

City of Bellevue Human Service 2023 ARPA Application

Application Instructions:

Please ensure you have included all materials prior to submission.

All applications submitted **must include**:

- Completed online application with the following uploaded documents:
 - Completed program budget and demographic information using the provided Excel template
 - Your organization's required financial documents as specified in Appendix B of the Request for Proposals (RFP), 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.

This application with required materials that need to be uploaded must be submitted no later than February 10, at 4:30 p.m. Pacific Time.

Organization Information

1. Organization Name

2. Organization Address

3. Organization Mission

4. Organizations adopted 2023 Budget Total

The value must be a number

5. Organization Leader Name and Title

6. Type of Organization

- ☐ Organization with a 501(c)3
- ☐ Organization without a 501(c)3
- ☐ For-Profit Entity

7. Organization 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

8. Organization 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

9. 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

10. Does your organization have an active registration on [SAM.gov](https://sam.gov)? To be considered for funding, you must have an active registration or provide documentation that you have requested to be registered.

- ☐ Yes, my organization has an active registration on [SAM.gov](https://sam.gov)
- ☐ In progress, my organization has requested to be registered on [SAM.gov](https://sam.gov) but have not received it yet. (Upload proof at the end of this application.)

11. Provide your Unique Identification Number (UEI)

12. Is your organization a women's business enterprise as defined in Executive Order 12138?

- ☐ Yes
- ☐ No

13. Is your organization a minority-owned business as defined by in Executive Order 11625?

☐ Yes

☐ No

14. Describe the capacity and history of your organization in administering federal funds as a subrecipient

15. Does the organization certify that no public funds will be used for lobbying?

☐ Yes

☐ No

16. Does the organization certify that funds will not be used for inherently religious activities such as worship, religious instruction, or proselytization?

☐ Yes

☐ No

17. Is the organization regularly audited by an independent accounting firm?

☐ Yes

☐ No

18. If yes, does this audit meet the standards of OMB Super Circular 2 CFR 200 (required for agencies annually receiving over \$750,000 in federal funds)?

Agencies that spend \$750,000 or more in federal funds in a given year must meet federal financial auditing requirements, as documented in Super Circular 2 CFR 200 from the federal Office of Management and Budget. Super Circular 2 CFR 200 can be found at www.whitehouse.gov/omb. If the agency has not had a financial audit, please provide the reason in the "other" text box

☐ Yes

☐ No

☐ Other

Critical Needs Addressed in this Funding Round

Please check the box indicating for which one area this program application addresses.

Agencies wanting to submit more than one program for consideration must submit separate application(s).

19. Please select which area of program service you are applying for

- ☐ Basic Needs
- ☐ Behavioral Health Services
- ☐ Child Care
- ☐ Civil Legal Aid
- ☐ Domestic Violence and Sexual Assault Survivor Services
- ☐ Food Insecurity
- ☐ Fostering Well-Being in the Face of Racial and Ethnic Discrimination
- ☐ Homelessness Services

Program Information

20. Program Name

21. Funding Request Amount (Minimum of \$30,000)

The value must be a number

22. Program Contact Name

23. Program Contact Email

24. Program Contact Number

25. Grant Writer Contact Name

26. Grant Writer Contact Email

27. Grant Writer Contact Phone

28. Program Address (if different from organization address)

Program Description

29. Please provide a two to three sentence description of the program for which you are applying for funding.

30. What specific, emerging, and/or unique issue is the community the program serves facing and how will this funding be used to address this issue? (Max of 1,500 characters w/spaces)

31. How does the proposed service address this issue and how does the program clearly mitigate the impacts resulting from the COVID-19 pandemic? (1,500 characters w/spaces)

32. Please provide three to four examples of how your agency is addressing racial disparities in its service delivery of this program. (Max of 1,500 characters w/spaces)

33. Describe any actions undertaken to assure equal employment opportunities to all persons regardless of race, color, national origin, sex or disability in your organization.

Service Units & Measurements

34. Unduplicated Bellevue Residents Served

35. Select Service Unit 1

- ☐ Advocacy
- ☐ Basic Needs Supplies
- ☐ Case Management
- ☐ Child Care
- ☐ Clothing Bank
- ☐ Counseling (e.g., Mental Health, Domestic Violence, Substance Abuse, Housing, Employment)
- ☐ Crisis Line
- ☐ Dental Care
- ☐ Drop-In Visit
- ☐ Early Learning
- ☐ Employment Services
- ☐ Food
- ☐ Home Visit
- ☐ Information and Referral
- ☐ Interpretation/Translation
- ☐ Legal Services
- ☐ Mentoring
- ☐ Navigation
- ☐ Outreach
- ☐ Shelter
- ☐ Support Group
- ☐ Technical Assistance
- ☐ Therapeutic Day Care

36. Select Measurement 1

- ☐ 15 minutes
- ☐ 30 minutes

37. Provide a brief service unit 1 description: (300 characters w/spaces)

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- ☐ Bed night
- ☐ Bundle of items
- ☐ Contact
- ☐ Day
- ☐ Group session
- ☐ Household
- ☐ Individual
- ☐ Item
- ☐ Meal
- ☐ Miles
- ☐ One-on-one session
- ☐ One-way trip
- ☐ Phone call
- ☐ Pound of food
- ☐ Round trip
- ☐ Visit

38. Select a Service Unit 2 (Optional)

- ☐ Advocacy
- ☐ Basic Needs Supplies
- ☐ Case Management
- ☐ Child Care
- ☐ Clothing Bank
- ☐ Counseling (e.g., Mental Health, Domestic Violence, Substance Abuse, Housing, Employment)
- ☐ Crisis Line
- ☐ Dental Care
- ☐ Drop-In Visit
- ☐ Early Learning
- ☐ Employment Services
- ☐ Food
- ☐ Home Visit
- ☐ Information and Referral
- ☐ Interpretation/Translation
- ☐ Legal Services
- ☐ Mentoring
- ☐ Navigation
- ☐ Outreach
- ☐ Shelter
- ☐ Support Group
- ☐ Technical Assistance
- ☐ Therapeutic Day Care

39. Select a Measurement 2 (Optional)

- ☐ 15 minutes
- ☐ 30 minutes

40. Provide a brief service unit 2 description: (300 characters w/spaces)

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- ☐ Bed night
- ☐ Bundle of items
- ☐ Contact
- ☐ Day
- ☐ Group session
- ☐ Household
- ☐ Individual
- ☐ Item
- ☐ Meal
- ☐ Miles
- ☐ One-on-one session
- ☐ One-way trip
- ☐ Phone call
- ☐ Pound of food
- ☐ Round trip
- ☐ Visit

Program Accessibility

41. This program has mechanisms in place to make its services affordable to all populations

(Check all that apply) If the response is "Other," include an explanation in the "Other" text box.

- ☐ Free
- ☐ Sliding Fee Scale
- ☐ Vouchers/Scholarships
- ☐ None of the Above
- ☐ Other

42. The program facilities are accessible to individuals with disabilities according to the ADA Accessibility Guidelines. If the response is "Other," include an explanation in the "Other" text box.

- ☐ Yes
- ☐ No
- ☐ Other

43. This program is accessible in terms of transportation (check all that apply). If the response is "Other," include an explanation in the "Other" text box.

- ☐ Close public transportation
- ☐ Provide own transportation services
- ☐ Provide transportation vouchers (e.g. gas cards, bus tickets)
- ☐ Program staff travels to clients
- ☐ Services provided by phone or Online
- ☐ Mobile location (e.g. inside van)
- ☐ None
- ☐ Other

44. This program strives to make services accessible to clients through different means (check all that apply). If the response is "Other," include an explanation in the "Other" text box.

- ☐ Walk-ins
- ☐ Appointments
- ☐ Referrals
- ☐ Outreach
- ☐ Other

45. The program is accessible in terms of language (offering translation and interpretation services upon request). In what ways is your program accessible in terms of languages (check all that apply). If the response is "Other," include an explanation in the "Other" text box.

- ☐ Translated materials
- ☐ staff speaks languages other than English
- ☐ Translation on demand
- ☐ Language Line
- ☐ ASL
- ☐ None
- ☐ Other

Required Documents

46. Organizations must use the provided template for Budget & Demographics that's accessible on the ARPA webpage. Did you use the provided template?

☐ Yes

☐ No

47. Organizations must send the following documents (if applicable to your organization) to shilts@bellevuewa.gov in order to have a complete application- Please check all the documents that you emailed

☐ 2023 program Budget and Demographic information (using the provided template on the ARPA webpage)

☐ 2023 adopted budget

☐ Proof of request for registration on [SAM.gov](https://sam.gov) if not registered with a Unique Entity Identifier currently

☐ A copy of the agency's most recent independent audit, single audit and management letter, if prepared. If the agency does not have an independent audit, attach one paragraph providing the reasons

☐ A list of current board members (include name, position/title, city of residence, length of time on the Board and expiration of term)

☐ Minutes from a recent board meeting with action approving submittal of this application (if board action has occurred)

☐ A non-discrimination policy

Authorization

I, the person listed in Line below, have read and understand the terms and conditions presented in this grant application. I have the authority and hereby certify that the information contained in this application and any accompanying documents are true, that all financial statements have been reviewed for accuracy, and that the application is made with the knowledge and proper authorization of the organization. The application, if funded, may be included in a contracting process. I understand this is a government document that is subject to applicable laws regarding disclosure. In submitting this document electronically, I understand that entering my name and email address below is the same as my printed signature at this time, in terms of indicating the authority to submit

48. Please type the name and position title of the person completing this application

49.

Please input date (M/d/yyyy)



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