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
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*