



Application Questions for All In WA COVID Relief Fund Emergency Flexible Financial Assistance Grants

For your reference, this document contains the fields and questions you will need to complete to apply. To submit your actual application, please visit https://seattlefoundation.smapply.org/prog/all_in_wa/

A. Contact Details

A1. Applicant Organization Name:

A2. Organization Primary Contact

- Name
- Title
- Address
- City/Town
- County
- State
- ZIP Code
- Email Address
- Phone Number
- Website address (if applicable)

A2a. Organization Project Contact (if different from Primary Contact)

- Name
- Title
- Email Address
- Phone Number

A3. Are you applying on behalf of a coalition of partner organizations seeking funding? If yes, please list partners.

A4. Does your organization have its own 501(c)(3) tax status or are you applying utilizing a fiscal sponsor?

A5. Annual Operating Budget

Please enter the Total dollar amount of 2020 annual operating budget (please omit \$ symbol or cents)

A6. Description of COVID-19 Work

Please provide a two-sentence description of your organization's work related to COVID-19 that could be shared on the All In WA and Seattle Foundation website if funded in the comment box below.

A7. Grant Amount Request

What amount of grant funding are you requesting

- \$25,000
- \$50,000
- \$75,000
- \$100,000
- \$150,000 (coalitions, statewide organizations and intermediaries only)

B. Request Details

B1. Please briefly describe how your organization plans to administer the grant funds and how you will identify potential recipients of the emergency flexible financial assistance (1500 characters max, about 300 words)

B2. Individuals Served

How many individuals will be served with these funds? Please enter the estimated number in the box below: (Please enter a whole number with no commas or special characters.)

B3. Please enter the estimated percentage of individuals you plan to serve with these funds that are part of each race/ethnicity category below: (Please enter a whole number between 0 - 100 with no special characters. If you do not serve clients in a particular population, please enter 0. The total entered across all groups should equal 100.)

- Native American
- Black
- Native Hawaiian or Pacific Islander
- Asian (including Southeast Asian)
- Hispanic or Latinx
- White
- Mixed race person of color
- Other
- Unknown

B4. Undocumented Individuals Served

Please indicate the estimated percentage of individuals you plan to serve with these funds that are undocumented residents (please enter a whole number between 0-100 with no special characters. If you do not plan to serve this population, please enter 0)

B5. Primary Populations

Please indicate whether any of the populations listed below are the primary population you plan to serve with these funds. (Please select all up to 3 options)

- Artists
- Children and families
- Educators
- English language learners/ non-English speakers
- Gig economy low-wage workers
- Healthcare low-wage workers
- Immigrants
- Incarcerated people and their families

- LGBTQIA people
- Low-income residents without health insurance and/or paid sick leave
- Low-income workers in disproportionately impacted industries, such as healthcare and the service industry
- Non-profit organizations
- People at risk of intimate violence
- People experiencing reduced work, underemployment or unemployment
- People experiencing housing insecurity/homelessness
- People of color
- People with chronic illnesses or compromised immune systems
- People with disabilities
- Pregnant individuals
- Refugees and asylees
- Seniors
- Service industry low-wage workers
- Sex workers
- Small business owners
- Social service workers
- Undocumented workers and families
- Uninsured/underinsured individuals
- Women
- Other:_____

B6. Geographic Community

How would you describe the communities you intend to serve with this grant?

- City
- Rural
- Suburban
- Tribal Nations
- Other:

C. Organization and Community Details

Please respond to these questions in the context of your emergency financial assistance request

C1. Overview of key services or programs

Please provide a brief overview of your organization and its key services or programs. If you are an intermediary or coalition, please also include a description of your membership or partners (1500 characters max, or about 300 words)

C2. Experience providing these services

Please describe how long you have been providing these services (250 characters max, about 50 words)

C3. Culturally or linguistically specific services

Are you providing culturally and/or linguistically specific services? (Yes / No)

If yes, describe how your services are culturally and linguistically specific in the comment box below.
(Max 150 words)

C4. Does your organization primarily work with individuals or other organizations?

- Individuals
- Organizations
- Both

C5. Washington State Counties Served

What counties do you serve (please check all that apply)

Adams	Grays Harbor	San Juan
Asotin	Island	Skagit
Benton	Jefferson	Skamania
Chelan	King	Snohomish
Clallam	Kitsap	Spokane
Clark	Kittitas	Stevens
Columbia	Klickitat	Thurston
Cowlitz	Lewis	Wahkiakum
Douglas	Lincoln	Walla Walla
Ferry	Mason	Whatcom
Franklin	Okanogan	Whitman
Garfield	Pacific	Yakima
Grant	Pend Oreille	
	Pierce	

C6. Top two counties Served

If you selected more than 2 counties above, please indicate the top two counties that you predominantly serve.

C7. How has your organization been impacted by COVID-19? (Please select all that apply.)

- Cancellation of contracts, programs, or services
- Other funding losses (such as cancelled fundraisers, reduced donations)
- Disruption of services (such as for programs serving youth and young adults, drop-in center closures, discontinuation of meal services, or reduction of food bank hours).
- Increased demand for existing or new services
- Severe illness, secondary trauma, or other issues affecting staff capacity
- Loss of volunteers and/or workforce
- Other (please specify)

C7a. Please provide additional details on how the organization, its services or the people you serve have been affected by the COVID-19 pandemic (500 characters max, about 100 words).

C8. Other Funding

Have you received other public or private funds to respond to needs related to COVID-19?

- Yes
- No

If you selected "Yes" to the question above, please list the source and amount of funds you have received in the comment box below.

C9. Additional Information

Is there any additional information that you'd like to share to demonstrate your organization's capacity to carry out the work you've proposed or to demonstrate how your organization aligns with the stated funding priorities? (750 characters max, about 150 words).

D. Additional Organization Information

Organization Staffing

To the best of your ability, please provide information about your organization's paid staff and board by race and gender identity through the questions below.

D1. Please indicate number of people in each category below:

- Paid staff (Executive level management and non-executive)
- Board members
- Volunteer/unpaid interns

D2. Racial and Ethnic makeup of Board, Paid Staff, and Key Volunteers (if no paid staff)

In the chart below, please indicate the number of board members and paid staff from each of the race and ethnic backgrounds listed. Please report each individual under one racial/ethnic category only. The totals should match the actual total number of individuals in each category. If you are unable to see all the columns, use the scroll bar at the bottom of this chart to scroll to the right.

If your organization does not have any paid staff, leave Column B and C blank. Please use Column D to indicate volunteers who play a key leadership role in the organization.

Race/Ethnicity	A) Board of Directors or Trustees	B) Directors and Executive Management Staff	C) Non-Executive Management Level Staff	D) Key Volunteers (for CBOs with no paid staff)
Native American				
Black				
Native Hawaiian or Pacific Islander				
Asian (including SE Asian)				
Hispanic or Latinx				
White				
Mixed Race Person of Color				
Other				
Unknown				
Total (should match the actual total number of individuals in each category)				

D2a. Comments on racial/ethnic makeup of your organization

Please clarify if you chose Other above or if you would like to share additional information about the racial/ethnic makeup of your organization (500 characters max)

D3. Gender Makeup of Executive Staff and Board

Approximately, what percent of your organization's executive level staff and board are comprised of the following individuals?

	0% (none)	1%-40% (some)	41%-60% (about half)	61%-100% (most or all)
Gender				

women or women-identified individuals				
men or men-identified individuals				
transgender or non-binary individuals				
unknown				
Sexual Orientation				
LGBTQIA individuals				
unknown				

D5. Comments on the makeup by gender and sexual identity of your organization

If you would like to share additional information about the gender and sexual identity representation of your organization, please share it below (500 characters max)

Declarations

By submitting this proposal, you agree to the following:

- I agree to use these funds explicitly for addressing the needs of emergency financial assistance described in this application.
- I agree to allow Seattle Foundation/All In WA to share my request with its funding partners.
- I agree to allow Seattle Foundation/All in WA to publish information about any funding awarded to my organization including agency name, amount, location served, intended uses, and other information as needed.

All In WA does reserve the right to engage with grantees for further learning about the fund and its uses.