**IMPACT FUND APPLICATION**

**\* = Required Field**

Organization Name:\*

Name of Person Submitting Application:\*

Email Address:\*

Phone Number:\*

**ORGANIZATIONAL INFORMATION**

Executive Director:\*

Executive Director Phone:\*

Executive Director Email:\*

Physical Street Address:\*

City:\* Zip Code:\*

Mailing Address (if different from physical address):

Main Office Phone:\*

Organization Website:\*

Organization Tax ID #:\*

***For non-501c3 organizations, there must be an eligible nonprofit fiduciary or partner to receive UWPC funds.***

Tax Exempt Status: (radio button) \*

* Independent 501c3
* Faith-based tax-exempt organization
* Using fiscal sponsor (please identify below)

If you indicated “using a fiscal sponsor) above, please identify your fiscal sponsor organization here:

Please upload copy of your organization’s or fiscal sponsor’s 501c3 IRS Tax Exemption Notification Letter: (FILE UPLOAD)\*

Please share your organization’s mission statement:\*

Please confirm that your organization has the following required documentation in place: (checkbox)\*

* Nondiscrimination policy that confirms to federal, state, and local laws in the employment and promotion of staff, recruitment and use of volunteers, and in the delivery of service to clients
* Sexual harassment policy
* Child abuse prevention policy for agencies whose programs serve children and/or youth

Please upload your organization’s current Board of Directors roster: (FILE UPLOAD)\*

Board Demographics: What % of your Board identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Staff Demographics: What % of your staff identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

Please upload your organization’s current fiscal year operating budget: (FILE UPLOAD)\*

**FUNDING REQUEST**

Amount requested: (min: $20,000; max: $50,000):\_\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the service strategy(ies) that best fits the proposed program/project: (checkbox)\*

* Housing Security (Homelessness prevention, supportive housing, etc.)
* Health & Wellbeing (Physical, Behavioral, etc.)
* Language/Immigration Navigation (ESL, legal support, education, etc.)
* Employment/Training Services (apprenticeship, certificate programs, career coaching, etc.)

Describe the specific service(s) and/or intervention(s) your organization employs to help individuals/families overcome barriers and move toward self-sufficiency:

What are the expected short-term and long-term outcomes for individuals/households participating in your programming/services?\*

How many unduplicated individuals/households do you expect to impact annually with this funding? (*i.e., “to impact” means demonstrating positive movement along the self-sufficiency continuum*)\*

Briefly describe the details on how services are provided: what how often, and who will deliver services.

Describe how you collaborate with other organizations to serve your participants holistically to improve outcomes.\*

How does your organization engage those most impacted by the issues your organization seeks to address? Describe how you involve those with lived experience in decision-making.\*

What data do you collect, and how do you use data to show you are making progress toward your organization's stated goals and to inform continuous improvement?

**ADVOCACY/EQUITY**

How does your organization advocate to reduce or remove barriers to self-sufficiency for individuals/families?\*

In what priority area(s) will this funding have an impact (select all that apply): (checkbox)\*

* 98404
* 98405
* 98408
* 98409
* 98433/39/99
* 98444/45
* 98465
* Key Peninsula area
* Other (please share which zip codes area(s) along with data to support your focus on this area below)

If you checked "Other" above, please share additional zip code areas you prioritize and data/rationale for prioritizing:

What is your physical proximity to the areas selected above? How will you make accommodations to provide services without burdening clients?\*

What percent of your program participants identify as Black, Indigenous, and People of Color (BIPOC)? (radio button)\*

* 0-25%
* 26-50%
* 51-75%
* More than 75%

**PROGRAM ACCESSIBILITY**

Are services delivered in a way that clients feel comfortable? Please describe how you ensure services are provided in an equitable and respectful manner.\*

1. Services affordable? (checkbox)\*
	* Free services
	* Sliding fee scale
	* Scholarships/vouchers
	* Other: (please explain)

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1. ADA Accessible? (radio button)\*
* Yes
* No
1. Physically accessible? (checkbox)\*
* Close to bus stop
* Organization provides transportation
* Provides bus tickets/fare
* Program travels to clients
* Mobile services unit
* Services provided virtually
* None of the above
* Other: (please explain)

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1. Accessible scheduling? (checkbox)\*
* Open evening hours
* Open weekends
* On-demand and/or same-day services
* Open early mornings
* Open holidays
* None of the above
* Other: (please explain)

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1. Accessible by language? (checkbox)\*
* Written materials translated in languages other than English
* Staff speaks languages other than English
* Interpretation on demand available
* Language Line or other interpreter service
* ASL available
* None of the above
* Other: (please explain)

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