**Logo, company name

Description automatically generated**

**Funding for Affordable and Supportive Housing Development**

**Supplemental Application Form**

The following questions must be submitted together with a completed Combined Funders Application.

1. **Program Priorities.** The City has established the following priorities for investment of funds:
   1. Provide housing for households earning up to 30% of median income
   2. Address and prevent homelessness and housing instability
   3. Focus on underserved, vulnerable residents in Bellevue (e.g., homeless families with children and other eligible populations)

Please provide a general narrative describing how your project meets the City priorities for funding.

Click or tap here to enter text.

1. **Equity.** Proposals will be evaluated on a range of criteria, including how well projects meet the needs of underserved populations and address the disproportionate impacts of homelessness and housing instability on communities of color. If possible, please describe any demographic information available on the proposed population to be served, and describe any culturally relevant services that will be available to residents of the project.

Click or tap here to enter text.

1. **Housing Model.** The City is interested in supporting diverse housing models that have a demonstrated track record in creating long-term housing stability for eligible populations. What is your experience operating the proposed housing model? Please provide relevant examples of other projects you have operated, and include any quantitative or qualitative information about resident outcomes associated with the proposed housing model.

Click or tap here to enter text.

1. **Operations and Maintenance/Services Funding.** If applying for funding for operations and maintenance (including on-site supportive services), please describe the importance of City funding in ensuring long-term project sustainability and housing stability of residents. In addition, please describe how your organization seeks to attract and retain on-site staff.

Click or tap here to enter text.

**PROGRAM IMPACT**

**Outcome Measure 1:** Select an Outcome from the drop-down menu: Housing/Shelter

1. Outcome Measure 1: What is the primary metric (expressed as a percentage) used to measure the program’s success? (e.g., percentage of clients moving into permanent

housing) (300 characters w/spaces) Enter text here:

Only one outcome measure is required. If the program has a second outcome:

**Outcome Measure 2:** Select an Outcome from the drop-down menu: Choose an item.

1. Outcome Measure 2: However, if the program has a second outcome, what is the measurement? (e.g., percentage of clients moving into permanent housing) (300 characters w/spaces) Enter text here:
2. What data is used/collected to measure the program’s success? (e.g., client surveys, case notes) (1,500 characters w/spaces) Enter text here:
3. If the request were fully funded, how many unduplicated Bellevue residents does the program propose to serve over a one-year period?

**Service Units**

1. Select a Service Unit from the drop-down menu: Shelter
2. Select a Measurement from the drop-down menu: Bed Night
3. Provide a brief service unit description (e.g., A unit is one voucher for rental assistance): (300 characters w/spaces) Enter text here:  Number of total bed nights, this is for adults, youth, and children staying in HSH and hotel. A shelter bed night equals one night of shelter per person and includes comprehensive domestic violence supportive services.
4. Number of Service Units provided to Bellevue residents with funding: 8600 bednights (total for project inclusive of all funding sources)

**If you have a second service unit, please complete the following (only one service unit is required).**

1. Select a Service Unit from the drop-down menu: Choose an item.
2. Select a Measurement from the drop-down menu: Choose an item.
3. Provide a brief service unit description (e.g., A unit is one voucher for rental assistance): (300 characters w/spaces) Enter text here:
4. Number of Service Units provided to Bellevue residents with funding:

**Unduplicated Bellevue Residents Served**

1. Number of unduplicated Bellevue residents served with funding:

**PROGRAM ACCESSIBILITY**

1. This program has mechanisms in place to make its services affordable to all populations

(check all that apply). If other/none of the above, explain. Enter text here:

Free

Sliding Fee Scale

Vouchers/Scholarships

Other

None of the Above

1. The program facilities are accessible to individuals with disabilities according to the ADA Accessibility Guidelines. If no, please explain. Enter text here:

Yes  No

1. This program is accessible in terms of transportation (check all that apply). If there are

other or no accessible transportation options, please explain. Enter text here:

Close public transportation

Provide own transportation

services

Provide transportation vouchers

(e.g. bus tickets)

Other

None

Program staff travels to clients  Mobile location (e.g. inside van)  Services provided by phone or

online

1. This program strives to accommodate client schedules (check all that apply). If this program has other or no schedule accommodations, please explain. Enter text here:

Early morning

On demand/and/or same day

Evenings

Other

None

1. The program is accessible in terms of language (offering translation and interpretation services upon demonstrated need). In what ways is your program accessible in terms of languages (check all that apply). If this program has other or no accessible means of communication, please explain. Enter text here:

☐ Translated materials

Program and/or organization

staff speaks languages other

than English

Translation on demand

Language Line

ASL