

# 2025-2026 Bellevue Teen After-School Drop-in Services Funding Questions - FOR REFERENCE ONLY

Agency Name:

Program Name:

This is the program for which you are seeking funds. The name should be different than the agency name, e.g., Homeless Outreach Program.

## Grant Request and Brief Budget Overview

Total Requests Funding Amount:

2023 Total Program Budget (Actual) :

This number must match the information included in the Program and Budget.

2025 Total Program Budget (Projected) :

This number must match the information included in the Program and Budget.

### Agency Profile

CEO/Executive Director Name\*

CEO/Executive Director Email\*

CEO/Executive Director Phone\*

Agency Main Office Address\*

Please describe the services provided by the agency.

2023 Actual Agency Budget

2025 Estimated Agency Budget

What percentage of your agency leadership identifies as black, indigenous, and people of color (BIPOC)?

0-25%

25-50%

50-75%

More than 75%

Unknown

**What percentage of your Board identifies as black, indigenous, and people of color (BIPOC)?**

**0-25%**

**25-50%**

**50-75%**

**More than 75%**

**Unknown**

**Insurance Information**

**We certify that if our agency is awarded funds, we are able to meet Bellevue's insurance requirements. See Supplemental Attachment A.**

**Yes**

**No**

## **Program Information**

**Describe your program in a brief phrase or one short sentence:**

Your response should focus on the specific program you are seeking funding for, not your overall agency services.

**Program Contact**

**Name:**

**Email:**

**Phone:**

## **Program Description**

**What specific, emerging, and/or unique issue is the community you serve facing?**

Describe the need you are trying to address with this program. Explain the challenges and issues, both ongoing and new, that the population you serve is facing. You should address needs in specific cities to which you are applying. Max 3000 characters

**Describe your proposed program. Include details on the services provided, how and who will deliver these services:**

Provide enough detail so we have a solid understanding of your program model and approach including affordability (e.g., sliding fee scale, scholarships), how you prioritize services (e.g., wait list, first come first served).

**Who will be served by this program?**

Describe the population of focus for this program. (e.g., refugees/immigrants, youth, people experiencing homelessness). Include both demographic and geographic details as well as any unique/special needs of the population. max 1500 characters

**How do clients hear about the services or the work that you provide? :**

Describe your marketing and outreach efforts. max 1500 characters

## Program Impact

**How is your organization working to address disparities based on race, gender, income, and other factors within your organization and in the services you provide? What changes or impacts have you seen as a result of your efforts?**

Outcome measures should reflect how the unique services you provide improve the lives of your clients. As you prepare your outcomes, start thinking about what impacts of your services you are most proud of.

Outcomes should measure the percentage of people you serve who experience a desired improvement. This should be based on data, not anecdotal evidence or guesses. Outcomes measure the quality of your programs and services, not the quantity of services delivered.

Questions? Contact city staff.

Outcome Measure 1

**The desired result of engaging with your program or service is:**

**The percentage of clients who will achieve this result is:**

Use a decimal number (e.g., 92% = 0.92).

**How do you collect the outcome data (e.g., annual satisfaction survey, 3-month phone follow-up):**

**Only one measure of program success (i.e., Outcome) is required. Do you have a second outcome? :**

Yes

No

Outcome Measure 2 (optional):

**The desired result of engaging with your program or service is:**

**The percentage of clients who will achieve this result is:**

Use a decimal number (e.g., 81% = 0.81).

**How we collect the outcome data (e.g., annual satisfaction survey, 3-month phone follow-up):**

## **Program Accessibility**

**What percentage of your staff identifies as Black, Indigenous, and/or Person of Color (BIPOC)?**

Use your best estimate and record as a decimal (0.35 = 35%).

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

Check all that apply.

Free

Sliding Fee Scale

Vouchers/Scholarships

Other

None of the Above

**All program facilities are accessible to individuals with disabilities according to the ADA Accessibility Guidelines:**

Yes

No

**This program provides services in office location(s) in these cities:**

Check all that apply.

Bellevue

Issaquah

Kirkland

Redmond

Sammamish

Virtual

Other(s)

**This program is accessible in terms of transportation.**

Check all that apply.

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 of the above

**This program strives to accommodate client schedules.**

Check all that apply.

Evenings

Early Morning

On Demand and/or Same Day

Holidays

Other

None of the Above

**The program is accessible in terms of language (offering translation and interpretation services). In what ways is your program accessible in terms of languages?**

Check all that apply.

Translated materials

Program and/or agency staff speaks languages other than English

Interpretation on demand

Language Line

ASL

Other

None of the Above

## Additional Information

**Any other information that you would like to share that would help in making a funding decision? :**

Include any additional information that is relevant to the application and not covered in the responses to other questions.  
max 1500 characters

## Additional Required Documents

- Budget form
- Required financial documentation (See Supplemental Attachment A)
- Proof of organization's non-profit status from the IRS
- Fiscal sponsorship, if applicable

## Certification Statement and Submission

**I have reviewed and understand Bellevue's supplemental and am prepared to comply with city-specific minimum requirements should this program receive funding.**

Yes

No

I have the authority and hereby certify that the information contained in this application and the accompanying documents are true, that all financial documents 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. As this application is made to one or more government entities, I understand this is a government document that is subject to applicable laws regarding disclosure. In typing my name below, I hereby agree with this certification statement. I understand that this is the same as my printed signature at this time.

### Authorized Signer

Include first and last name, authorizing submission of this application. This is typically the agency's CEO/Executive Director

**Submit Application and all Required Documents to [humanservices@bellevuewa.gov](mailto:humanservices@bellevuewa.gov) on April 12, 2024 at 4pm.**