

**FUNDING APPLICATION FOR**

**AFTER-SCHOOL PROGRAMS**

**2020-2021**

**Release Date: Friday, October 25, 2019**

**Due Date: Friday, November 15 2019, 12 pm**

Community Services Division

Federal Way City Hall

33325 8th Avenue S

Federal Way, WA 98003

Staff contacts:

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## Applicant Certification

To the best of my knowledge and belief, the information contained in this application and in the additional required documentation submitted with this application is true and correct.

The Applicant agrees that if the program is awarded funding, it will comply with all federal, state, and local statutes, regulations, policies, and requirements applicable to the funding.

Sufficient funds are available from other sources to complete the program, as described, if funds are awarded to the Applicant.

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| Signature of Authorized Applicant Representative |  | Date |

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| Name and Title of Authorized Applicant Representative (Please Print or Type) |

## After School Application Checklist

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| **N/A** | **Authorization** | |
|  |  | 1. Applicant Certification Signed by Authorized Representative. |
|  | Application | |
|  |  | 1. Submit one electronic copy to [joseph.adriano@cityoffederalway.com](mailto:joseph.adriano@cityoffederalway.com). The electronic copy *must* be submitted via *email*, no other forms of delivery will be accepted. |
| N/A | Attachments – Section 1 General Requirements | |
|  |  | 1. Copy of 501(c)(3) tax exemption determination letter from the IRS *(private non-profit applicants only).* |
|  |  | 1. Copy of Articles of Incorporation and Bylaws, the documents recognized by the State as formally establishing a private corporation, business, or agency. |
|  |  | 1. Proof of registration as an active non-profit corporation in Washington State *(private non-profit applicants only).* |
| N/A | Attachments – Section 3 Applicant Capacity | |
|  |  | 1. Organizational chart that describes the organization’s administrative framework and staff positions, indicates where the proposed program will fit into the organizational structure, and identifies any staff positions of shared responsibility. |
|  |  | 1. All data collection tools that will be used to verify achievement of goals and objectives |
|  |  | 1. List of current Board of Directors, or other governing body members, which includes the name, phone number, address, and occupation or affiliation of each member and identifies the principal officers of the governing body. |
|  |  | 1. Current organization budget, showing projected revenue sources and expenditures for the current year. |
| N/A | Attachments – Section 4 Financial Feasibility | |
|  |  | 1. Evidence of other funding commitments, if applicable. |
|  |  | 1. Operating budget. |

## Section 1: General Requirements

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 1. Legal Name of Applicant: | | | |  | | | | 1. Applicant Address: | | | |  | | | |  | | | |  | | | | 1. Applicant is: | | | | Private, Non-Profit Organization | | Public Agency | |  | | | | Using a fiscal Sponsor | |  | | 1. Name of Fiscal Sponsor (if applicable) | | | |  | | | | 1. Date of Incorporation of Agency or Fiscal Sponsor | | | |  | | 1. UBI#: | | 1. DUNS #: | | | |  | | 1. EIN: | | 1. Executive Director | |  | Name: | |  | | |  | |  | E-Mail: | |  | | |  | |  | Phone: | |  | | | 1. Application Contact | |  | Name/Title: | |  | | |  | |  | E-Mail: | |  | | |  | |  | Phone: | |  | | | 1. Financial Contact | |  | Name/Title: | |  | | |  | |  | E-Mail: | |  | | |  | |  | Phone: | |  | | | 1. Project Manager | |  | Name/Title: | |  | | |  | |  | E-Mail: | |  | | |  | |  | Phone: | |  | | | 1. Project Name: |  | | | | | | | 1. Project Address: |  | | | | | |  1. Summarize your proposed project.  |  | | --- | |  | | | |
| 1. Amount of Federal Way funding requested: |  | $ |
| 1. Amount of Other Funding (\*Provide detail in Section 4): |  | $ |
| 1. Total program cost: |  | $ |
| 1. If funded, the earliest date the program could begin: |  |  |

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## Section 2: Program Soundness and Readiness to Proceed

* + - 1. Is this a new or existing program?  Existing

New/Expanded (Expanded includes adding service components to an existing program)

* + - 1. Describe the overall goal(s) of the proposed program.

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Describe the Federal Way community need the proposed program seeks to address. Clearly state: **(1)** what the need is; **(2)** how the need was identified; and **(3)** the acuteness of the need. Use objective measures in your response (e.g., statistical data from studies, waiting lists, surveys, etc.), and note the sources for the data.

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1. Describe the services your program provides. Include how your program accomplishes or does not accomplish the following:
   1. Coordinating and implementing activities to allow youth to learn, develop, connect to and enhance a specific set of skills.
   2. Employing educational strategies that use active forms of learning and engage students in the learning process through program activities.
   3. Focusing appropriate time and resources on student instruction and skill development.
   4. Developing clear and explicit learning goals that are understood by program participants in well-defined and specific terms.

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1. Provide evidence that demonstrates how the proposed program will address after-school needs in Federal Way and achieve the program’s overall goals. Refer to research, third-party program evaluations, or other objective data, and cite the sources.

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1. Describe the after-school model to be implemented. Include details such as whether the program employs an evidence-based model. If so, identify the model and reputable research that support its efficacy. Also describe here how the program addresses adverse childhood experiences and trauma-informed practices.

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1. How does the program engage in violence prevention among children and youth? Describe also how the program promotes cooperation and acceptance and addresses harassment, intimidation or bullying.

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1. Describe how equity and principles of social justice play a role in the program, particularly in the learning experience of the children and youth participants.

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1. How is the program culturally relevant and appropriate to the population to be served? Include how the racial/ethnic mix of the people to be served reflect the staff and board of the organization and how you address linguistic and cultural needs of the people you propose to serve with this project. Describe how all potential participants of varying race, ethnicity, sexual orientation, gender identity, religion, or socioeconomic status will feel welcomed.

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1. How will you verify and document that participants live in Federal Way city boundaries?

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1. Where will the program take place? Identify the address(es) and describe the nature of the site (e.g., school, community site, house of worship, etc.). Describe the site’s accessibility in terms of proximity to schools, transportation accessibility within and outside of the neighborhood in which the site is located, and ADA compliance.

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### Outcome and Output Performance Measurement

1. Specify the **output goals** for the proposed program. Outputs measure the amount of work accomplished.
   1. **Persons Assisted.** Complete the table below by specifying numbers of unduplicated Federal Way persons to be assisted by the proposed program. Unduplicated means that each person served is counted only once during the program year**.**

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|  | **Projection** |
| i. Federal Way persons assisted by all funds |  |
| ii. Federal Way persons assisted by Federal Way funds only |  |
| iii. Federal Way families/households to be assisted by Federal Way funds only (subset of #ii) |  |

* 1. **Output Units Provided.** Identify and define the output unit(s) to be provided. Examples of units include: after school scholarships, case management hours, vouchers, transportation/trips, days in after school program, etc. Each program must track at least one output unit.

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Complete the table below for each output unit identified above. Specify output units provided to Federal Way residents only and only those anticipated in each funding period

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| **Output Unit, Year Ending 6/30/20** | **Federal Way Units Provided by All Funds** | **Federal Way Units Provided by Federal Way Funds Only** |
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| **Output Unit, Year Ending 6/30/21** | **Federal Way Units Provided by All Funds** | **Federal Way Units Provided by Federal Way Funds Only** |
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1. Describe and quantify the **outcome goals** for the proposed program. Outcomes are the benefits or impacts that result from the program activities, and they measure a change in knowledge, attitude, skills, behavior, conditions, or status in the persons served.

Examples:

* *Number of incidents of harassment, intimidation or bullying, will decrease year-over-year by at least 2% at the school served by the after school program.*
* *Clear and explicit learning goals are achieved.*

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| **Outcome Goals** |
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1. Describe the **outcome measures** (i.e., indicators, verifiable information, or data) that you will use to assess whether each outcome goal was actually attained. Describe how you will partners with school administration and the school district to obtain information for these measures.

Examples:

* *School administration data on the number of incidents of harassment, intimidation or bullying.*
* *Clear and explicit learning goals that are understood by program participants in well-defined and specific terms are included in the student’s school records.*

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### Project Timeframe and Milestones

1. Please describe the plan to expend funds in the appropriate timeframe. Year 1 funds must be expended between 1/1/20 and 6/30/20. Year 2 funds must be expended between 7/1/20 and 6/30/21. Include estimated of relevant details such as program development, hiring of staff, and start dates for the program. (Note: Final program reports are generally due by July 15 after the end of the fiscal year [June 30].)

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1. Summarize any possible issues that have the potential to delay the proposed program, and describe steps that have been taken, or will be taken, to address those issues.

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1. Do you plan to formally partner with any other entity for this program? If so, identify this partner and describe the partnership, or describe your plan to secure a partner.

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## Section 3: Applicant Capacity

1. What is your organization’s vision and mission statement?

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1. Describe the positions, qualifications (e.g., education, training, experience), and roles for the proposed program of the staff members who will implement the proposed program. Include staff responsible for administration; financial management; data collection, monitoring, and reporting; and service delivery, if applicable.

*Attach a current organizational chart.*

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1. Describe strategies used to ensure staff at all levels receives ongoing education and training in culturally and linguistically appropriate service delivery.

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1. Will you hire a consultant to help with this project? Explain reasoning for hiring a consultant. Please note that consultants paid for with these funds must be selected through a competitive process.

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1. How will your organization monitor progress towards program milestones and completion and comply with record-keeping and reporting requirements?

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1. Describe the data collection process including the data to be collected; timeline/frequency of data collection; and the data collection and tracking tools and systems that will be used.

*Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.*

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1. State whether your organization has general liability insurance coverage, as well as professional liability for licensed professionals and transportation insurance if applicable, in what amount, and with what insuring agency. Proof of insurance with the City of Federal Way named as additional insured will be required at the time of contract if your application is successful and receives funding.

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1. What is your governing body’s knowledge and level of involvement with the proposed program?

*Attach a list of current Board of Directors, or other governing body members, which include the name, City they reside in, and occupation or affiliation of each member. Identify the principal officers of the governing body.*

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1. What are the major sources of support for the organization?

*Attach a copy of your organization’s current budget.*

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1. Describe how the proposed program supports your organization’s goals and strategies.

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## Section 4: Financial Feasibility

1. Complete the program Budget sources and uses tables. Please include all funding sources that are committed and requested as well as funding sources that are identified but not yet requested.

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| **A. Fund Sources** | **Committed Funds** | **Requested Funds** |
| Department of Commerce funds via the City of Federal Way | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ |
| Other Source of Funds (*please specify*): | $ | $ |
| \*Add additional lines or a separate sheet if needed |  |  |
| Total program Sources | $ | $ |

*Attach evidence of other funding commitments, if applicable.*

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| **B. Line Item Budget** | | **Dept. of Commerce Funds/Federal Way** | **Other Sources** | |
| Personnel Services (detail below) | | $0 |  | |
| Office or Operating Supplies | | $0 |  | |
| Consultant or Purchased Services | | $0 |  | |
| Communications | | $0 |  | |
| Travel and Training | | $0 |  | |
| Other (specify ): | | $0 |  | |
| Total Department of Commerce/Federal Way and Other Funds: | | $0 |  | |
| **TOTAL program BUDGET (Federal Way and Other Sources):** | | |  | |
| **C.Personnel Detail** |  |  | |  |
| *Position Title* | *Position Full Time Equivalent* | *Annual Salary and Benefits* | | *Department of Commerce/Federal Way Funds* |
|  |  |  | |  |
| *Add rows as needed.* |  |  | |  |
| Totals: |  |  | |  |

1. Explain: **(1)** how you developed your total program cost; **(2)** why you consider your program costs to be reasonable; and **(3)** any unusual budget expenditures listed in the budget forms.

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1. If funded, will the proposed program leverage additional matching resources?

Yes  No

Provide any relevant comments below.

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1. Describe how your organization is prepared to deal with unanticipated program costs (e.g., cost overruns).

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1. Explain possible funding issues that may delay the proposed program, and describe the steps that will be taken to address the issues.

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1. Define the role Federal Way funds will play in developing the program. *Do not describe the importance of the program; describe the need for the Federal Way funding to make new or expanded services possible.*

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1. Describe what will happen if the City is unable to provide funding for your program.

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## Section 5: Conflict of Interest Questionnaire

Federal, State, and City law prohibits employees and public officials of the City of Federal Way from participating on behalf of the City in any transaction in which they have a financial interest. The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any members of the applicant’s governing body would be in conflict of interest.

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| 1. Is/Has any member of the applicant's staff or governing body been a City employee, consultant, or member of the City Council within one year of the date of this application? | | | | Yes  No |
| If yes, please list all name(s) below. Include each person’s job title or role with respect to the applicant. | | | |  |
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| 1. Will the funds requested by the applicant be used to pay the salaries of any applicant staff members or to award a subcontract to any individuals or business affiliates who are or have been a City employee, consultant, or member of the City Council within one year of the date of this questionnaire? | | | | Yes  No |
| If yes, please list all name(s) below. | | | |  |
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| 1. Are any members of the applicant's staff or governing body business partners or family members of a City employee, consultant, or member of the City Council? | | | | Yes  No |
| If yes, please list all name(s) below. Include the name of the City employee, consultant or member of the City Council with whom each person has family or business ties. | | | |  |
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On behalf of the applicant, I certify to the best of my knowledge and belief that the data in this questionnaire are true and correct.

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| Applicant’s Name: |  |
| Authorized Official’s Name and Title: |  |
| Authorized Official’s Signature and Date: |  |

***Please submit one electronic signed copy as part of your application packet.***