**Funding for Behavioral Health and Housing-Related Services**

**Application Instructions**

Please ensure you have included **all** materials prior to submission. Incomplete applications will not be accepted. All applications submitted **must** include:

**Completed application form** (must use provided template)

**Completed budget** (must use provided template)

**Your organization’s required financial documents** as specified in the RFP (Bellevue Financial Requirements), such as the most recent financial audit, proof of registration as a Washington State Charitable Organization, or a 990 completed by a certified public accountant or other professional who normally prepares such forms in the course of their business, as applicable. **Please select which of the following best describes your organization, and then submit the corresponding required materials as identified in the “Bellevue Financial Requirements” document:**

**Organizations with a 501(c)3:**

$50k or less in annual gross revenue averaged over the three preceding, completed accounting years

$50,001-$1 million in annual gross revenue averaged over the three preceding, completed accounting years

More than $1 million and up to $3 million in annual gross revenue averaged over the three preceding, completed accounting years

More than $3 million in annual gross revenue averaged over the three preceding, completed accounting years

**Organizations without a 501(c)3:**

$1 million or less in annual gross revenue averaged over the three preceding, completed accounting years

More than $1 million and up to $3 million in annual gross revenue averaged over the three preceding, completed accounting years

More than $3 million in annual gross revenue averaged over the three preceding, completed accounting years

**For-Profit Entity**

$1 million or less in annual gross revenue averaged over the three preceding, completed accounting years

More than $1 million and up to $3 million in annual gross revenue averaged over the three preceding, completed accounting years

More than $3 million in annual gross revenue averaged over the three preceding, completed accounting years

**Application Form**

* Organization Name:
* Program Name:
* Program Contact Name:
* Program Contact Email:
* Program Contact Phone:
* Grant Writer Contact Name:
* Grant Writer Contact Email:
* Grant Writer Contact Phone:
* Year 1 (July 2021 – March 2022) Funding Request:

Year 2 (April 2022 – December 2022) funding is contingent upon satisfactory contract performance in Year 1

**Please check the box indicating for which 1 area (Behavioral Health Services, Supportive Services, or Rental Assistance) you are requesting funding. If you would like to apply for more than one funding area, you must submit a separate application. You must also check which eligible services within your selected funding area you will provide.**

**Behavioral Health Services**

Eligible services are limited to (check all that apply):

Same day mental health and substance use disorder assessments and treatments

Medically assisted treatment for substance use orders

Culturally responsive behavioral health services designed to meet historically underserved populations’ needs

Services co-located at facilities and/or housing properties

Behavioral healththerapeutic case management

**Supportive Services**

Eligible services are limited to (check all that apply)

Case management services that help an individual and/or family achieve housing stability

Employment services

**Rental Assistance**

Eligible services are limited to (check all that apply):

Rental assistance

Funds to assist with move-in costs

**Program Description**

 For the service category you have indicated above:

1. What specific, emerging, and/or unique issue is the community you serve facing? (1,500 characters w/spaces)

1. How does your proposed service address this issue? (example: filling a gap in type of services, availability of services, or addressing a currently underserved population) (1,500 characters w/spaces)

1. How does your proposed service address housing instability and homelessness? (1,500 characters w/spaces)

1. Please provide program demographic information of clients served for 2020:

|  |  |
| --- | --- |
|  | Number of Clients |
| White |  |
| Black/African American |  |
| Asian/Asian American |  |
| American Indian/Alaskan Native |  |
| Native Hawaiian/Other Pacific Islander |  |
| Latino/Hispanic |  |
| Other Race |  |
| Multi-Racial |  |
| Race Unknown |  |

1. Please provide three to four examples of how your program services are culturally relevant (e.g., best or promising practices, community partnerships staff composition, board composition). (1,500 characters w/spaces)

**Program Impact**

**Outcome Measure 1:** Select an Outcome from the drop-down menu: Choose an item.

1. Outcome Measure 1: What is the primary metric (expressed as a percentage) you use to measure the program’s success? (e.g., percentage of clients moving into permanent housing) (300 characters w/spaces)

**Outcome Measure 2:** Select an Outcome from the drop-down menu: Choose an item.

1. Outcome Measure 2: Only one outcome measure is required. However, if you have a second outcome, how do you measure it? (e.g., percentage of clients moving into permanent housing) (300 characters w/spaces)

1. What data do you use/collect to measure the program’s success? (e.g., client surveys, case notes) (1,500 characters w/spaces)

1. If your request were fully funded, how many unduplicated Bellevue residents do you propose to serve over a one-year period?

**Service Units**

1. Select a Service Unit from the drop-down menu: Choose an item.
2. Select a Measurement from the drop-down menu: Choose an item.
3. Provide a brief service unit description (e.g., A unit is one voucher for rental assistance): (300 characters w/spaces)

1. Number of Service Units provided to Bellevue residents with funding:

**If you have a second service unit, please complete the following (only one service unit is required).**

1. Select a Service Unit from the drop-down menu: Choose an item.
2. Select a Measurement from the drop-down menu: Choose an item.
3. Provide a brief service unit description (e.g., A unit is one voucher for rental assistance): (300 characters w/spaces)

1. Number of Service Units provided to Bellevue residents with funding:

**Unduplicated Bellevue Residents Served**

1. Number of unduplicated Bellevue residents served with funding:

**Program Accessibility**

1. This program has mechanisms in place to make its services affordable to all populations (check all that apply). If none/other, explain.

Free

Sliding Fee Scale

Vouchers/Scholarships

Other:

None of the Above:

1. The program facilities are accessible to individuals with disabilities according to the ADA Accessibility Guidelines. If no, please explain.

Yes No:

1. This program is accessible in terms of transportation (check all that apply). If there are other or no accessible transportation options, please explain.

Close public transportation

Provide own transportation services

Provide transportation vouchers (e.g. bus tickets) Program staff travels to clients

Mobile location (e.g. inside van)

Services provided by phone or online

Other:

None:

1. This program strives to accommodate client schedules (check all that apply). If this program has other or no schedule accommodations, please explain.

Early morning

On demand/and/or same day

Evenings

Other:

None:

1. The program is accessible in terms of language (offering translation and interpretation services upon demonstrated need). In what ways is your program accessible in terms of languages (check all that apply). If this program has other or no accessible means of communication, please explain.

Translated materials

Program and/or organization staff speaks languages other than English

Translation on demand

Language Line

ASL

Other:

None: