



APPLICATION COVER SHEET

Application Instructions

This form is for housing-related services. If you are applying to construct or acquire housing, please use the appropriate application.

A complete services application must include a signed application and the following attachments:

1. Completed City of Ellensburg [Pre-Funding Submittal Meeting form](#)
2. Documentation to support collaboration (if applicable, as described in the response to 5B)
3. Participant screening tool (if available)

Incomplete applications will not be considered. Missing or incomplete information will result in a forfeiture of application. Do not include any information beyond what is requested in the application. Please note, all funding applications are public record.

Questions

- Questions on land use regulations and building codes, please contact the Community Development Department at 509-962-7231
- Questions on affordable housing funding, please contact Lily Frey at 509 962-7270 or freyl@ci.ellensburg.wa.us.

CERTIFICATION and AUTHORIZED SIGNATURE: To the best of my knowledge and belief, the information contained in this application, and in the additional required documentation submitted with this application, is true and correct. I understand that any false information or omission may disqualify my organization from further consideration for City assistance. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application and my organization and its employees and board members.

The signatory possesses the legal authority to apply for and receive City of Ellensburg assistance, and the person signing the application has the proper authority from the governing body of the organization. The applicant understands the City will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the City and applications are public record.

The applicant agrees that if this project is allocated City funding or property, the applicant will enter into a contract with the City of Ellensburg and will be required to submit annual reports attesting to compliance with the agreed upon retention of affordability and residents of housing developments funded through the City’s local housing fund or constructed on property contributed by the City. The applicant further agrees that if this project is allocated City funding or property, it will comply with all federal, state, and local statutes, regulations, policies, and requirements applicable to City assistance. If the awarded project does not show substantial progress within two years of funding award the funds will revert back to the City’s affordable housing program for reallocation.

Signature of Authorized Applicant Representative Date

Name of Authorized Applicant Representative (Please Print or Type) Title (Please Print or Type)

1. PROJECT DESCRIPTION AND ELIGIBILITY

A. Project Name:

Agency Name: _____

Contact Person _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Federal Tax ID: _____

Unified Business Identifier (UBI): _____

B. Type of organization or company

Nonprofit organization 501(c)(3)

Public organization

For profit organization

Other: _____

C. Has this organization previously received any funding from the City of Ellensburg?

Yes No If yes, please indicate funding source(s): _____

D. City Assistance Request. Please indicate City sales tax funding request.

Sales tax funding request: \$_____ Total project budget: \$_____

Proposed implementation
period: _____

E. Project Summary. Briefly summarize your proposed project in a couple of paragraphs; include a general statement of the project's overall purpose, scope, and intent. (300 words or fewer)

F. Populations to be served. Please select the primary target population(s) to be supported in the program funded by City sales tax (select all that apply).

- Senior citizens
- Veterans
- Persons with disabilities (including behavioral health)
- Homeless or at risk of homelessness, including families with children, youth
- Other: _____
- Domestic violence survivors
- None of the above

Maximum participant income: _____

G. Please describe your process for identifying program participants. How will you identify and prioritize participants? Please include referring agencies where applicable. Please attach example of program screening tool(s) where available. (200 words or fewer)

2. COMMUNITY IMPACT

A. Housing needs and financial stability. Please describe how this project will address housing needs in Ellensburg including opportunities for beneficiaries to build financial stability. (200 words or fewer)

B. Sense of place and community. Please describe how the proposed project will promote a sense of place and community for intended residents and the greater Ellensburg community.

C. Other community impacts. Please describe other tangible benefits the project will have for the intended beneficiaries as well as the greater Ellensburg community.

3. SUSTAINABILITY

A. Sustainability. Describe how the project would build sustainability to operate beyond the funding period, if applicable.

4. APPLICANT EXPERIENCE

A. Project Applicant Experience. Describe your organization's experience implementing the proposed program or similar programs.

B. Current Housing Services Offered. Please list up to five similar projects that your organization has managed or currently manages.

Program name / description	# people served / planned	Program period	Funding source(s)	Program results/metrics monitored (e.g. % of successful exits, \$ per participant), not specific period results

5. LEVERAGE AND COLLABORATION

A. Please describe how the City funds requested will be leveraged. What other funds are expected, how will the city funds be used to leverage other sources of funding?

B. Please describe active partnerships, collaboration and/or in-kind contributions and/or volunteers/pro-bono services that support project development. Examples might include membership on advisory groups, in-kind, volunteer time or financial contributions, sharing data or best practices, and/or soliciting input from community partners. Please focus your narrative on contributions to the proposed project, not for the agency in general.

6. PROJECT SCHEDULE AND BUDGET

A. Project Schedule. Describe schedule for program implementation (e.g. setup time, operational period, reporting and closeout.)

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B. Project Budget. Amounts in the total project cost must be accounted for in full by assigning them to funding sources as appropriate. Budget may be attached in another format if preferred.

\$ amount	% of total project cost	City funds	Applicant funds	Other funds
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Cost Category

Direct assistance to participants (e.g. rent or other payments)					
Operational costs (leased space, transportation, supplies, etc.)					
Staff costs (describe staffing model in budget narrative)					
Consultants / contractors (describe specialized support in budget narrative)					
Indirect costs (include description of basis in budget narrative)					
Other costs (describe in budget narrative)					
Total Project Cost					

C. Budget Narrative. Include budget narrative to support and/or supplement the information included in the budget tables above. Include projected total cost per participant and describe method for calculating indirect costs.

7. ATTACHMENTS TO APPLICATION

- Participant identification/screening tool (if available)
- Completed City of Ellensburg [Pre-Funding Submittal Meeting form](#)
- Documentation to support collaboration (if applicable, as described in the response to 5B)