



## CITY OF EVERETT

# Community, Planning and Economic Development

### APPLICATION FORM INSTRUCTIONS

The 2020 Human Needs Grant application form is provided in a fillable Word template format. Please be brief and concise in the responses focusing on the main functions and benefits of your program. While there is no limit in the spaces provided for responses there is a maximum amount of pages that will be accepted for the application as follows:

Section A – 2 page maximum

Section B – 6 pages maximum

### ATTACHMENTS

Please provide the following information along with your completed application form:

- *Audit information:* A copy of your organization's most recent financial audit or, if applicable, the reasons your agency has not had an audit. Also include a copy of the Management Letter or review, if prepared.
- *Board of Directors:* List of the members of your agency's Board of Directors.
- *2019 and 2020 Budgets:* Your agency's year-to-date actual 2019 budget and projected 2020 budget.
- IRS Letter & City of Everett Business License

**NOTE:** If your agency is funded with City of Everett Human Needs funds, you will be required to carry commercial general liability insurance with minimum limits of \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate, including but not limited to premises and operations (including off-site operations), blanket contractual liability and broad form property damage. You will also be required to provide the City of Everett with two insurance forms: a Certificate of Insurance and an **Endorsement naming the City of Everett**, its officers, employees and agents as additional insured for the duration of the program.

### Section A – Agency Information

*Section A should be submitted only once even if you are applying for Everett Human Needs funding for multiple programs.*

Name, Address and Contact information are self-explanatory.

Agency Budget: Enter the amount of the total agency budget for the calendar years 2019 and 2020. If the agency budget for 2020 has not been determined, estimate as closely as possible, based upon past years and future expectations.

Programs for which funding is being requested: Name of the program(s) for which you are requesting funding. If you are applying for Everett Human Needs funding for multiple programs, you must list them here in order of priority.

Agency Purpose: Describe the agency's statement of purpose or mission statement.

Major services provided by agency: List the major services provided by the agency.

Collaboration: Identify the primary agencies you collaborate and interact with and the types of services and coordination efforts that occur.

Accessibility and diversity. The City intends to support programs that are accessible without regard to ability to pay, as well as programs that are physically accessible, culturally sensitive, linguistically accessible and non-discriminatory. Please discuss and give examples of your program's accessibility to disabled individuals and special needs populations, e.g. refugee and minority populations, persons with AIDS, individuals with limited income, etc. Examples of accessibility might include:

- Handicapped accessible;
- Agency's policy on serving people with AIDS;
- Availability of bilingual employees;
- The use of a sliding fee scale for cost of services.

Describe how your agency and program promote and/or address diversity of all types in the City of Everett. The City intends to support programs that promote diversity of all types.

Authorizing Signatures: Enter the name of your agency's Chief Volunteer Officer (e.g. Board Chair, Board President, or similar title) and Chief Professional Officer (e.g. President, Executive Director, CEO, or similar title). Have these authorized representatives sign on the line across from their names.

## Section B

*Complete a separate Section B for each program for which your agency is requesting Everett Human Needs funding. Please start Section B at the top of a new page.*

Agency Name: List program agency name.

Title: List the title of the program for which you are requesting funds. The title should be a briefly stated description of the program.

### EXAMPLES

Elder Abuse Prevention Program  
Crisis Intervention & Counseling for Youth

Program Location: Enter the full physical address of the program location.

**Application Contact Person: Provide the name, phone number and e-mail address of an agency representative who can be contacted directly to answer questions about this application.**



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**Program Contact Person:** Provide the name, phone number and e-mail address of the person who can be contacted directly to answer questions about this program. This person will be designated as “Program Manager” in your contract if you are awarded funding and will be expected to sign reimbursement requests.

**Everett Human Needs Funds:** List the amount of funding awarded for this program by the City in 2019 (if applicable) and the funds requested for 2020.

**Total Program Cost:** List the projected total program cost for 2019 (unless this is a new program) and the proposed cost for 2020.

**Increased funding:** Explain briefly the reasons, if applicable, for any increase between 2019 and 2020 in City of Everett Human Needs funds requested. The reasons for changes in unit costs between 2019 and 2020 allows the applicant a place to justify the proposed budget. The applicant should explain the rationale and demonstrate the need for the costs involved in delivering services. Some elements one might include are descriptions of personnel and/or changes in their costs (more staff, COLAs, etc.), anticipated travel (who, where, why), purchase of equipment (why needed, by whom), changes in occupancy or legal costs, or changes in what other sources of support will underwrite.

**Reduced award:** Consider whether or not this program could be conducted with a level of funding which is less than what is being requested from the City of Everett.

**Resource leverage:** Describe how funding from City of Everett Human Needs funds would be used to leverage other resources.

**Population to be served:** The City has identified the priority populations to benefit from human needs funding as youth, seniors, people with disabilities, and those with other social or economic barriers. Select the population group your program will serve. If you select “other”, provide an explaining in the program description

**Area of need:** The City has identified the priority of the areas of need. Please select the area of need your program will serve.

**Program description:** Provide a concise overview of the program and respond to the specific program areas.

**EXAMPLE**

**Program Objective:** To meet the demand for employment counseling and job placement for refugees in the City by placing 50% of those assisted in jobs or appropriate training.

**Program Components and Structure:** The program has 4 components: (1) intake interview; (2) assistance with job search skills such as resume writing and the job interview; (3) referrals to job placement; and (4) follow-up and evaluation of job retention. Normally a client is referred to



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the agency by another human service agency. The client is interviewed by a culturally and linguistically appropriate counselor, a plan is developed, and the counselor supervises the implementation of the plan. The counselor is also responsible for job development and monitoring the economic and employment outlook. The agency targets permanent jobs that will provide a livable wage as well as health benefits.

Population to be served: The agency targets persons with multiple barriers to employment, including lack of English language skills, cultural adaptation difficulties, and/or lack of appropriate job skills. Bi-lingual counselors are available to serve a multitude of languages, including Eastern European, Hispanic, and Southeast Asian populations.

How and When Service Will Be Provided: The services are provided from 8:00 a.m. to 5:00 p.m. five days a week by appointment. Evening services are available twice a week on Tuesdays and Thursdays, from 5:00 p.m.-9:00 p.m. Persons who drop in are served immediately if possible or an appointment is scheduled. Our policy is to see individuals within a week of contact.

Service Providers: Services are provided by experienced job counselors with a minimum BA degree.

Challenge program is addressing: Describe concisely and specifically the existing situation and what challenge the program is to address. It is not necessary to fill all the space provided; you are simply providing a basis for the amount of funding you are requesting. Do not explain in this section how your project will address the situation, but simply give details about the problematic situation. **Give any local or regional documentation that confirms this situation.** Please do not merely refer the reader to a document or source without giving data yourself.

## EXAMPLES

1. Homelessness is a significant and growing issue in the City of Everett and Snohomish County. In 2011, Snohomish County conducted its annual one-night count of homeless people. 2,273 individuals who are parts of 1,385 households were identified as homeless in this one-night count. At that time, the Department of social and Health Services (DSHS) reported that the DSHS community Service Office in Everett was serving 1,718 homeless clients. Surveyed homeless households identified their six top needs: affordable house, a safe place to stay, food, job search assistance, dental care, and bus tickets. (2011 Point in Time Count Report, Snohomish County Office of Housing, Homelessness and Community Development.)
2. There is serious lack of dental resources for low-income persons in Everett. As reflected in the 2010 Snohomish County Low-Income Needs Assessment, the caseloads for dentists who still serve Medicaid patients has more than doubled over the last 10 years, making access more difficult for underinsured and low-income patients. Forty-eight percent of respondents to the Snohomish County needs assessment said that someone in their household had postponed needed medical care due to cost in the past year, and even more, 63%, had had to postpone needed dental care.



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Criteria: Describe the how the program will meet one or more of the listed criteria.

Program outcomes: This section asks for the goal, number of unduplicated clients served, and number of units provided to date if this program was funded in 2019.

Persons to be assisted: Provide the number of clients to be served from all sources. Estimates should be based on your past track record and/or geographic location and market area. Unduplicated means that a client is counted only once during the calendar year, usually at intake. This number will represent those persons for whom you anticipate doing an intake procedure, not those served by telephone (unless you provide a telephone service). In cases where only telephone contact is anticipated, an estimate should be provided and the basis for this estimate given below in the documentation section.

The second box asks for the number of unduplicated City of Everett residents to be served with the requested funds.

**EXAMPLE**

100      Number unduplicated clients to be served with all funds

70      Number unduplicated City residents to be served with requested funds

Projected very low income, low income, and moderate income benefit: Indicate the estimated percent of very low-income, low-income and moderate-income persons who will benefit from your program (refer to Income Guidelines below).

**Income Guidelines**

<b>2019 Income Limits</b>	<b>1 PERSON</b>	<b>2 PERSON</b>	<b>3 PERSON</b>	<b>4 PERSON</b>	<b>5 PERSON</b>	<b>6 PERSON</b>	<b>7 PERSON</b>	<b>8 PERSON</b>
Low Income (80% AMI)	\$61,800	\$70,600	\$79,450	\$88,250	\$95,350	\$102,400	\$109,450	\$116,500
Very Low Income (50% AMI)	\$38,750	\$44,300	\$49,850	\$55,350	\$59,800	\$64,250	\$68,650	\$73,100
Very Low Income (30% AMI)	\$23,250	\$26,600	\$29,900	\$33,200	\$35,900	\$38,550	\$41,200	\$43,850

Primary Metropolitan Statistical Areas (PMSA): Seattle-Bellevue-Everett, WA, FY 2019 - Median 4 person Family Income: \$108,600.

**EXAMPLE**

60% very low-income  
(30% of median)

25% low-income  
(50% of median)

10% moderate-income  
(80% of median)

It is not necessary for these percentages to add to 100%.

Program Service Units: Enter service units that are anticipated to be funded by City of Everett Human Needs funds only. In the program description you may indicate the total number of service units to be provided by the program as a whole and what portion is being assisted with requested City funds.



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Select the appropriate unit of measure(s) from the Service Unit Descriptions and Units of Measure Section located at the end of these instructions. These definitions and units of measure are to be used as a basis to develop measurable service units. You should find an appropriate definition here to match your service. These definitions should then be tailored to reflect your unique program design. **Please note that these numbers will be used to develop the grant contract for service commitments.**

**EXAMPLE**

<b>Program Service</b>	<b>Unit Description(s)</b>	<b>Number of units to be provided with funds requested</b>
Training/Workshops	Client Hour	350

Service Number Development: Describe how you made the determinations for program service units. Provide an explanation, including data/information used, of how you arrived at these percentages or numbers. This may include information gathered at client intake, demographic information, past service records, and estimates of program capacity.

**BUDGET**

The budget summary is designed to provide an **overall picture** of the total expenses and revenues for your program. It also explains what City of Everett Human Needs funds would be used for and what other sources contribute funds to the program.

**Applicants should complete all parts of Program Budget Summary.**

Program Expenses: List all the specific costs that the requested City of Everett Human Needs funds will be used for in 2020 (see definitions of specific cost categories below). Also list the amount of funds from other sources for each fixed cost category. Total each cost category at the right hand side of the form. Totals for City Funds Requested, Other Funds and the Total Program Budget should be filled in along the bottom. All figures must total across and down to demonstrate a Total Program Budget. These figures should match the figures listed in Section B, Item 7 and 8.

Personnel Expenses: Costs of services rendered by personnel employed by your agency to implement this program, including salaries and fringe benefits such as F.I.C.A., Retirement, Medical, Dental and Industrial Insurance. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.

Office/Operating Expenses: Office supplies or other operating expenses your program will incur such as: rent, gas, oil, stationery, reading materials, pencils and other office supplies. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.

Communications: Costs for telephone, postage, advertising, printing and photocopying. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.

Travel/Training: Costs for travel or training, reimbursement for private auto mileage and public transportation. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.



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Consultant or Purchased Services: Legal fees or other consultant service costs. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.

Other: Other necessary program expenses that are not identified in the above categories, such as special insurance, loan costs or other special costs associated with your program. Enter by column heading: City Funds Requested, Other Funds and Total Program Budget.

Personnel Expenses Detail: List the position titles and the annual salary for all positions working for this program. Identify the dollar amount of City of Everett Human Needs Funds paying for each position (Human Needs Funds column). Subtotal the Annual Salary and Human Needs Funds columns. Under Benefits & Fringe, enter the % used by your agency for benefits, multiply the subtotal of each salary column by that percentage, and enter the benefits amount in each column. Total each of the Annual Salary and Human Needs Funds columns to show the Total Personnel Costs in each category.

Service Unit Costs: In this section, you are asked to describe the service units and the service unit cost of the program for which support is requested. Enter the service in the first column, **Program Service** (e.g., “transportation for seniors”). The second column, **Service Unit**, asks how you count this service (e.g., “one-way trips”). To determine what units are counted for each service, consult the SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE section at the end of these instructions. Next, under **# Units Provided**, enter how many units of service (e.g., one-way trips to transport seniors) the program will provide to residents of the City of Everett. The fourth column, **2020 Cost Per Unit**, asks for the cost per unit of service (e.g., \$5.50/one-way trip for seniors). For the fifth column, **City Funds Requested**, multiply the # of units by the cost per unit to get the total cost for services provided. Applicants should be sure the service unit numbers match those in question 21. The total proposed Everett Human Needs Budget should match the figure for Total Program Cost in Section B 7 and 8 of the application. **Please Note that the service unit cost listed in this section is used to develop the grant funding contract.**

Service Unit Costs Comparison: This section compares the number of service units to be provided and the cost per service unit between the years 2019 and 2020. Enter the same information for Program Service and Unit Description as used in 22. Enter the total number of units provided in 2019 and 2020, and the cost per unit for 2019 and 2020 respectively.

Program Revenue: List all major sources of revenue, **including the City of Everett Human Needs and all other sources**, for your program. List the amount of money, by revenue source, for the current year (2019) and the next year (2020). Put a check in the box for the source if those funds have already been awarded to you for the program. If the funds have not been awarded, leave the box blank. Total the current year revenue and the 2020 estimated revenue at the bottom. If applicable, indicate in the “Restricted Use” column any restrictions on use of your anticipated revenues.

If, after thoroughly reviewing these instructions, you have questions regarding filling out your application, you may contact Rebecca McCrary at the City of Everett at (425) 257-7133 or [ramccrary@everettwa.gov](mailto:ramccrary@everettwa.gov).



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## SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE

***INSTRUCTIONS:*** *These definitions and units of measure may be used as a basis to develop measurable service units. You should find an appropriate definition here to match your service. These definitions should then be tailored to reflect your unique program design. Remember that you are sometimes presenting your program to a person who may not be familiar with the service you are providing. If you use your own unit of measurement, please define.*

**Adult Day Care:** Provision for older adults or the disabled, a place for mental and physical renewal as well as socialization. Measured by contact, or in the case of a voucher program, by program slot. (See **Child Care**)

**Advocacy:** Intervention/contact on behalf of a client when the individual or group cannot represent themselves effectively. Measured by contact. This is calculated by multiplying the number of persons involved in the contact or session by the number of contacts or sessions.

**Case Management:** Comprehensive treatment approach for a single individual involving personal counseling and liaison with other providers to ensure coordination and consistent care. Measured per case manager session. It is presumed that the case manager will deal with one client at a time. If there is more than one client, multiply the number of clients by the number of sessions.

**Child Care** (See also **Therapeutic Day Care**): Supervised care for children. Measured by child care day. A child care day is a full-time unit of program service which usually consists of care of 8 to 12 hours per day. In after school care programs, from 6 a.m. to 9 a.m. and 3 p.m. to 6 p.m. each day for five days per week can equate to a full time care day.

**Chore Services/In-Home Care:** Essential transportation, housekeeping, meal preparation, yard work, minor home repair, respite, moving and personal care. Measured per hour of service provided.

**Clothing Bank:** A source of previously used clothing for low- and moderate- income persons. Measured by visit. A visit is counted when individuals referred from social service agencies pick up the number of clothes authorized.

**Counseling (Mental Health, Domestic Violence, Housing, Employment):** In-person individual, family or group consultations with: (1) a professional social worker (with alcohol counseling certification, where relevant), (2) a psychologist, or a psychiatrist for problem solving, (3) a housing counselor. Specify individual or group giving the size of the group. Measured per counseling hour session. This is calculated by multiplying the number of persons counseled by the number of counseling hours/sessions. Estimate the length of a session if less than one hour.

**Crisis Line:** A centralized toll-free telephone line offering emotional support, crisis intervention and problem solving usually by staff or trained volunteers. Measured by crisis call.

**Dental Care:** Emergency and routine dental care performed by a dentist or dental assistant, including cleaning, education, extractions, fillings, root canals, dentures and follow-up. Measured by client visits.



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**Employment Services:** Services in support of a client's obtaining employment including job counseling, help with job seeking and retention skills, job search workshops, development of employability plans, and individualized job development as needed. Measured by client/service contact. Again, if more than one person is served at the same time, multiply service contact by the number of persons served.

**Financial Aid:** Interim case assistance for bus fare, vouchers to prevent eviction, tuition waiver, and fees for books and supplies. Measured by dollar amount.

**Food:** Meals, prepared food pack, nutrition services at senior centers or for the homebound, or bags of food given out at food banks. Measured by meal equivalent.

**House Rehabilitation:** Physical rehabilitation of houses to prolong their life and preserve housing units for low- and moderate-income persons. Measured by number of houses or rental units rehabilitated.

**Information and Referral:** Telephone services to improve citizen access to social services such as child care, counseling, etc. Measured by call.

**Interpretation/Translation:** Written and oral interpretation services provided to limited English speaking persons or the hearing impaired. Measured by client contact.

**Legal Services:** In-person legal help through self-help workshops (where pro se legal assistance is given), lectures with legal information, limited direct representation (where an attorney meets with an individual representing himself or herself and assists the client directly with court proceedings), or direct representation by a lawyer. Measured by client contact or session. To calculate, if there are several persons in a group session, multiply the number of clients times the number of contracts or sessions.

**Medical Care:** Face-to-face visit with nurse practitioner or doctor for diagnosis and treatment of acute and chronic illness and minor injuries, health screening, preventative health service, and/or linkages to free and low cost ancillary, specialty, and inpatient health service. Measured by patient visit.

**Outreach:** Contacts by telephone or in person to acquaint potential clients with a range of services available, or to demonstrate to possible volunteer providers (e.g. safe homes or chore services) opportunities to provide volunteer services. Measured by telephone call or client/provider contact. If outreach is offered in the form of a group meeting, multiply the meeting times the number present.

**Placement:** Referrals to the next step in the recovery pattern, educational ladder, or training program. Measured when the placement occurs.

**Shelter:** Night of shelter in a homeless shelter, a hotel with a voucher, or a safe home. Measured by bednights. A bednight equals one night of shelter per person.

**Support Group:** Emotional support, efforts to build self-esteem, information about the dynamics of social interactions and/or options available to clients as needed. This does not include professional therapist's intervention. Measured by number of clients per session.



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**Technical Assistance:** Assistance/service provided by staff to an outside agency, service or community group, where the staff has a specific level of expertise/knowledge. Measured by hours of service.

**Tenant Services:** Services designed to prevent eviction by teaching rights and responsibilities of landlords and tenants as well as offering a crisis line. Measured by contact or call, depending on service provided.

**Therapeutic Day Care (See Child Care):** Day care for children or adults, plus comprehensive assessment, social work, physical, occupational, speech therapies, special education, foster care placement and coordination or services with Child Protective Services, doctors, Department of Public Health as required. Measured by therapeutic care day.

**Training/Workshops/Classes:** Classroom instruction to provide skills information in a variety of areas specified by the agency. Measured by number of client hours per classroom session.

**Transitional Housing:** Shelter for periods longer than three weeks accomplished either by payment of short term rent subsidy to avert loss of housing or by provision of short term agency- provided housing for up to one year. In both cases, clients are pre-screened and followed by a case manager. Measured by bednight.

**Transportation:** Door-to-door transit for the elderly or disabled to appointments. Measured by one-way trip.

**Tutoring:** One-on-one teaching to overcome learning problems or illiteracy. Measured by client tutoring session.

**Youth Services:** A variety of services for persons under the age of 18 with the objective of resolving serious problems at home, in school or in the community, including information and referral, outreach and counseling. Measured by call (information and referral), contact/session (outreach) and hour/session (counseling).

**NOTE:**

**SESSION:** *A session is a face-to-face interaction for no less than 20 minutes. The exact definition should be provided with your contract exhibit.*

**CONTACT:** *A contact is a phone or face-to-face interaction for not more than 15 minutes. The exact definition for your agency program should be provided with your contract exhibit.*



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