



**City of Bainbridge Island  
Health Housing and Human Services Fund  
2010 Application**

*Only applications received by 4 PM on May 27, 2009 will be accepted.*

**To: Health, Housing and Human Services Council  
c/o Executive Department  
City of Bainbridge Island  
280 Madison Ave. N, Bainbridge Island, WA 98110**

**1. Applicant:** \_\_\_\_\_

**2. Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**3. Email Address:** \_\_\_\_\_

**4. Applicant's Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Personnel** **Date**

**5. Funding History from City of Bainbridge Island:**  
2005 \$ \_\_\_\_\_ Received for: \_\_\_\_\_  
2006 \$ \_\_\_\_\_ Received for: \_\_\_\_\_  
2007 \$ \_\_\_\_\_ Received for: \_\_\_\_\_  
2008 \$ \_\_\_\_\_ Received for: \_\_\_\_\_  
2009 \$ \_\_\_\_\_ Received for: \_\_\_\_\_

**6. Current Request for 2010:**  
Amount Requesting: \$ \_\_\_\_\_ For: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Please attach and submit seven copies of application set, 3-hole punched. Include a sheet of colored paper between each application set of the following materials:**

- This funding application
- Current Board of Directors names, addresses, phone & email information
- 2008 Financial Statements
- 2009 Budget (& Draft 2010 Budget if available)

**8. Please include one copy of:**  
 2008 Form 990  
 IRS determination letter stating 501(C) 3 tax status



- Please answer each question separately and number each answer.
- Answers should be specific for services to be funded by City money.
- Do not exceed a total of **FIVE** pages for all answers to questions 8-18.

9. What services will these funds provide? Include a statement of need, using measurable and quantitative terms, for these services.
  
10. How have these services in item 6 been funded in the past?
  
11. What is your agency's estimated budget for 2010? What portion of your total agency budget does the current request represent?
  
12. Who will be the recipients of the services provided by these funds?
  
13. What are the consequences to your clientele, organization and/or the community if you do not receive these funds?
  
14. Describe your organization's ability and qualifications to deliver the services you are requesting be funded. Include efforts to coordinate these services with other agencies.  
(May include past service record, staff qualifications, etc.)
  
15. Describe how this funding will foster improvement in the range and quality of health, housing and/or human services on Bainbridge Island.
  
16. If this funding addresses one of the service gaps identified in the HHHS Needs Assessment, please describe.
  
17. **Accountability**: These funds are from tax dollars collected from our community. The Health, Housing and Human Services Council will be accountable to the City and the citizens of Bainbridge Island for the delivery and effectiveness of funded services.
  - What information will you provide us to show that you delivered these services to Island residents?
  - What information will you provide us to show the effect of your services?

