



East King County Community  
Public Health & Safety Network

## Eastside Community Network

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16225 NE 87 ST, Suite A-5 Redmond, WA 98052 Phone: 425/869-0238; fax: 425/869-6666

### **Request for Mini-grant Proposals**

**Purpose of funds:** Projects that support the Eastside Network's priority to increase Developmental Assets for area youth. Specifically, the Eastside Network is addressing community attachment and decreasing favorable attitudes towards drugs, alcohol, and violence among youth.

**Available funds:** \$60,000 total in state funds. \$40,000 to be distributed via the RFP process (awarded in July 2004), and \$20,000 will be awarded in mini grants.

**Grant Categories and Deadline:** Mini grant applications are accepted on an on-going basis depending on availability of funds. Funds are awarded in amounts of \$500-\$2500.

\* Maximum awards for one entity/organization are two mini-grants. Organizations can submit multiple projects for consideration, but can only receive one mini-grant per 6 month period for a total of two mini-grants possible through 5/31/05.

***All projects and reports must be completed by May 31, 2005.***

**Funding Priority Areas:** Awards will be given to support the following three outcomes:

1. Outcome: Increase Community Attachment for youth and/or families (project must address one or both of the following indicators):
  - Increase participants' belief that they are given valued roles in the community.
  - Increase participants' knowledge of, and willingness to access, local resources.
2. Outcome: Decrease favorable attitudes towards drugs and alcohol.
3. Outcome: Decrease favorable attitudes towards violence.

**Criteria:**

- Projects must address at least one of the Network's priority assets/outcomes listed above.
- Any contractor with the Eastside Community Network for funds must identify how they will impact change in one or more of the Network's identified Developmental Asset outcomes. Your program can promote

additional Developmental Assets, but you will only be required to show measurable outcomes toward the Network's priority Assets.

- Contractors must submit a final year-end report summarizing measurable results in term of outputs, outcome indicators and outcomes.
- Contractors must have their measurement tool (pre-post test, client survey, anecdotes, etc.) reviewed and approved before contracts are signed. Measurement tools *must* include items specified by the Network related to the outcome(s) your project addresses. **See attached section titled "Measurement Tool Questions."** The Network can provide additional assistance in this area.
- All contractors are required to provide a 25% match in cash or in-kind contributions.
- All contractors must have a system to track and document expenditures.
- Contractors must adhere to the billing schedule of the Network and the Network's fiscal agent.
- Funds must be spent within the geographic boundaries of the Eastside Network (boundaries of the Bellevue, Mercer Island and Lake Washington School Districts).
- All contracted funds have to be expended by May 31, 2005.

**Eligibility:** Applicants may be an individual, group or constituted agency (501)(C)(3) or public corporation, commission or authority. Youth groups may apply under the as a non-profit, school or city program.

**Availability of Funds:** The Network anticipates that funds will become available in 2004 and funds must be spent, and reports completed by, May 31, 2005.

**Deadline for Application:** Applications will be accepted on an on-going basis until mini-grant funds are expended. Receipt and review of application will occur at the next available meeting, given there is sufficient time to forward materials to reviewing grant committee. Please note that regular board meetings are scheduled the 1<sup>st</sup> Friday of each month and the review committee will need a reasonable amount of time to review your request and forward recommendations to the Network Board for a vote of approval.

Application format instructions:

1. All questions must be answered and should be answered on the application form. Do not use type smaller than 10pt. Write in spaces provided (enlarge answer space via computer – do not write on backs of application pages).
2. Please submit 5 copies of your application packet. Do not include attachments, references, brochures or other materials. They will be discarded unread.
3. Submit materials by mail, or e-mail to Staff Planner, Trish McNabb at: [brue2blue@comcast.net](mailto:brue2blue@comcast.net) or in person. If you wish to be notified of the receipt of your application, please include a stamped, self addressed post card

**Measurement Tool Questions:**

To ensure that the Network is supporting programs that are striving to create positive changes, the following questions that correspond to your selected outcome(s) must be included in your pre/post measurement tool given to participants. Please contact the Network if you have questions about this requirement.

<b>Outcome</b> (Network funding priorities)	<b>Indicator</b> (what will you see, hear, understand that will let you know that change has occurred?)	<b>Questions</b>
Increase Community Attachment for youth and/or families	Select one or both: 1. Increase participants' belief that they are given valued roles in the community. 2. Increase participants' knowledge of, and willingness to access, local resources.	<b>For indicator #1:</b> 1. I feel I have something positive to contribute to my community. 2. I feel I am valued by my community.  <b>For indicator #2:</b> 1. I know the resources and supports that are available to me if I need help. 2. I am willing to seek help when I need it.
Decrease favorable attitudes towards drugs and alcohol	1. (Same) Decrease favorable attitudes towards drugs and alcohol 2. Increased interest in drug/alcohol free activities.	1. I think it's ok to use drugs (such as marijuana, ecstasy, OxyContin, inhalants, speed, etc.). 2. I think it's ok to drink alcohol. 3. I think there are ways to have fun without drugs or alcohol. 4. I think using drugs can be harmful to me. 5. I think drinking alcohol can be harmful to me.
Decrease favorable attitudes towards violence	1. (Same) Decrease favorable attitudes towards violence. 2. Increased knowledge of non-violent ways to solve conflict.	3. I think it's ok to use violence to solve my problems. 4. I can think of ways to solve conflicts without violence.

Respondents answer questions on a five point scale: 1=Strongly Disagree, 2=Disagree, 3=neither agree nor disagree, 4=Agree, 5=Strongly Agree. Please note that for some questions, a "1" response is desired, and for others a "5" would be the most positive answer.

*The Eastside Community Network serves the communities within the geographic boundaries of the Bellevue, Lake Washington and Mercer Island School Districts. The Network is one of 39 established by the State Legislature to reduce youth violence over the next ten years through comprehensive local prevention plans. More information is available by calling the Network office.*

**Eastside Community Network - King County  
SERVICE PROVIDER GRANT APPLICATION**

**Mini-grant COVER SHEET**

**Name of applicant:**

\_\_\_\_\_

**Program:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_ / \_\_\_\_\_ **Fax:** \_\_\_ / \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Agency authority:** \_\_\_\_\_

**Contact/title for project reporting:** \_\_\_\_\_

**Address** (if other than above): \_\_\_\_\_

**Phone** \_\_\_ / \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Brief description of project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of your request: \$** \_\_\_\_\_

# Eastside Community Network – King County SERVICE PROVIDER GRANT APPLICATION

## APPLICATION

Applicant: \_\_\_\_\_ Project: \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

Please indicate application is for: mini-grant \_\_\_\_\_ or RFP \_\_\_\_\_  
(Please complete a separate application cover sheet for each application)

**Please answer all of the questions and answer in the space provided.**

**1. Identify the Need:** (What need in the community does this proposal address?  
Are there other similar programs providing this service, are there gaps in that service?)

**2. Is this:**

\_\_\_\_\_ A new project?

\_\_\_\_\_ Expansion of an existing program?

\_\_\_\_\_ Additional component to an existing program?

Explain:

**3. Project Summary:** (Clearly describe what you plan to do and fill in the enclosed Service Report). Which Network outcomes priority (listed below) does this project relate to and how? Circle the outcome and explain how this will be achieved.

**A. Outcome: Increase Community Attachment for youth and/or families**  
(project must address one or both indicators):

- Increase participants' belief that they are given useful roles in the community.
- Increase participants' knowledge of, skills and willingness to access local resources.

**B. Outcome: Decrease favorable attitudes towards drugs and alcohol.**  
(project must address one or both indicators):

- Decrease favorable attitudes towards drugs and alcohol
- Increased interest in drug/alcohol free activities

**C. Outcome: Decrease favorable attitudes towards violence.**  
(project must address one or both indicators):

- Decrease favorable attitudes towards violence
- Increased knowledge in non-violent ways to solve conflict

**4. Qualifications:** Describe organizations/groups capacity to do project and how long is your commitment to this project? How long has this organization/group provided similar services?

**5. Collaborations:** List your partnering organizations or community groups and how they will support this project?

**6. Youth or Client Involvement:** Describe how youth will be involved in planning, implementing and decision making in this project. (Although not required, priority will be given to projects where youth are involved)

**7. Population Served:** Define the population you intend to serve (ethnicity, age, income etc.)

Describe your planned outreach or publicity/marketing activities.

How many unduplicated persons will be served? (Estimate)

**8. Evaluation:** How will you measure outcomes? Would you like assistance in developing tools to measure outcomes? How will you evaluate your progress for the RFP grant?

**\*(Measurement tools will be reviewed and approved before contracts are signed)**

**9. Budget:**

What is the least amount of funding that will make this a viable project?

What will the impact on the project be if fewer dollars are awarded?

Since the Network is not a source of on-going funds, describe how the project will be funded when these grant funds are no longer available?

(Complete the enclosed budget sheet. **A 25% match must be clearly identified.**

A letter from the fiscal agent authorizing the request for funds, and/or proof of 501c3 must accompany the grant request).

**Eastside Community Network**  
proposed Mini-grant Budget

<b>PURCHASE</b>	<b>Est. Cost</b>	<b>TOTAL</b>
<b>Item/Vendor Name</b>		
<i>Example: 12 t-shirts(Target)</i>	\$3.00	\$36.00
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		
<b>9.</b>		