English capabilities. Explain the process used to ensure limited English speaking families and individuals will receive your services in a manner that meets their needs. Describe the accessibility of interpretation translation services. In the event that the program is targeted to a particular language group(s), explain how other language groups will have access to the services to be provided.

(3) Describe the steps your program takes to reach out to and address the special needs of persons of cultural and ethnic minority. Explain the process used to ensure ethnic minority families and individuals will receive your services in a manner that meets their needs. Describe the cultural relevance of program strategies and materials. In the event that the program is targeted to a particular ethnic group(s), explain how other ethnic groups will have access to the services to be provided.

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**Note: The information provided on pages 5 through 7 relates to the outcomes process used by members of the Pierce County Funders Group. OBE application points for currently funded programs will be awarded as described in Appendix C.**

All applicants must participate in Outcome Based Evaluation (OBE).

**All programs should complete questions 4a and 4b.**

4a. Logic Model: The logic model is a logical, condensed, visual description of the program. The model reflects a logical progression of the different aspects of your program and each of the sections should be consistent with one another.

Resources are a list of all resources necessary to accomplish the program such as: staff, clients, funds and funders, experience, partners, facilities, etc.

Activities list the specifics of what the program provides such as: case management, counseling, shelter, etc. Provide enough detail to define the uniqueness of your program such as: counseling of drug addicts.

Outputs are the **quantified** activities that your staff provides such as: 16 hours of counseling per month for each substance abuser for 6 months; 30 bed nights of shelter per homeless client per month from October to April; 16 hours of job preparation and training for each of 10 unemployed individuals in one year; etc.

First, list the TOTAL clients served by the program, with all of the funding available. This number should relate to the "Total Program Budget" of 5c, page 8. Then, list the number of clients to be served only with the funding requested in this application from this funding source. This number should relate to the amount of funding identified in "Amount Requested" 5c, page 8. Finally, include service related outputs for the contract period (i.e. 160 participant hours of life skills training) and the formulas used to calculate them (8 workshops x 2 hours per workshop x 10 average client attendance).

Outcomes and Indicators are the changes you expect to occur in the client or community as a result of the resources, activities and outputs you provide. **ONLY PROGRAMS CURRENTLY PERFORMING OBE MUST COMPLETE THIS COLUMN.** Two outcomes are required, Outcome 1 and Outcome 2, with two indicators for each outcome (Indicator A and Indicator B). Both outcomes and linked indicators must be chosen from the Outcomes Catalog published by the Pierce County Funders Group. Outcome 1 and its linked indicators must be chosen from the list of mandatory outcomes identified by the Pierce County Funders Group. For questions, contact City of Tacoma staff.

Goals are the ultimate impacts which your program expects to make, but generally are beyond what one program can achieve alone. Goals provide direction and focus to the program and should be consistent with the mission and vision of the organization. Goals answer the question: what core community value does the program address?

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4b. Pierce County Funders Group Funding: Check only one box in either 4b1 **OR** 4b2

4b1. Programs that check a box under 4b1 should complete questions 4c and 4d and then proceed to question 5, Budget, on page 8.

- Program is not currently funded by any of the Pierce County Funders (City of Lakewood, Pierce County, or City of Tacoma).

**OR**

- Program has been funded for \$9,999.99 or less and is now requesting \$10,000 or more from the Pierce County Funders (The \$10,000 should include the total of all awards and requests across funders).

4b2. Programs that check a box under 4b2 should identify which funders they receive money from (funders are listed below the other check box options). These programs should skip questions 4c and 4d and proceed to question 5, Budget, on page 8.

- Program is currently funded by one or more Pierce County Funders with award totals exceeding \$9,999.99.

**OR**

- Program is requesting \$9999.99 or less from all Pierce County Funders and will not participate in Outcome Based Evaluation (NOT an option for City of Tacoma applicants).

**OR**

- Program is currently funded (2009) by one or more Pierce County Funders and is a transitional program to Outcome Based Evaluation (i.e. working on quarterly projects and practice reports, with no annual report yet submitted). Transitional programs should check *only* this box, even though they may fit the criteria under the first box as well (i.e. receive an award exceeding \$9,999.99).

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### 4c. Program Evaluation Experience:

4c.1: Describe the program's experience with evaluation. The description should include how the program evaluates its performance and impact on clients. If applicable, what evaluation model is used? How long has the program been engaged in evaluation? Does staff have any training in this area? Is the evaluation required by a funder? If so, which funder, and were you able to meet the requirements?

4c.2: How did the program use the evaluation results to improve client services? Were they shared with internal or external stakeholders (i.e. Board of Directors, clients, donors, etc.)?

4d. Outcome Based Evaluation Implementation Plan: Describe the program's capacity to implement the required OBE System. See Attachment A (page 14) for a description of the requirements. The description should address all four areas below and clearly outline the program's plan to allocate resources to adequately implement OBE.

**4d.1 Staffing:** How many staff will perform OBE for the program? Will they be able to attend the two mandatory trainings (see Attachment A, page 14 for the list of trainings) and the other optional trainings? What is your plan to cross-train staff/volunteers so more than one person in the program is trained?

**4d.2 Technology:** How will the program maintain evaluation data? Do you have access to a computer and database software (i.e. Excel or Access)? Are staff/volunteers trained to use the software or do you plan to provide such training? Does the program have email capability?

**4d.3 Resources:** In addition to staff and technology, what other resources does the program have available to perform OBE? Do you plan to use an outside evaluator or have access to professional support/training outside of the PCFG trainings? How much funding in the budget is set aside for program evaluation?

**4d.4 Time management:** How will the program allocate adequate time to meet the OBE requirements (see Attachment A, page 14) without compromising client services? How will staff/volunteers communicate progress in a timely manner to management and vice versa? How will report deadlines be monitored and met?

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**5. Program Budget**

**5a. Personnel:** List ALL staff positions that will be funded through this program (column 1). List the total number of Full Time Equivalent (FTE) persons in each position (column 2). List the total amount of funding requested from this funding source for salaries, benefits and personnel taxes (column 3). List the amount provided from other funding sources (column 4). In the final column, total the funding requested in this application and that available from other funding sources for each position. In the last row, sum the total personnel costs requested through this application, available from other funding sources, and the total amount supporting these positions.

Example:

Position	FTE	Amount Requested this Application	Other Funds (\$)	TOTAL
Case Manager	4	\$25,000	\$75,000	\$100,000
Accountant	1	\$2,000	\$20,000	\$22,000
<b>TOTAL</b>	5	\$27,000	\$95,000	\$122,000

**5b. Other Program Operating Costs.** Under each of the listed categories, enter the amount requested from this funding source in the 1<sup>st</sup> column, the amount provided from other funding sources in the 2<sup>nd</sup> column, and the total in the 3<sup>rd</sup> column. *Keep in mind that during contracting, the City allows programs to select only 3 budget categories for this funding source, including personnel costs.*

**Facility costs** consist of mortgage or rent payments, utility costs, heating fuels, insurance, taxes, maintenance, repairs, etc. but not staff costs.

**Communications** costs consist of telephone, computers, advertising, printing, etc.

**Supplies** include all office and operating supplies such as pens, paper, materials, file folders, books, etc.

**Travel** costs for staff include mileage, auto rentals, and air - train - bus tickets for staff travel or for client travel when clients are attending events with staff.

**Training** costs include all costs associated with training except travel costs including conference fees, food and shelter, training materials, etc.

**Consultant** costs are for the actual costs of consultants hired to provide technical support or direction to the program.

**Direct Services** are costs to support clients including local transportation, medical treatment, training, mediation services, rent or utilities, food, etc. provided directly to the client as a part of the program.

**Equipment** costs relate to items of equipment such as computers, printers, copiers, etc. directly related to the program. Do not include costs of equipment required for the general administration of the agency.

**Other costs need to be identified and explained in question 5g, the budget narrative.**

5c. Total Program Budget:

You do not need to complete this section, the software will auto-populate the amounts and percentages for you.

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5d. Funding Options: It is common that the funder will be unable to fully fund your program but has sufficient funds to partially fund it. To assist the funders in making their decisions in a manner that is to your greatest benefit, prioritize those aspects of your program which, if funded, will allow you to implement your program, even if it is at a reduced rate. For instance, you may identify funding of specific staff as your top priority, with operations as second priority. Or you may identify funding for a specific portion of the program as top priority, with the remaining portion as second priority. **Do not identify “full funding only” as a priority.**

5e. Sources of Program Revenue: List all program funding, including any fees that you will collect, for January 2011 to December 2011. Include funding that is already confirmed, as well as funding that you anticipate receiving, but which has not yet been confirmed. Identify the sources of funding; whether each source is confirmed (c) or

proposed, but unconfirmed (p); the amount of revenue from that source, and the percentage of the program budget that funding represents. If funding is targeted or restricted in its use, identify the specific aspect of the program that funding supports. For instance, a grant from one source might only support job training while another might be restricted to basic education or personnel. If the funds may be used for any or all aspects of the program, you need not complete this column.

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5f. Current Program Revenue: List all funding sources the program currently receives (examples; United Way, City of Tacoma General Fund, Cheney Foundation) for the January 2011 to December 2011 budget period. If your program budgets on a different fiscal calendar, do your best to identify the revenue for the months of January through December. List the dollar amount of funding, the percentage of program budget it represents, and start/end dates of funding cycle for each funding source. Include revenue from client fees, fundraising and in-kind donations.

5g. Budget Narrative: Provide any additional information that will help explain your budget, such as a description of other funds requested (5b), restrictions, funding cycles, match funding requirements, etc.

**End of Common Application.**

## **City of Tacoma Supplemental Pages (All Applicants)**

Pages 11-14 are specific to the City of Tacoma's 2011-2012 Community Services application. Question 6 addresses the City of Tacoma strategic priorities for Community Services. Questions 7a-e address the additional program priority criteria that applicants will be evaluated on. See Appendix E, pages 21-26, for a complete description of strategic priorities and program rating criteria.

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#### 6. Strategic Priorities:

6a. Community Services Strategic Priorities: (Appendix E, pages 23-24) The program must clearly meet one (1) of the three Community Services priorities, and one (1) of its associated goals, listed below. Select only one (1) strategic priority and one (1) associated goal. Priorities and goals are of equal weight. Check the box next to the strategic priority that you believe is most core to your program. Check the box next to the goal associated with the strategic priority that most closely describes your program. Only programs that closely align with a strategic priority and goal will be considered for funding.

Directly and concisely explain how the program addresses the priority and goal you selected. Your response should build upon the narrative questions in other sections of the report. In particular, the response should relate to the problems you identified in your Needs Statement (question 3c). A strong application will demonstrate direct ties to the identified strategic priority and goal throughout the entire application.

**Prepare children and youth for success.** Demonstrate that your program ensures that children and/or youth receive the support they need to be successful in school and prepared for self-sufficiency and success in life. In addition to describing how your program meets this strategic priority, you must also demonstrate how it addresses **one** of the following goals.

- Barriers to academic success at all grade levels are reduced, and the ability of children to succeed in school and graduate ready to continue education or obtain employment is increased.
- Youth violence, including gang involvement, in the community is prevented or reduced.
- Parents and caregivers have the capacity and skills to provide a safe and productive environment for children in their care.
- Adults who work with children have the skills to recognize, intervene in and prevent violence and to be able to reduce the effects of childhood trauma that results from adverse childhood experiences.

**Increase employability and self sufficiency for adults.** Demonstrate that your program enables adults to effectively access and use education, training and jobs.

Services should allow adults to enter or progress in the job market. If your program serves a population for which employment is not appropriate, describe how clients are moved towards self-sufficiency and/or how you help them experience other positive and/or meaningful involvement in the community. In addition to describing how your program meets this strategic priority, you must also demonstrate how it addresses **one** of the following goals.

- People are capable of earning a living or family wage.
- Adults, including young adults, have access to training, education and support services to complete that study successfully.
- People are able to live independently. This includes all residents, with assistance where needed for people with disabilities, elderly residents and others with special needs.

**Meet basic needs of Tacoma residents.** Demonstrate that your program provides Tacoma residents access to food, clothing, shelter and/or other urgent basic needs. You are encouraged to illustrate that your program meets needs that are not being met by others and that you utilize comprehensive approaches that help individuals and families reduce their reliance on outside assistance to meet their basic needs.

- Residents have access to nutritious food year-round – a well-balanced diet that contributes to children’s ability to learn and adults’ ability to live healthy lives.
- Prevention of and pathways out of homelessness are available. This includes efforts to keep people in their homes and preventing individuals and families from entering homelessness, as well as the initial provision of emergency shelter where that is appropriate.
- Interpersonal violence and abuse is reduced, including violence between spouses and partners, elder abuse and child abuse.

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6b. Downtown Emergency Human Services Providers **ONLY** applicants providing emergency human services in Downtown Tacoma (approximately 6<sup>th</sup> Avenue to I-5, Sprague to the Thea Foss) to persons who are at risk of, or experiencing, homelessness must complete this question. Please contact staff if you are unsure whether you should complete this question for your program.

Pierce County, including the City of Tacoma, will be implementing a plan which will improve the systems of services to families, and by extension to individuals, who are at risk of, or experiencing, homelessness. Locally known as the “Building Changes” initiative, it is supported by the Washington Families Fund, the Gates Foundation and other public and private entities throughout Pierce, King and Snohomish Counties.

The five pillars to Building Changes and of a strong system of services are:

- coordinating access to support services;
- rapid re-housing;
- providing services tailored to meet each family’s individual needs;

- early intervention and prevention; and
- increasing economic opportunity through education and workforce services.

The Tacoma City Council has requested that steps be taken to ensure a coordinated approach to downtown emergency human services serving persons at risk or, or experiencing, homelessness. Programs providing a preponderance of services in the downtown area (approximately 6<sup>th</sup> Avenue to I-5, Sprague to Thea Foss) will be required to actively participate in efforts to improve the effectiveness of the downtown emergency human services system.

6b. Programs that provide a preponderance of emergency human services in downtown Tacoma must respond to this question (approximately 6<sup>th</sup> Avenue to I-5, Sprague to the Thea Foss). The Human Services Commission, along with the City Council, is very interested in the effectiveness and impact of emergency human services located in downtown Tacoma. It is interested in supporting only those services which are involved and actively participating in efforts to improve the effectiveness of the system of services which serve persons at risk of, or experiencing, homelessness.

The Human Services Commission has developed a Vision and Mission for the system of downtown emergency human services for those persons who are at risk of or experiencing homelessness. Please carefully review the Vision and Mission below:

**Vision:** Create and sustain a coordinated and integrated system of programs and services with sufficient capacity and sustainability that will meet the basic needs of residents who are experiencing homelessness in downtown Tacoma area by 2014.

- A ***coordinated*** system is one that is driven by a management process that functions to enhance the probability that those assisted by the system will receive appropriate services in a timely, seamless and efficient manner.
- An ***integrated*** system is one that is comprehensive and functions in an effective and collaborative way to achieve system goals and objectives.

**Mission:** The system responds reliably and appropriately when a person is in need of emergency services in downtown Tacoma, until the need is fulfilled.

For the application, the Vision and Mission's emphasis is on a program's activities with other organizations to coordinate and integrate planning and services. It does not include quality improvement activities within an individual agency. It does, however, include intentional internal program and agency realignment of philosophy and practices to plan for and implement the coordination and integration of the downtown emergency human services system.

6b.1 Service Delivery. Document that the program provides a preponderance of emergency services in the downtown area (approximately 6<sup>th</sup> Avenue to I-5, Sprague to the Thea Foss). A partial list of services identified in 2009 include:

- Associated Ministries Severe Weather Fund, CIAT, Project Interdependence
- Camp Fire USA, Teen Outreach

- Catholic Community Services Hospitality Kitchen, Tacoma Avenue Shelter, Tahoma Indian Center
- Christian Biker Tabernacle Friday Night Feed
- Metropolitan Development Council, Multiservice Center, Healthcare for the Homeless, Detox and Sobering Center
- Nativity House, Day Shelter
- New Phoebe House
- Pierce County AIDS Foundation
- Pierce County Veterans Bureau
- Point Defiance AIDS Project, Needle Exchange Van
- St Leos Food Bank
- St Leos Parish Emergency Services
- Salvation Army Emergency Family Lodge
- South Sound Outreach, Protective Payee and Eligibility Services
- Tacoma Catholic Worker, transitional housing
- Tacoma Rescue Mission Family Shelter, New Life Square and Good Neighbor Café
- YWCA Women's Shelter

Describe specific examples of how the program coordinates and/or integrates its services with other Downtown Emergency Human Services organizations and programs. This could include activities such as co-location of services, joint case conferences, joint training, etc. It does not include internal service improvements within your program or organization, unless they are to realign internal practices to intentionally coordinate/integrate services with other organizations.

6b.2. Planning. Describe specific examples of how the program is planning with other organizations to improve the overarching, county wide service delivery system. This could include activities such as participating in the Building Changes initiative, actively participating in task forces, etc.

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### 7a. Cultural Competency

7a.1. – 7a.3 Employees Identify the number and percentage of employees employed by the program on July 1, 2010 who are ethnic/cultural minority, and the number and percentage of program employees who speak a language other than English. Describe formal employee training in cultural competency. Include the frequency of the training, the source of the curriculum and trainers qualifications.

7a.4 Clients: Identify the number and percentage of ethnic/cultural minority clients served by the program from January 1 through June 30, 2010.

7a.5 Board of Directors: List the ethnic/cultural composition of the agency's 2010 Board of Directors by ethnicity/culture.

7b. Builds livable communities: In what ways does your program enhance the neighborhood in which the services are provided? Identify any partnerships with businesses, residents, organizations, etc. that are within the immediate vicinity of your services. Describe how your program's collaboration with these groups strengthens the neighborhood. Give specific examples of the work done or planned to be done in partnership with the various neighborhood groups.

7c. Prevention: Describe any aspects of your program that are designed to address prevention, as opposed to crisis, with your clients. (Activities can include short-term and long-term preventative measures). Explain what prevention means to your program. Address the risk factors inherent in your population, and describe how your program enhances the protective factors.

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7d. Effectiveness: Describe how your services have been developed to provide the most effective program possible. Are the breadth and depth of services adequate to address clients' needs effectively? How do you know that the way you deliver services is working? Provide a delivery model or data to reflect your program's effectiveness, and explain why this type of evidence was chosen.

7e. Past Performance: DO NOT RESPOND TO THIS QUESTION IF YOUR PROGRAM CURRENTLY RECEIVES ANY FUNDING FROM THE CITY OF TACOMA. Respond to this question ONLY IF this program is NOT currently funded by the City of Tacoma.

7e.1 Describe your experience in meeting the grant requirements of current or past funders including contractual goals and requirements, performance reports, program evaluation or statistical reports. Explain your program's internal process for submitting required information (i.e., reports) in a timely and accurate manner. Have you ever been delinquent in your reporting? If so, provide the context (time frame, situation) and describe how and why you failed to meet the requirements, as well as the actions that were taken to resolve the situation.

7e.2 What types of policies and/or procedures do you have in place to address issues that may negatively affect program performance, such as frequent staff turnover or lack of cross-training?

**City of Tacoma**  
**Human Rights and Human Services Department**

**OBE System Requirements**  
*June 2010*

**Outcome Based Evaluation (OBE) System Requirements**

Applicants having contracts with one or more of the Pierce County Funders Group funders for a combined total of \$10,000 or more or whose application and contract(s) will equal \$10,000 or more must participate in Outcome Based Evaluation (OBE). Newly funded programs have up to two years to fully implement all OBE system requirements. Documents and information about training are available on the Outcomes website: [www.co.pierce.wa.us/outcomes](http://www.co.pierce.wa.us/outcomes).

**The required OBE system must include the following components:**

- Two (2) outcomes; each measured by two indicators (Indicators A and B)
- Outcome 1 must be selected from the PCFG Mandated Outcomes List
- Outcome 2 must be selected from the PCFG General Outcomes Catalog
- Standard definition of achievement for each indicator and outcome
- Measurement Tools to measure achievement of the selected indicators
- Data Collection Process (when and how data is collected)
- Data Collection Method (which clients will be measured)
- Steps to address validity (accuracy of data)
- Steps to address reliability (consistency of process)

**Training requirements:**

- Two staff/volunteers must attend the mandatory OBE training within the first two years of receiving funding
  - Essential Elements of Outcome Based Evaluation
  - Performance Measures
  - Writing an OBE Report
- Two staff/volunteers should attend the optional OBE trainings within the first two years of receiving funding
  - Data Excel
  - Q & A Brown Bag

**Reporting requirements:**

Reporting for new programs is on a quarterly basis. Eventually programs move to an annual report cycle of January – December. Certain programs can request to move to an alternate report cycle of July – June, such as school-based programs. Prior approval from your funder is required.

## YEAR ONE (Quarterly Projects)

### Contract Negotiation

- Introduce & Discuss the Data Collection Worksheet (DCW)
- New programs will become familiar with required forms (Output, Reimbursement, etc.)
- Select Outcomes and Indicators

### Quarter 1 - System Set-up

- Due: Filled out DCW
- Discuss the DCW with Contract Staff – recommendations, changes, etc.
- Set-up pilot tests and other validity/reliability measures, etc.

### Quarter 2 - Progress Check

- Review of steps taken to ensure validity/reliability
- Submit tools with changes from the Pilot testing
- Submit proof of pilot test
- Submit procedures/guidebooks/processes (ie. Criteria, Rating, Assessment, data collection)
- Determine reporting period (Annual or Alternate School-Based Cycle) and, if applicable, submit request for alternate report cycle

### Quarter 3 - Implementation & Calculation

- By now program should be administering tools and collecting data
- Program must bring 10 completed tools to a workshop
- Practice implementing criteria and calculating achievement rates

### Quarter 4 - Data Sheet Analysis

- Program must submit their 6 month data sheets
- Program submits a one page summary of “What my data means to me”
- Discuss what was learned from the data (factors, expects, etc.) and next steps

## YEAR TWO (Annual Report Training and Technical Assistance)

### Quarters 1 & 2 – Practice Annual Report

- Attend 2-4 Annual Report training sessions
- Work on Practice “Annual” form report due July 31<sup>st</sup>

### Quarters 3 & 4 – Feedback

- 6 month Practice “Annual” form report due July 31<sup>st</sup>
- Contract Specialist to give feedback & Technical Assistance

Annual Report due January 31<sup>st</sup>