**TRANSFORMATION FUND APPLICATION**

\* Required Field

Organization Name:\*

Name of Person Submitting Application:\*

Email Address:\*

Phone Number:\*

Collaborative Partners: Contact Name, Organization and Email for each\*

**ORGANIZATIONAL INFORMATION**

*If applying as a collaboration for the Transformation Fund, the Organizational Information should be related to the organization designated as the “lead organization” for the purposes of received funds and reporting responsibilities.*

Executive Director:\*

Executive Director Email:\*

Executive Director Phone:\*

Physical Street Address:\*

City:\* Zip Code:\*

Mailing Address (if different from physical address):

Main Office Phone:\*

Organization Website:\*

Organization Tax ID #:\*

***For collaborations, there must be an designated lead 501c3 organization to receive UWPC funds.***

Tax Exempt Status: (radio button)\*

* Independent 501c3
* Applying as a collaboration with a designated 501c3 organization (please identify below)

If you indicated "collaboration with a designated lead organization" above, please identify 501c3 tax-exempt organization that will receive funds on behalf of the collaboration:

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:\*

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: ***The Transformation Fund is a set $100,000 investment***

Which of the following strategies will you employ: (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.)

**STRATEGY/COLLABORATION**

How will the work that you are proposing for investment transform the lives of those you serve over the next three years? What innovative approaches or methods will you use to address the root causes of poverty?\*

Describe the role of each of your collaborative partners and how these partnerships will improve services and outcomes.\*

How does your organization/collaboration’s work explicitly promote economic/social mobility and eradicate poverty?\*

How will you and your partners address the barriers to self-sufficiency that impact your clients and how will you work collaboratively to help participants overcome these barriers?\*

**CLIENT-CENTERED**

How does your work empower individuals and families to take control of their economic futures? What skills and capabilities will participants gain that will enable them to sustain self-sufficiency beyond working with your organization?\*

Describe how your organization/collaboration provides a holistic approach to support, encompassing economic, social, and emotional needs of individuals and families.\*

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

**DATA/STORYTELLING**

How do you use data to show you are making progress toward moving households out of poverty and also to inform continuous quality improvement?\*

How will you track and document the stories of transformation among participants, and how will you use data and stories from this work to influence systems and policy change work?\*

**ADVOCACY/EQUITY**

How do you plan to engage with policymakers, government agencies, and/or advocacy groups to support those you serve?\*

How will you ensure that policies and practices promote equity and inclusion for those you serve?\*

**OUTPUTS/OUTCOMES/ACCESSIBILITY**

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.\*

In what area 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 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 inclusive manner.\*

1. Services are 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 morning
* 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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