



2022 CITY OF MONROE HUMAN SERVICES AWARD APPLICATION

The City of Monroe is accepting applications for Human Services Awards to implement the 2022 strategic goals of the Community Human Services Advisory Board (CHSAB). Awards are intended to implement programs that address the gaps and barriers of the 2021 Sky Valley Human Services Community Needs Assessment and the 2020 recommendations of the Homeless Policy Advisory Committee (HPAC).

To be considered for an award, the applicant organization's (hereafter "organization") project must align with one or all of these categories that the City of Monroe CHSAB has set forth as **basic eligibility requirements** for these funds. (Check the box of which category(ies) your project aligns with. Select one or more than one. Scoring criteria reflects 5 points per category.):

Housing Services – The 2021 Sky Valley Human Services Needs Assessment “housing” as a primary barrier and gap. The gap in the housing spectrum exists at the beginning entry level of the continuum with things like emergency shelter, temporary transitional housing, housing supports, and affordable housing options.

Mental Health Services – The 2021 Sky Valley Human Services Needs Assessment identified mental health as a primary need. The well documented impacts of COVID-19 on mental health and the exit of a local provider that primarily facilitated treatment for individuals who were uninsured and underinsured in the community has created a major gap. The two basic entry level services of counseling and case management are nonexistent for people other than the commercially insured.

Disability Services – The 2021 Sky Valley Human Services Needs Assessment identified the disabled community as a disproportionately effected population. Assessment results showed a 15% disabled population which is twice the National or State Average. There are a number of subpopulations incorporated in these results to include physically disabled, independent living, hearing impaired, and vision impaired. The largest group, which is similar to the national data, was emotional and cognitive. In many cases, these relate to individuals being on the autistic spectrum including children and adults.

For more information please visit:

Here is the link to the CHSAB page: [Community Human Services Advisory Board | Monroe, WA - Official Website \(monroewa.gov\)](https://www.monroewa.gov/community-human-services-advisory-board)

Here is the link to the 2021 Sky Valley Human Services Community Needs Assessment: [Community Human Services Needs Assessment | Monroe, WA - Official Website \(monroewa.gov\)](https://www.monroewa.gov/community-human-services-needs-assessment)

Here is the link to the HPAC page: [Homelessness Policy Advisory Committee | Monroe, WA - Official Website \(monroewa.gov\)](https://www.monroewa.gov/homelessness-policy-advisory-committee)



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Checklist

This checklist is provided as a tool to assist you in the completion of your application. Late and/or incomplete applications will not be accepted. **If you have questions regarding your application, please contact Rachel Adams at RAdams@monroewa.gov or Tyler Christian TChristian@MonroeWA.gov. (Initial each statement after reading)**

_____ Did you sign the certification page and initial all the certification statements?

_____ Does the proposed project meet one of the categories detailed above?

_____ If mailing your application, did you leave enough time for the post office to deliver it? Remember, postmarks will not be accepted, and late application will be disqualified.

_____ I understand a project wrap-up report is required upon completion of project.

Certification

By signing this application, I understand and affirm that: (initial each statement after reading)

_____ If awarded, my organization intends to enter into a professional services contract with the City of Monroe, provide liability insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City. In addition, my organization will provide proof of or obtain a City of Monroe business license, if required.

_____ The City of Monroe Human Services Award funds are provided on a reimbursement basis. The City of Monroe will only reimburse those costs actually incurred by my organization and only after the expense is incurred, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documents.

_____ The applicant organization or identified partner must have a Monroe Business License or a documented 501(c)3 designation. Such status is required to be eligible for receipt of general funds from the City of Monroe.

_____ If awarded, requested funds will be used only for purposes described in this application. I understand the use of funds are subject to audit by the City of Monroe and the Washington State Auditor.



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_____ I have reviewed, and if awarded funds, will abide by all City of Monroe procurement policies. [Procurement-Policies-and-Procedure-Manual-Adopted-07-14-20 \(monroewa.gov\)](https://www.monroewa.gov/procurement-policies-and-procedure-manual-adopted-07-14-20)

_____ Awards will be determined by the City of Monroe in its sole discretion. Applications may be awarded for the full or a partial amount of the grant requested or declined.

_____ I certify that I have the legal authority of the organization represented in this application to submit this request for funding on its behalf, and I further certify that the information submitted in this application is true and correct to the best of my knowledge. I understand that the City of Monroe will rely on the accuracy of the submittals and certifications made in conjunction with this application. Any misrepresentation of inaccurate information may result in a repayment of funds.

Print Name

Title

Signature

Date

SUBMISSION DEADLINE:
Tuesday, September 1, 2022
5:00 p.m.

Applications must be mailed or emailed to:

City of Monroe
Monroe City Hall
Attn: Jodi Wycoff, City Clerk
806 W. Main Street
Monroe, WA 98272
JWycoff@monroewa.gov

Completed applications must be received by the date and time specified. Postmarks will not be accepted. If mailing, be sure to allow enough time for delivery.



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Organization Information

Legal Name of the Organization: * _____

Doing Business As (DBA) Name (if applicable): _____

Unified Business Identifier (UBI) Number: * _____

Organization Street Address: * _____

City: _____ State: _____ Zip Code: _____

Organization Mailing Address: _____
(if different from street address)

City: _____ State: _____ Zip Code: _____

Organization Website: * _____
(Please enter "N/A" if none)

Applicant Name: * _____

Applicant Title: * _____

Applicant Mailing Address: _____
(if different from organization mailing address)

City: _____ State: _____ Zip Code: _____

Applicant Phone: * (_____) _____ Applicant E-mail: * _____

Project Contact: _____
(if different from applicant)

Project Contact Phone: (_____) _____ Project Contact E-mail: _____

* Response required for application to be considered complete



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Questions

Q1: Briefly describe the organization and its products/services:

Maximum 500 characters:

Q2: Describe the project the organization will use the funds for, if awarded:

Maximum 500 characters:

Q3: How will this project impact the Monroe community?

Maximum 500 characters:

Q4: How does this project serve the BIPOC community's needs in one or more of the basic eligibility criteria categories?

Maximum 500 characters:



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Q5: How does this project support the City of Monroe's Human Services basic eligibility criteria for funding: Housing Services, Mental Health Services, and/or Disability Services?

Maximum 500 characters:

Q6: Briefly describe the organization's capacity to successfully administer this produce this project (ex: staffing, knowledge/experience, partnerships):

Maximum 500 characters:

Q7: Has the organization secured collaborations within the Monroe community the achieve the project? Briefly describe such partnerships and list community and/or business partners.

Maximum 500 characters:

Q8: At the end of project funding how will you continue with ongoing services and operations?

Maximum 500 characters:



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Q9: What is the timeline for this project?

Maximum 500 characters:

Q10: How could you scale the project with a reduced funding award?

Maximum 500 characters:

Any additional comments or information the Applicant would like to provide:

Maximum 500 characters:



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Budget Narrative

In the space below, please include any information which you feel may provide useful background on your proposed **(tentative) October 2022 – April 2023**, preliminary budget, such as source and rate at which matching labor costs are calculated, etc. Also, note the sources of “other funding”.