



*City of Snoqualmie
Human Services
Funding Application for 2019-2020*

The mission of the City of Snoqualmie's human services competitive allocation process is to distribute funds to non-profit agencies serving the greater Snoqualmie Valley area that support and aid youth, adults, seniors, and families in need. The City of Snoqualmie contracts with organizations to provide human services, on behalf of the City. It is the Committees goal to partner with and fund local outreach programs that provide vital services to individuals and families in our community and the Snoqualmie Valley.

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

- The request for funding must align with one of the City of Snoqualmie's Funding Priorities including Food to Eat and a Roof Overhead; Supporting and Preparing Youth for Success; A Safe Haven from Violence and Abuse; or Physical and Mental Wellness; and Healthy Aging
- 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 allocated 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 Wednesday, August 22, 2018.

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 2019-2020

Applicant Information:

Organization Name: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip _____

Organization Representative/Contact:

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Funding Amount Requested (for each year, 2019, 2020): _____

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

I. PURPOSE OF REQUESTED FUNDING:

Please describe the purpose for the funding request including the following:

- Demographics of the public to be served
- List any populations excluded from service, and if so, provide rationale
- The geographic area that is served
- The proposed benefits and outcome that the funding will provide
- Provide information on the sustainability of the purpose, the need and the benefits

II. DESCRIBE YOUR ORGANIZATION:

Please provide information on the operations of the organization including:

- Its governing structure
- Whether professionally or voluntarily administered
- Whether program outcomes are valid and achievable
- Its goals and objectives
- Describe your organization history in the community and its future as an entity
- Provide information regarding the number of individuals served, particularly the number of children, seniors, individuals and families

III. OTHER SUPPORT:

Please describe what kind of other local support is available to aid in making the proposed funding meet the greatest need including:

- List other partnerships your organization has established to make the program successful
- Include other fundraising efforts and support from other organizations

IV. 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 the following:

- How these funds were used
- The services that were enabled by the funding
- The number of clients served

V. DESCRIBE YOUR ACCESSIBILITY OF SERVICES IN THE COMMUNITY:

Describe how the public you serve accesses your organizations services. Are there any barriers?

VI. DESCRIBE YOUR OVERHEAD/ADMINISTRATIVE COSTS:

Describe your Administrative costs as a percentage of the requested funding including:

- The number of clients that will benefit from these requested funds
