



**City of Lakewood**  
**2017/18 Human Services Funding**  
**Application Instructions**  
(Application Deadline: Monday, August 15 by 5:00 p.m.)

The City of Lakewood Human Services funding is available to non-profit organizations and other public entities providing social and human services. Funding is available for programs which fulfill a specific City funding strategy: access to health and behavioral health, emotional support for health relationships, housing assistance and stabilization services. Successful applicants will be required to enter into a performance-based contract beginning January 2017. The funds are distributed quarterly as reimbursement for specific human services activities. Second-year funding (2018) is contingent upon meeting contracted objectives and activities.

The application is to be completed by someone with experience in grant writing and with knowledge of 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. Late applications will not be accepted. Incomplete applications may not be considered for funding.

**Only ONE application per organization will be accepted. More than one program component may be submitted within a single application. Funding requests cannot exceed \$25,000 or represents more than 25% of the total program revenue.**

**City of Lakewood 2017/18 Human Services Funding Strategies**

**Housing Assistance** provides emergency shelter, homeless prevention services that keep people from losing their housing. This might include short-term supportive housing options and home repair for Lakewood residents. Applicants selecting this area will typically provide citizens with temporary housing 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 emergency food, clothing and hygiene supplies. Stabilization services also include programs that assist clients so that they can recover from traumatic experiences 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 Health and Behavioral Health Services** strategic area eliminates barriers to essential health and human services for underserved populations. These barriers include language, cultural, geographic location, and lack of insurance and out of pocket costs. Applicants selecting this area provide specialized health and human services for specific populations or direct client services to Lakewood residents.

## **Application Instructions:**

### **Cover Page**

**Program information:** The information provided relates to a specific set of services for which funds are being requested. Name the program and indicate if this is a new or existing program for the organization. Choose **ONE** funding strategy that best describes the services that will be offered, and how the requested funds will be used. Provide the number of Lakewood residents expected to be served in 2017. Give a one sentence program description that summarizes the intent of the proposed services.

**Budget:** Provide the requested fund amount and other funding sources supporting this service to illustrate the total cost of the program. Identify when the organization last received City of Lakewood funding by listing an amount and the year in which the funding was received. Provide the organization's current annual budget and a percentage of the agency's budget that is represented in this request.

**Authorized Signature:** A representative of your organization, which has legal authority to enter into a contractual agreement with the City, is expected to review the proposal to determine if the information is correct and true. Their signature attests that the organization, if funded, can comply with contracting standards.

### **Section A. Organizational Information**

Space is provided for relevant contact information for the organization. Please make sure all points of contact are included by name, phone number and email address. It is important to list both the agency's street and web address, and (if different) the street address where services will be provided. There is also space to identify the organization type, length of operation and federal tax identification number.

### **Section B. Summary of Services**

**This section is limited to six (6) total pages.** It is important to provide detailed information, specifically *how* the organization goes about delivering services. Responses should be easy to understand by the general public, with limited or no acronyms and abbreviations. The benefit to Lakewood residents must be clearly described.

**1) Program Description:** 1a) Detail the program services and activities by outlining the program service components and outputs. For example, the after-school program will provides a safe place for 200 middle school students, 5 days a week on school days, and week-long break camps for 100 school-age children during spring and winter holidays (April & December). During the after-school program participants receive one hour of homework help, 30 minutes of physical activity, opportunities to explore areas of interest and a free meal or snack.

Be sure to identify key service components in such a way that a client would understand how the services will improve their life. Charts and tables can also be an effective way to illustrate services.

1b) Explain how this program is a good match for the City's strategic funding strategies. For example, why does it *stabilize* the person's life, how will clients *access health or behavioral health*

*services, what emotional supports and healthy relationships are created, or how does the program ensure the person will be housed or improve their living conditions.*

2)Community and Collective Impact: Describe how the program benefits both the client and the broader community. This portion of the application has two distinct sections: 2a) describe key organizational partners that coordinate together so clients have greater access to a variety of services and 2b) relates to collaboration, which is to address system-level coordination efforts, to ensure a continuum of services are available to address the complex needs of clients or to address a pressing community need.

3) Effective Practice: Describe why this program is needed (also known as a needs statement) using relevant data, research findings and other “outside” expert information/references. 3a) provide evidence that there is a community need for this type of service. The evidence can also be client information in the form of waiting lists, penetration rates and limited service availability or capacity. (3b)What is different because these services are offered? Describe the results or expected outcomes for the client that are measurable. 3c) briefly describe *how* the program measures outcomes or its outcome-based evaluation process in general terms. There is more space provided later in the application to explain *how* data is tracked and the program evaluation process.

3d) Staff Qualifications: Describe how staff training will address the needs of the clients. For example, staff are bilingual, have college degrees, have specialized training in specific therapeutic models, or technical expertise in their field. Relate their qualifications back to Lakewood or the community need. For example, the staff member has experience working within the Lakewood community or that they are a former client of the program.

4) Accessibility/Cultural Competence: (4a & 4b)Describe who is eligible for the services and how the program participants are selected or gain access to services. How is this program inclusive of all people needing services through community outreach efforts, location of services, and by reducing language or cultural barriers? 4c) *how* is the program modified or designed specifically to meet diverse client needs. 4d) list the strategies used to reach underserved populations.

### **Section C: Contracting and Performance Evaluation**

**This section is limited to two (2) total pages.** 1a) provide detail on the organization’s fiscal and data management processes. Focus should be on Lakewood’s contracting expectations to provide client demographic information and financial documents to verify expenditures related to the program. 1b) Note here when data collection is coordinated with other entities (e.g. HMIS) and if the agency has performance-based contracts with other government funders.

1c) Program Evaluation: Provide detail on the program evaluation process and *how* this information is used to improve services or adjust to changing client needs. Be specific on what is measured and provide a clear link between the outcome measures outlined in the previous section. Describe the program evaluation tool. Describe who participates in the evaluation process and the method of recording and reporting the measurable outcomes, as well as when the evaluation process occurs. For example, our school-based program conducts pre (October) and post (May) academic evaluations, which are completed by the teacher and the student and administered by the school principal.

## **Section D: Program Budget**

**This section is limited to (1) page narrative (questions 1a – 1d) and to the budget forms provided.** The information provided helps to establish the size of the grant and how City of Lakewood funds will be used to support program activities. The budget forms provided (2a – 2e) are included to record anticipated expenses and revenue for 2016 and 2017 budget years for all requested program services. NOTE: The Agency’s current 2016 operating budget is to be attached to this application.

### **Budget Narrative:**

1a) The City of Lakewood is not always able to fully fund requests. The review committee is interested in knowing how program services will be modified if full funding is not granted.

1b) Leveraging additional resource to support Lakewood residents is a funding priority for the City. Describe how the program leverages additional funding or provides a greater return on the City’s investment. For example, with an employment program, clients might receive clothing, transportation and child care assistance that is above and beyond what City funds support. In this space, describe the cash value of those additional resources as well as other funding sources and grants that round out the services being provided. Do not include volunteer hours or in-kind contribution with in the leveraging calculations.

If your program has developed a return on investment calculation, include the calculation and *how* this number was developed. 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 sources, purchasing power, auxiliary program services or community-wide benefit. For example, for every City dollar invested in the food voucher program, there is an anticipated \$8.00 return on investment with recipients spending other cash resources to make local fresh produce purchases. This calculation was derived from local grocery outlet vendors’ reports on sales receipts with voucher purchases.

1c) Unit cost for service is a reimbursable calculation that can be used for contracts. This is not appropriate for every applying organization. Place an NA in this space if unit costs are not used as a standard reimbursement method for the program.

1d) Limited space is provided to describe any discrepancies in the program budget figures or if greater clarification is needed for any specific line item within the budget forms. Be sure to clearly indicate the location of the budget item or discrepancies for the reviewer.

### **Budget (Part-two) Forms:**

**2a) Personnel:** List all staff positions associated with this program in column 1 and the percentage of their time dedicated to the program with a Full Time Equivalent (FTE) figure in column 2. List the total amount of City of Lakewood funding that is being requested for salaries, benefits, and personnel taxes in column 3. List the amount provided by other funding sources in column 4. The final column contains the sum for the total program personnel costs from all funding sources.

**2b) 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. Eligible costs could include:

**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.

2c) Total Program Budget: List the total Personnel and Other Operating costs for this request and from other funding sources that are listed in budgets 2a and 2b. Calculate the percentage of funds for each category for personnel and operating costs for the total program costs. Be sure these totals match the dollar amounts listed on page one of the application.

2d) Sources of Program Revenue: Use the form provided to project the sources of revenue for the program in 2017. 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. Describe if funds are restricted for capital improvements or are considered one-time support (sponsorships) in the budget narrative section of the application.

2e) Current Program Revenue use the form to list all 2016 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, 2016 – June 30, 2017. Space is limited so consolidate funding sources where appropriate, e.g. all foundations, or all fund raising events.

### **Section E: Attachments**

There are required attachments for this grant application. The attachment documents are to be placed directly behind the check list provided (last page of the grant application). Only one complete set of attachments are required and should accompany the original grant proposal.

#### **List of Attachments:**

- a. List of Current Board of Directors (including member's full name, occupation, and position on the board). Residence, ethnicity and terms of office are also relevant pieces of information, but are not required
- b. Board of Directors meeting minutes (one meeting that has been held within the last 12 months)
- c. Copy of last fiscal audit or review or the last filed Tax Form I-990
- d. Copy of the organization's 2016 operating budget including revenue and expense

### **Submitting the Application**

**Submit one (1) original application with attachments and two (2) additional copies of the application only, by no later than 5:00 p.m., on Monday, August 15, 2016.**

Application materials should be hand delivered to the address below.

**City of Lakewood Human Services Program  
Attention: Karmel Shields  
6000 Main Street SW  
Lakewood, Washington 98499-5027**

Application materials can be mailed if postmarked on August 15, 2016. Electronic applications will not be accepted. Late applications will not be accepted. Incomplete applications may not be considered for funding. Agencies submitting more than one application will be notified by August 31, 2016 as to which application will be reviewed for funding, if any.

Applicant agencies are strongly encouraged to attend the application workshop scheduled for: **Wednesday, July 20, 2016 at 1:00 p.m. in the City of Lakewood Council Chambers.** Questions concerning the application process after the date above must be submitted in writing via electronic mail and directed to [kshields@cityoflakewood.us](mailto:kshields@cityoflakewood.us).