**Basic Needs Application Questions – 2018-2019 cycle**

**Program Information**

1. Program Name (must be same as LOI)
2. Please provide a brief description of your program (2-3 sentences – 100 word max)
3. Request Amount
4. Program Category
5. Point-of-Contact Name
6. Point-of-Contact Phone #
7. Point-of-Contact Email Address
8. Describe the community need you plan to address. (500 words max)
9. Describe how your program addresses the community need identified above, or provides access to meeting that need, for young children (prenatal – age 8) and their families with low income. (500 words max)
10. Explain how your program model addresses/accommodates the unique needs and challenges of your target population. (500 words max)
11. Specifically, how will you outreach, or target, to families with young children through this program? (500 words max)
12. Where do you serve families in Snohomish County? (Please list cities or zip codes for top primary locations in which this program serves)
13. Please define a unit of service for this program. (Drop-Down list, including “other” option)
14. How many of these units do you anticipate will be provided during the grant period?
15. Please summarize your agency’s qualifications, experience and expertise in delivering this type of program, including number of Full Time Equivalents (FTE) staff and volunteers. (500 words max)
16. Does your agency offer religious services and/or religious activities? If yes, what steps will you take to separate your religious activities from the program services proposed for use with these grant funds? (500 words max)

**Program Participant Information**

1. Through this grant, who do you intend to serve as your primary population? If possible, include estimated percentages related to: % Hispanic or Latino origin; % people of color; % people with disabilities; % households at or below 185% of FPL, % Female Head of Household. (500 words max)
2. How many estimated unduplicated families does this program plan to serve in CY 2018?
3. Do you foresee any challenges in meeting the estimated unduplicated families identified above? (500 words max)
4. What do you anticipate the percentage (%) of families to be served fall within:
   1. Extremely low-income: 100 - 150% of FPL
   2. Very low-income: 151 - 250% of FPL
   3. Low-income: 251 - 350% of FPL
5. Do you tailor services or specifically outreach to people from culturally diverse populations and/or persons with disabilities? If so, how? (500 words max)

**Additional Information**

1. How will you ensure the other basic needs of the families you are working with are met or making progress towards being met throughout the grant period? (500 words max)
2. How did you engage families in the design and delivery of your program i.e. how is their voice incorporated into your service delivery model? (500 words max)

**General Budget Questions**

Please upload a **budget** showing how your program would use UWSC funding towards achieving delivering these proposed services. Download our template here.

1. Please explain any significant surpluses or deficits in your budget. (500 words max)
2. What is the least amount of UWSC funding you could receive and still effectively offer this program even at a reduced level? Your answer could affect funding decisions.
3. Explain what reductions you would need make to the program’s scope of outputs i.e. units of service if you received less than the full amount of this funding request. (500 words max)