

CITY OF LAKEWOOD HUMAN SERVICES FUNDING APPLICATION for Contract Period 2025-26

AGENCY NAME:

PROGRAM/PROJECT NAME:

NEW OR EXISTING PROGRAM?: NEW EXISTING

PROGRAM AREAS (CHOOSE ONE):

- Emotional Supports & Youth Programming:** "Direct services for children and youth"
- Access to Food:** "Providing or distributing food to Lakewood youth and families in a variety of ways"
- Access to Health & Behavioral Healthcare:** "Access to healthcare services"
- Housing Assistance & Homelessness Prevention:** "Preventing homelessness in our community"
- Crisis Stabilization & Advocacy:** "Making community connections and referrals to advocacy and support services"

Number of Lakewood clients served by this program last year:

Number of Lakewood clients to be served for this contract:

What percentage of the total number of clients served by this program in this contract period are anticipated to be Lakewood residents? 25% or under 26-50% 51-75% >75%

PROGRAM DESCRIPTION (ONE - THREE SENTENCES):

Organizations selected to receive human services funding must be able to:

- Provide proof of general liability insurance coverage of at least \$1 million
- Provide quarterly reports and invoices with back up documentation
- Provide your 501(c)3 determination letter
- Provide E-verify determination letters as necessary
- Commit to an annual site visit by City of Lakewood staff
- Retain client records for seven years

PROGRAM BUDGET AT A GLANCE:

City of Lakewood Funds Requested:	\$
Other Program Funds: Requested and/or secured	\$
Total Program Budget:	\$

The current annual agency budget:

AUTHORIZATION TO APPLY: To the best of my knowledge and belief, all information in this application is true and correct. The applicant's governing body has duly authorized this document and if funded will comply with all contractual obligations.

Authorized Representative:

Title:

Date Approved:

Applicants must answer the following questions and provide the requested information in response to this funding application. Please be sure to complete the entire application, including the required budget forms and attachments.

A. Organizational Information

- 1) Provide the organization name, mailing address, physical office address, phone number (include area code) and e-mail address. If the applicant's organization also has a separate office location within Lakewood, please provide information for both the primary and Lakewood office locations.

Organization Legal Name:

Mailing Address:

Physical Street Address (if different from mailing address):

Main Business Phone Number:

Website:

- 2) Provide the name(s) and title(s) of the person(s) authorized to execute a contract on behalf of the organization.

Executive Officer Name and Title:

Email Address:

Phone Number:

- 3) Provide the name(s) and title(s) of the person(s) who serves as the organization's primary point of contact (if different).

Contact Name and Title:

Email Address:

Phone Number:

- 4) Provide the names and number of years the agency has been in business under current or previous names or additional assumed business names.

- 5) Provide the federal tax identification number for the applicant's organization.

B . SUMMARY OF SERVICES

1) PROGRAM DESIGN

1a) Provide a detailed description of the program services to be provided.

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- 1b) Describe which City of Lakewood’s Human Services funding strategy best fits this program design and why.

- 1c) How do you ensure access to Lakewood residents? Describe your outreach or engagement strategies. Is your program delivering services in Lakewood?

2) SERVICE COORDINATION & PARTNERSHIPS

- 2a) Does your organization collaborate with others and/or link clients to other resources in the community, such as health and behavioral health services, employment services, veterans' services, benefits advocacy and others? If so, how is this achieved and to what services?

3) EFFECTIVE PRACTICES

3a) Describe the program's specific measurable outcomes.

3b) How will your program benefit Lakewood residents and communities for the next two years?

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3c) How do you incorporate the client-centered voice to ensure program quality or develop program strategies?

4) ACCESSIBILITY & ELIGIBILITY

4a) What criteria is used to determine eligibility for program participation?

4b) Is your program tailored or adapted to reach diverse populations through language, other communications, or physical accommodations? If so, how?

4c) Is your organization committed to diversity, equity, and inclusion? If so, how? Examples: Your leadership staff and board are representative of the people you serve. Training has been/is being provided. Marketing materials are representative of the people you serve.

4d) What client data is collected for this program and how is it collected?

C. PROGRAM BUDGET

5a) Grant Request

Category	Amount Requested this Application (\$)
Personnel	
Admin	
Direct Costs	
Other	
Total	

Total should equal the funds requested from the City.

5b) Budget Narrative - Provide a clear description of how funds will be used based on the categories listed above.

5c) If you are not funded the requested amount would you still be able to provide your services?
 Yes No

D. ATTACHMENTS

(Using the checklist below, please attach the following documents to your application.)

- A list of the Board of Directors that identifies the principal officers and includes members' full names and occupations or affiliations
- A copy of the most recent available Board of Directors meeting minutes
- Internal Revenue Service (IRS) tax-exempt determination letter for applicant organizations with a 501 (c) 3 tax status
- A copy of the organization's last I-990 tax filing or end-of-year financial statement
- A copy of the agency's current annual operating budget (income and expense)

Submitting the Application

Organizations are encouraged to submit applications electronically via email to the Lakewood human services coordinator at Parks@cityoflakewood.us by 4:00 pm Friday, August 9th 2024.

Applicants will receive an acknowledgement of receipt. If you are unable to submit the application electronically contact the human services coordinator for alternatives.

Human Services Department: 253-983-7774