

Snohomish County CARES Grant Application

Community Foundation of Snohomish County

Organization information

Mission and Goal of organization*

Character Limit: 3000

Number of Full Time employees*

Character Limit: 5

Number of Part Time employees*

Character Limit: 5

Number of Volunteers*

Character Limit: 6

COVID-19 Impact

Organization Name*

Character Limit: 100

Current Year Budget (as anticipated on January 1, 2020)*

Character Limit: 20

Please briefly explain the impact of COVID-19 on your operations*

(i.e. closed doors, increased services, layoffs, new outreach, new services)

Character Limit: 3000

Number served in 2019*

Character Limit: 100

Number expected to serve in 2020*

Character Limit: 100

Your Service area (geographic, i.e. county, city community)*

Check all that apply

Choices

All of Snohomish County

Arlington

Bothell

Brier

- Darrington
- Edmonds
- Everett
- Gold Bar
- Granite Falls
- Index
- Lake Stevens
- Lynnwood
- Marysville
- Mill Creek
- Monroe
- Mountlake Terrace
- Mukilteo
- Snohomish
- Stanwood
- Sultan
- Woodway
- Other

Please list and describe the population your organization aims to serve.*

Include all of the diverse and marginalized populations you serve with percentages if you have them.

Character Limit: 3000

How will this help your organization continue to operate or expand?*

These funds are not for direct programming/services, so please detail the operational, overhead, expansion, staffing, rent, etc., these funds would cover.

Character Limit: 3000

Please check any of the following that apply to your organization:

Choices

- People of color represent 50% or more of our clients
- People of color represent 30-49% our clients
- Undocumented individuals represent 50% or more of our clients
- Undocumented individuals represent 30-49% of our clients
- Immigrants represent 50% or more of our clients
- Immigrants represent 30-49% of our clients

Have you received any other CARES funding from any other source?*

Choices

- yes
- no

*If you answered yes to the question above tell us who you received the money from, how much you received, and what it was for.

Character Limit: 3000

Board and Staff Leadership Composition*

Please provide the percentage of your board and/or staff leadership who are people of color and/or whose experiences match those you serve?

Character Limit: 3000

Is there something else you want us to know that we didn't ask?

Character Limit: 3000

This application was prepared by*

Choices

Employee

A Volunteer

Paid Consultant or Grant Writer

I certify that the above information is correct and that I am authorized by the Board of Directors of this organization to submit this grant application.

Full name*

Character Limit: 250

Title*

Character Limit: 250

Date*

Character Limit: 10