Attachment A2

PART D: PROGRAM ELIGIBILITY

**Eligibility Criteria:**

The source of funding is federal Community Development Block Grant (CDBG) and City of Bellingham funds. Regardless of the funding source, applicants must also meet the following funding criteria:

1. Has this program previously received funding from the City of Bellingham?

[ ]  Yes [ ]  No

**If No**, is this program a new or expanded service that was not available in the twelve months prior to May 15, 2025?

[ ]  Yes [ ]  No

1. Do the majority (51% or more) of clients or beneficiaries of this program have low or moderate incomes, defined as 50% or less of the [Area Median Income](https://cob.org/wp-content/uploads/hud-income-rent.pdf)?

[ ]  Yes [ ]  No

1. Will all activities associated with this funding be delivered within the Bellingham City limits?

[ ]  Yes [ ]  No

**Child Safety Policy:**

1. Will the services be used to benefit or interact with children or youth age 17 or below?

[ ]  Yes

[ ]  No

1. If yes, does your agency have an adult, youth, and child safety policy in place in compliance with national standards?

[ ]  Yes

[ ]  No

If the answer to question 7 is NO, the City will require that your agency adopt a policy that complies with national standards prior to contract execution.

**Severe Weather Plan:**

1. Contracts in the 2025-2026 funding cycle will require grantees to submit a plan for responding to severe weather events (i.e., severe cold, heat, smoke, etc.) if such events would impact your program operations. Does your agency already have such a plan or plans in place? If so, please briefly describe.

Click here to enter text.

PART E: CONSOLIDATED PLAN PRIORITIES

## Program Goal:

The City of Bellingham is seeking housing or human and social services programs that meet the following goals. Some programs may support several goals, but applicants must choose only one that is most closely aligned with their program’s purpose.

1. Please select the primary goal of the program.

[ ]  Reduce housing cost burden for low- and moderate-income households

[ ]  Provide vulnerable households with services to remain stably housed

[ ]  Help Vulnerable households to meet their basic needs

[ ]  Increase safety for vulnerable groups

## Populations Served:

1. Which income group(s) does this program anticipate it will serve? This information should match your Exhibit C.

|  |  |
| --- | --- |
| Income level (% AMI) | # of persons |
| 30% or less |  |
| 31-50% |  |
| 51-80% |  |
| >80% |  |
| TOTAL |  |

For reference, see the most recent Area Median Income (AMI) for Bellingham by family size at <https://cob.org/wp-content/uploads/hud-income-rent.pdf>.

1. Which special needs population(s) does this program serve? If your program specializes in or primarilytargets a specific special needs group, please select only that group. If your program serves a broad mix of populations, select all that apply. Additional points will not be given for selecting more than one group.

[ ] **Families with young children** (under 8 years old) or **single-parent households**.

[ ] Persons with **physical** or **mental** impairment, including addiction or behavioral health issues.

[ ]  Households that are **homeless** or **at imminent risk** of homelessness

[ ]  Persons who are **seniors** (62+ years old)

[ ] **Survivors of domestic violence**

**City Priorities:**

1. The following are identified in the 2023-2027 Consolidated Plan as priorities for the City. Does this program directly address any of these priorities? If so, select which priority and describe how your program directly addresses this priority in the space below. If not, please leave this question blank.

[ ] Prevent chronic homelessness through intervention services like diversion and light-touch case management.

[ ] Support Households who are vulnerable to homelessness because of trauma, domestic violence, mental illness, etc

[ ] Provide basic needs to low-income person’s and households (i.e., food & hygiene)

[ ] Promote skill-building opportunities, such as literacy and job training programs for low-income and special needs individuals

[ ] Support activities that improve social support and connection for special needs populations

[ ] Support the operations of non-congregate emergency shelter, prioritizing seniors and medically fragile adults.

**Program Description:**

1. Please describe your program in detail, including as applicable; the level of staffing required to effectively run the program, core activities, key components of day-to-day operations, and the extent that supportive services and resource connections are offered.

Click here to enter text.

**Racial Equity and Social Justice:**

1. Has your agency utilized a social justice lens to develop or evaluate this program? If so, how? For example, evidence could include using data to proactively target known racial or ethnic disparities among your client population, working to ensure the program’s employees represent the clients they are serving, or encouraging historically marginalized populations and/or clients to take on leadership roles.

Click here to enter text.

**Collaboration:**

1. Describe the extent to which this program will utilize community partnerships or coordinate with other agencies. Examples may include interagency agreements, client referrals, sharing data or best practices, membership on advisory groups or task forces, utilizing community volunteers, or financial contributions.

Click here to enter text.

PART F: OUTCOMES

**Program Outcomes**

1. Describe how your organization evaluates the effectiveness of its services for this program. If this is an existing program, please describe the program’s performance and progress over the past 1-2 years. Actual performance data should be included in the response, including a baseline and progress over time.

Click here to enter text.

|  |
| --- |
| **Attachments to Application (submit in PDF or Excel format)** |
|  | [ ]  Project budget, Exhibit B (Excel form) |
| [ ]  Goals, Outcomes, & Beneficiaries, Exhibit C (Excel form) |
| [ ]  Organizational budget (pdf) |
| [ ]  Child Safety Policy (pdf), if not already on file with the City |

PART E: Certification

By signing this application, your organization certifies and agrees that:

[ ]  The agency representative who submits this application has read and agrees to comply with all terms and conditions associated with this grant, if awarded. See [Contract Requirements](https://cob.org/wp-content/uploads/contract-requirements.pdf) and NOFA.

[ ]  All expenses submitted to the City will be directly related to carrying out the eligible services.

[ ]  City funds will not be used for income payments, fundraising, political activities, equipment or furnishings and maintenance of facilities.

[ ]  All funds will principally benefit persons or households with incomes less than 80% of Area Median Income (AMI).

[ ]  Services are either a new service or a quantifiable increase in the level of service above that which was provided in the 12 months prior to May 15, 2025, unless previously funded by the City.

[ ]  Your agency does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, religion, age, families with children, and disability in employment or the provision of services.

[ ]  All proposals and related materials become the property of the City upon delivery to the City. State law, RCW Ch. 42.17, provides that public records are subject to public inspection and copying unless specifically exempted.

**APPLICANT CERTIFICATION**

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Section 2, 1001, 1343 and Title 31, Section 3729-3730 and 3801-3812.

Print name of person authorized to sign application: Click here to enter text.

Signature of Authorized Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Person: Click here to enter text. Date: Click here to enter text.