



*City of Snoqualmie
Human Services
Funding Application for 2018*

The mission of the City of Snoqualmie in the allocation of Human Services funds is to distribute to non-profit organizations serving the greater Snoqualmie Valley area and providing services that benefit children, seniors, individuals and families in need. The programs supported need to provide on-going benefits.

Eligible organizations should meet the following, at the time of application, to be considered for human services funding by the City of Snoqualmie:

- Must provide direct services that support or benefit children, seniors, individuals or families in need.
- Must place a particular emphasis on serving “at-risk” individuals and/or families.
- Recognized as an IRC 501 c3 non-profit entity by the IRS or are registered with the State of Washington as a non-profit organization for WA business license purposes, regardless of religious or fraternal affiliation. Public entities qualifying under Section 170 c of the IRS Code may also apply.

Funds are granted through unbiased evaluation of complete funding applications.

Application Process:

- **Completed Human Services Funding Application, including a scope of work**
- **Submit proof of your organization’s non-profit status, either a copy of the IRS determination letter or State of Washington registration.**
- **A copy of your most recent financial statements.**
- **A list of your board of directors.**

The application is due no later than October 16, 2017.

Please send the completed Funding Application and supporting documents to:
City of Snoqualmie
Attn: Human Services Funding
PO Box 987
Snoqualmie, WA 98065-0987

**City of Snoqualmie
Human Services Funding Application
For 2018**

Applicant Information:

Organization Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip _____

Organization Representative/Contact:

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Funding Amount Requested: _____

Please attach a budget breakdown detailing how the requested funds will be used.

PURPOSE OF REQUESTED FUNDING:

Please describe the purpose for the funding request, including the demographics of the public to be served, the geographic area that is served and the proposed benefits and outcome that the funding will provide. Provide information on the sustainability of the purpose, the need and the benefits.

DESCRIBE YOUR ORGANIZATION:

Please provide information on the operations of the organization, its governing structure, whether professionally or voluntarily administered, its successes and failures, its goals and objectives, and its future as an entity. Provide information regarding the number of individuals served, particularly the number of children, seniors, individuals and families.

OTHER SUPPORT:

Please describe what kind of other local support is available to aid in making the proposed funding meet the greatest need. Particularly describe what other partnerships your organization has forged or is establishing to make the program successful. Include other fund raising efforts and support from other organizations.

DID YOU RECEIVE FUNDING FROM THE CITY OF SNOQUALMIE LAST YEAR? _____

If your organization received Human Services funding from the City of Snoqualmie last year, please report on how these funds were used, the services that were enabled by the funding, and the number of clients served.
