



**City of Bainbridge Island
Health Housing and Human Services Fund
2009 Application**

Only applications received by 4 p.m. on the deadline date will be accepted.
Seven copies of the application and supplemental information must be received on or before **May 14, 2008**

**To: Health, Housing and Human Services Council
c/o Executive Department
City of Bainbridge Island
280 Madison Ave. N, Bainbridge Island, WA 98110**

1. **Applicant:** _____

2. **Contact Person:** _____ **Phone:** _____

3. **Email Address:** _____

4. **Applicant's Mailing Address:**

5. **Funding History from City of Bainbridge Island:**

2004 \$ _____ Received for: _____

2005 \$ _____ Received for: _____

2006 \$ _____ Received for: _____

2007 \$ _____ Received for: _____

2008 \$ _____ Received for: _____

6. **Current Request:**

Amount Requesting: \$ _____ For: _____

Signature of Authorized Personnel _____ **Date**

7. **Please attach and submit seven copies of the following materials:**
- Board of Directors names, addresses, phone & email information
 - 2007 Financial Statements
 - 2008 Budget
 - This funding application
 - Copy of IRS determination letter stating tax status 501(C) 3 *(if not submitted with previous application)*



- Please answer each question separately and number each answer.
- Answers should be specific for services to be funded by City money.
- Do not exceed a total of **FOUR** pages for all answers to questions 8-16.

8. What services will these funds provide? Include a statement of need, using measurable and quantitative terms, for these services.

9. How have these services in item 6 been funded in the past?

10. What is your agency's estimated budget for 2009, and, what portion of your total agency budget does this request represent?

11. Who will be the recipients of these services provided by these funds?

12. What are the consequences to your clientele, organization and/or the community if you do not receive these funds?

13. Describe your organization's ability and qualifications to deliver the services you are requesting be funded. Include efforts to coordinate these services with other agencies.
(May include past service record, staff qualifications, etc.)

14. Describe how this funding will foster improvement in the range and quality of health, housing and/or human services on Bainbridge Island.

15. If this funding addresses one of the service gaps identified in the HHHS Needs Assessment, please describe.

16. **Accountability:** These funds are from tax dollars collected from our community. The Health, Housing and Human Services Council will be accountable to the City and the citizens of Bainbridge Island for the delivery and effectiveness of funded services.
 - What information will you provide us to show that you delivered these services to Island residents?
 - What information will you provide us to show the effect of your services?

