City of Lakewood
2015 Human Services Funding
Application Instructions

Application Specifications
This grant application is for City of Lakewood Human Services funding. Successful applicants will be required to enter into a performance based contract beginning January 2015. The funds are distributed quarterly as reimbursement for specific human services functions.

The application is to be completed by someone with knowledge and experience in grant writing and with the organization that is responsible for administering the services. Questions must be answered completely on the form provided. Limit your answers to the space provided with a font size that is no less than 11 points. The form will not expand once submitted. If additional space is required, space is provided in Section 8 at the end of the application form.

Section 1 Application Information
Program information: This is information relates to a specific program for which funds are being requested. Name the program and provide amount of funding being requested (grants may range from $6,000 to no more than $24,000) and list any funding received from the City of Lakewood in the last funding cycle. List the total budget for the program including funding from all sources, identify the street address where services will be provided (with multiple addresses please note and list as many as possible) and provide the name, phone number and email address of the person responsible for the proposed program as well as the name and email address of the agency’s Executive Director.

The application form must be authorized by the Executive Director by checking the verification box below their email address.

Section 2 General Agency Information
Agency information: This information is related to the program’s fiscal organization responsible for the proposed program. Name the agency and its mailing address, the type of agency in the drop box fillable section. The organization must list its Federal Tax ID number (beginning with the number 91) along with the date of the last fiscal audit or financial review. List the 2014 annual agency budget. A detailed agency budget for 2014 is a required attachment for this application (a list of attachments is found at the end of the application form).

Section 3 General Program Information
Purpose: Choose ONE and ONE ONLY of the following target populations listed on the form; youth, families, disabled, elderly, people with a (diagnosed) health condition, people with a (diagnosed) mental illness and people with limited English language skills. There is only one choice allowed in this section.
Select the client target population based on answering this question. **Who is the recipient of the services provided?** The client is the person or family member who is receiving the direct service and benefits most physically, mentally, emotionally or intellectually from the intervention, and whose condition changes due to this service. There are no standard population definitions requirements. Provide your agencies’ target population definition in purpose section (3a.). For example, a population definition could be: families (two or more persons in the household related by blood or marriage), or elderly clients who are 65 years of age or older, or youth in transition between the ages of 18 - 24.

**Applicants who check more than one box will be set aside from the application pool and may not be considered.**

3a. **Purpose:** In addition to defining the population served, briefly state the services that will be provided. For example, the program provides up to 90 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 Strategic Focus area(s) this program will address, as well as identifying a secondary strategic area (if appropriate). **See definitions below.** The City of Lakewood has identified the following strategic service areas for funding in 2015:

- **Housing services** provide emergency shelter, homeless prevention services that keep people from losing their housing. This might also include short-term supportive housing options for Lakewood residents. Applicants selecting this area will typically provide citizens with a temporary home until a more permanent living situation can be secured.

- **Stabilization services** provide basic needs for people experiencing temporary economic or personal crises. Applicants selecting this area will typically provide access to food, clothing and hygiene supplies, as well as the ability to improve the client's ability to recover from traumatic experience and improve their life circumstances.

- **Emotional supports** increases a person’s ability to build healthy relationships and their ability to be successful in living a healthy, independent and productive life. Applicants selecting this area provide developmentally appropriate services across the lifespan. Emotional supports are provided to a specified vulnerable population and could include care giving support, mentors and role models, parenting support, counseling and guidance service that will result in increased skill and the ability to be self-reliant.

- **Access to services** strategic area eliminates barriers to essential health and human services for underserved residents. These barriers include language, cultural,
geographic location and out of pocket cost. Applicants selecting this area provide specialized health and human services for specific populations or direct client services to underserved populations in Lakewood. Information and referral is may not be the only direct service provided under this category.

3b. Program Description (continued): Provide historical context for the program and how the program has changed over time. For example, the Foster Care to Adoption (FCA) program was established in 1966 by a foster family to address the number of children without homes. The initial goal was to place 25 foster children in permanent adoption homes. In 1972 the program grew to 200 children per year and with the passage of the Foster Care Act of 1973, the We Love Children Center assumed responsibility for the program. The program is considered a best practice by the foster care authority of Washington. More than 90% of the children entering the program are placed in adopted homes within one year.

Describe how the services provided are of high quality. Is it considered a best practice or evidence-based? Has the program been evaluated by outside researchers? Why are the methods used considered effective or efficient?

Acknowledge other agencies or service providers who provide supporting services or that are closely related to the program’s success. Identify how the program works as part of a continuum of care within the strategic focus areas. For example, the program works in partnership with the Clover Park School District to identify students needing extra academic help and emotional support to stay in school and complete their high school education. In addition, program addresses barriers to accessing essential services by partnering with the African Men’s Alliance to provide specialized counseling to support ethnic minority students in pursuing post-secondary education.

3c. Agency Mission: Complete this section by stating the official mission statement of the organization. Give a one sentence explanation how this program fulfills the agency’s mission.

Section 4 Community Need and Impact
Clearly and in detail, describe how the program fulfills a specific community need. Use statistics, demographic information, quote recognized publications, or other research or factual information that supports this claim.

Describe how the program benefits both the client and the broader community. What changes because this program service is offered? Identify how many clients are served per year and the percentage of clients who are Lakewood residents. You must also demonstrate that the program serves all people from diverse backgrounds and substantiate these numbers. For example, in 2013 our program staff recorded reaching 528 people, of which 50% (264) lived within Lakewood city limits. Of the 264 clients
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served, 62 reported their race as Hispanic on the intake form. More space on services for ethnically diverse populations will be covered in section 5e.

4e. Partnerships and Collaboration is a core value for Lakewood. Describe how you collaborate with other organizations to ensure clients are being served in a comprehensive manner. Fostering formal relationships and agreements demonstrate a lasting commitment between partners and your collective ability to maximize service delivery without duplicating efforts. Attach a copy any formal agreements your program has with a partnering agency.

Section 5: Client interactions, Service descriptions and Outcomes
This section is a step by step process (beginning to end of service) of how the program serves the client. This section is only for discussing the process in which a client served. Space will be provided in Section 6 to discuss specific service measurements and the outcome evaluation.

5a. Describe the initial contact and intake process with the client. Describe how you identify and qualify the client for services.

5b. Provide detail on the services provided, bearing in mind the strategic areas of focus, and how the services provided meets the objective of changing the client’s current condition. Also describe how the program records client progress and interacts (frequency) with the client throughout the service period. Identify if there is a case manager or volunteer assigned to track and report client progress and how frequently this interaction occurs.

5c. Describe how the client completes or exits the program as an outcome or measure of success. How do you know the program is effective?

5d. Describe the anticipated program outcome through a client story that demonstrates a measurable behavior change or an outcome goal can be achieved. This story should be an actual client (without identifying information). Be sure the story highlights their journey through the program and clearly illustrates a behavioral or economic condition has changed due to the program's efforts.

5e. Describe how people with diverse ethnic backgrounds are served. Describe outreach activities, staff qualifications (bi-lingual), specialized services for ethnic populations, resource sharing, partnerships, and training opportunities to demonstrate cultural competence.

Section 6 Service Measures This section describes the annual projected (2015) program measures and the program evaluation process (outputs, cost per unit of service and return on investment). Successful applicants will be required to report
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these measures and prepare an annual program evaluation report to demonstrate program objectives are being met.

6a. Describe the number of anticipated clients served by this program in 2015 and how many clients are Lakewood residents. Provide more detail information on the demographic make-up of the target population (age, location, ethnicity, income). If this is a change from previous years, please describe the reason for an increase or decrease in services or change within the client population.

6b. Describe the program measures (refer back to the service steps outlined in section 5) for each component of the program. These are considered units of service or outputs. How are these measures tracked and reported?

6c. Describe how other resources are leveraged (above and beyond this grant request) to support this program. For example, clients receiving clothing, transportation and child care assistance for a (City of Lakewood supported) job-readiness course. Describe the cash value of those resources, which do not include volunteer hours or in-kind contribution. Describe if your program has a return on investment calculation and how you derived at that number. A return on investment claim is given in a dollar value, e.g. for every dollar provided by this grant, a greater dollar value is achieved through other grant sources (match), or purchasing power, or auxiliary program services.

6d. Clearly state the program’s outcome measure(s). Describe the program evaluation tools as well as the process used to evaluate program and client outcomes. It is important to make the connection between what the program does (services & processes) to an outcome goal that is measurable and obtainable. Describe who participates in the evaluation process, and the program’s ability to record and report measurable outcomes. Be sure to include who is responsible for the evaluation and when the evaluation process occurs. For example, our school-based programs conducts pre (October) and post (May) student evaluation that is administered to the teacher and student by the school principal.

Section 7 Program Budget  
Use the budget forms provided for reporting the program’s current (2014) budget and for projecting the program budget for calendar year 2015.

7a. Personnel List all staff positions that will be funded through this program in column 1. List the total number of Full Time Equivalent (FTE) positions in each column 2. List the total amount of funding that are being requested for salaries, benefits, and personnel taxes in column 3. List the amount provided by other funding sources in column 4. In the final column, total the funding requested in this row, sum the total personnel costs for all positions from all funding sources.
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7b. Other Program Operating Costs  Under each of the listed categories enter the amount for this funding request in column 1, the amount provided from other funding sources in column 2 and the total cost in column 3.  

**Facility** costs may include mortgage or rent payments, heat & electricity costs, insurance, taxes, maintenance, repairs and does not include staffing.  

**Communications** costs consist of telephone, computer software/licenses, advertising and printing.  

**Supplies** include all office and operating supplies for the program staff.  

**Travel** costs for staff include mileage and transportation cost related to client services.  

**Training** costs include all costs associated with training, including travel (air and ground transportation), conference fees, and food, accommodations and training materials.  

**Consultant** costs are for the actual costs of consultants hired to provide technical support, training or program evaluation services to enhance service delivery.  

**Direct Services** are costs to support client participation costs, including local transportation, medical treatments or services, rent or utility assistance, food, etc., These funds provide a direct client benefit as part of the program’s design.  

**Equipment** cost relating to service delivery that is a direct client benefit, including computers and printers used during the intake process or for training or for accessing on-line resources. These funds provide a direct client benefit as part of the program's design.  

**Other** costs any cost listed here must be identified and explained in the budget narrative.  

7c. Total Program Budget List the total Personnel and Other Operating costs for this request and from other funding sources that are listed in budgets 7a and 7b. Calculate the percentage of funds for each category for personnel and operating, and for the total program costs. Be sure these totals match the dollar amounts listed on page one of the application.  

7d. Describe the experiences of the staff responsible for the program’s operations. The staff listed here represents the program and will address questions or concerns related to program performance, including maintaining client records and preparing service and financial reports for the City. List only one primary program administrator (admin) who supervises the program staff and oversees the whole program; the (direct service)
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staff member who collects information from the client and maintains client records; and
(other) staff member who prepares financial reports for the program. Describe their
duties and experiences as it relates to contracting with a government entity and how
many years they have performed this duty for the program or agency.

7e. Sources of Program Revenue Use the form provided to project the sources of
revenue for the program in 2015. List all confirmed (C) and proposed unconfirmed (P)
funding sources for the program. Include this funding request amount as proposed.
Also, be sure to include all revenues including any fees, fund-raising events, cash
donations, grants, foundation funding, service club donations and sponsorships as well
as include this request in the total. List the revenue by size of funds provided (greater to
lesser) and indicate if the funds support staff, program operations, or direct client
services. Also describe if funds are restricted for capital improvements or are considered
one-time support (sponsorships).

7f. Current Program Revenue use the form to list all 2014 current revenue sources and
be sure to include city, county and state funding sources, United Way, foundations, as
well as revenues generated through fund-raising, fees and cash donations. Indicate the
beginning and ending dates for these funds under funding cycle. For example, if the
funding source supports the program for two years indicate this by giving an annual
amount and listing the funding cycle as July 1, 2014 – June 30, 2016.

7g. Budget Narrative use the space provided to describe how board members or
community members assist in raising funds for the program. This space can contain
more information detailing funding cycles, one-time funding supports, increased or
decreased revenue, special projects, or program service reductions or staffing
adjustments. Be sure to provide more detail on program cost listed as “other” on
budget form 7b.

Section 8 Additional Comments
Use this section for completing a response from a previous question. The continuation
should be clearly marked and easy to recognize. For example, Client Interactions
continued from 5b.

Attachments
There are required attachments for this grant and one optional attachment. The
attachments are to be placed in a PDF file and submitted along with the completed
funding application.

List of Attachments:
  a. List of Current Board Members
  b. Organizational Chart
  c. Copy of last fiscal audit or review or Tax Form I-990
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d. Agency 2014 Budget
e. Memorandum of Understanding or Partnership Agreement(s) (optional)

Submitting the Application
Save the application file and rename it before submitting the application. The document file name must clearly identify the organization's name or the program's name or both. The attachment file is marked with the same file name. For example, CYS Youth program funding application and CYS Youth program attachments. These are two separate files that are due at the same time.

Applications are to be submitted electronically and must be emailed no later than 5:00 p.m. on Monday, August 18, 2014. Submit this application and the additional attachment file to: humanservices@cityoflakewood.us

Late applications will not be accepted. Applications that select more than one client population will not be considered for funding (see Section 3, Purpose).