An online collaborative to coordinate human services funding among East, North and South King County municipalities.

Please note

The following is a Help version of the online application provided to serve as a guiding document for information purposes only for those who find it helpful. The application itself must be completed and submitted online. Hard copy applications will not be accepted. The italicized blue text includes additional instructions and help text designed to answer questions you may have about how to fill in the online application. If you still have questions please contact the city staff from one of the cities you will be applying to for funding.

Signing Up for an Account on www.Share1app.org.

The first time you access the system you will need to sign up for an account. Please ensure you are using a web browser other than Internet Explorer. The latest versions of Chrome, Firefox, and Safari for Macs will work.

From the main page at www.share1app.org click the button for the Application Portal. The first thing you will do is create an account. Under Need an Account? Click the Sign Up button.

Email

This system will only allow one user per agency. We suggest using the Executive Director e-mail address as the designated user, and sharing the password with other staff who will be inputting information into the application.

Password

Enter a password that is at least 8 characters and that you can share with others who will be accessing the application.

Confirm Password

Enter the password again. Do not copy and paste in case there is a typo in the original password you entered.

Sign Up

Click the Sign Up button and you will be taken to the Homepage to create your agency profile.

Homepage

Click on +Create a Profile to Get Started

Please note that applicants must complete the Agency Profile form before starting an application. Only one account user is tied to a profile. There is one profile for each agency even if they will have multiple program applications.

You will click the edit "Pen & Paper" icon to complete your Profile. You can always view your Profile by clicking the "Eye" icon.

The application will remain in progress until you complete all required fields, save, and submit.

Applications that are in progress will show an orange status bar. Submitted applications will show a grey status bar and may no longer be edited.

If the status bar is red, that means that there is an error and you should reach out to an administrator.

Agency Information

Agency Name

EIN #   *Enter numbers only. Do not include hyphens.*

DUNS #
Enter numbers only. Do not include hyphens. If DUNS# is not applicable enter N/A.

CEO/Executive Director Name

CEO/Executive Director Email

Agency Main Office Address
Address
City
State
Zip Code

Please describe the services provided by the agency.

Enter a brief description of the services provided by your agency.

2017 Actual Agency Budget

Enter the amount of the entire agency's actual annual budget for 2017.

2018 Estimated Agency Budget

Enter the approved estimated amount for 2018. If the agency's future budget has not yet been determined, estimate as closely as possible, based on past years and future expectations.

2019 Projected Agency Budget

Enter the projected agency budget for 2019. If the agency's future budget has not yet been determined, estimate as closely as possible, based on past years and future expectations.

Agency-specific uploads:

- 2017 agency budget to actuals, or financial statement
- Most recent audit or financial review. *If your agency does not have an audit or financial review, please upload a document with an explanation.*
- Management letter accompanying most recent audit or financial review
- Agency response to management letter if there were findings
- Current board of directors list including terms and cities of residence
- Proof of organization's non-profit status from the IRS (new applicants only)
- Non-discrimination policy (if applying to the City of Kent)

To upload the required documents click the +Select a file button, find the document you want to upload on your computer, and select it. The document name will then show in the upload field.

At the bottom of each section, you will see two buttons: Save Draft and Save. The Save button will not work until all of the required fields have been completed. Until then you can use the Save Draft button to save your work as you go along. Save frequently.

Once all of these steps are completed and you click Save, you will be returned to the Homepage. If not, scroll to the top of the page and click on Homepage.

Starting Your Program Application

Click on +Get Started. This will take you to where you will see all the sections of the application:

Application Narrative

Client Data

Service Units

Budget

Certification Statement

You will now begin to complete the Application Narrative, Client Data, Service Units, and Budget sections of your application.

When you have completed and saved every section, the ED/CEO should review all sections, then complete the Certification section.

After all sections are complete, the "Submit" button will turn green. This indicates that you can now submit your application. Be sure to review your application carefully before submitting.

Once submitted, you cannot make changes.

Application Narrative

Check all of the Cities to which you are applying.

The first thing you will do is select each city to which you are applying for funding. Please be thoughtful about which cities you plan to request funding from. You will also need to do this in other sections and the cities you check need to match in each subsequent section.

Program Information

Program Name	
Brief Program Description (two sentences)	*Talk about the specific program, not the agency.*
Program Office Street Address	
Address	
Address (line 2, if applicable)	
City	
State	
Zip Code	

Program Contact Name	*This is the lead program contact that can answer questions about the program.*
Program Contact Email	
Program Contact Phone	*Enter as xxx-xxx-xxxx.*
Grant-writer Contact Name	*If different from the program contact.*
Grant-writer Contact Email	

Program Description

The text fields all have maximum character limits. The field size is adjustable by clicking and dragging the triangles in the lower right-hand corner of each text field.

What are the existing needs that your program will address? (max 5000 characters)

Describe the existing community problems, conditions or needs that your program will address. Build a simple case for the relevance of your program. Provide recent local data or documented facts to confirm the situation. Cite all data sources with the year of publication. You should address needs in specific cities to which you are applying if needs vary within East, North and South King County. Include turn-away data if applicable. Please be concise and specific, and assume you are addressing a moderately informed reader.

Define and describe what services will be provided by this program. Be sure to address: 1) how it will be implemented, 2) who will implement it, 3) when services will be provided, 4) the frequency and duration of services, and 5) the target population. (max 5000 characters)

Include both demographic and geographic details as well as any unique/special needs of the target population.

Describe what this program will accomplish and how the proposed services meet client or community needs (max 1500 characters)

How do the core components of the program address the needs identified.

Describe how staff qualifications, management structure and organization support for the program ensure the program's success.

What factors demonstrate your agency is able to manage this program successfully. Indicators may include having completed the same or similar program in the past, having a good track record, successfully completing other programs, familiarity with the community, skilled staff, and agency support of the program.

How do you coordinate with other service providers in the system to maximize efforts and ensure that clients achieve outcomes? Describe your key partnerships. How do they enhance the service(s) you provide to your clients?

Describe partnerships beyond simple referral relationships. Include the degree to which resources and/or activities are shared.

If your program is unique from other similar services, please describe.

Very few programs are entirely unique in our communities. Demonstrate how your program differs from similar offerings. You should address whether you are serving a unique target population, utilizing a different program model, etc.

Program Accessibility

List this program's service locations in North and East King County. (N/A if none)

We would like to know locations in each section of the County where program services are provided to clients.

List this program's service locations in South King County. (N/A if none)

We would like to know locations in each section of the County where program services are provided to clients.

Describe how the program is accessible in terms of affordability (sliding fee scale, scholarships, etc).

Describe how the program is accessible in terms of physical accessibility and communication capability for persons with disabilities.

Explain whether the location for the program is ADA accessible, or if there are any accommodations such as ramps, elevators, etc. Discuss communication support strategies for persons with disabilities (such as interpreters, access to 711 relay), or providing alternate formats for print materials (such as braille, large print).

Describe how the program is accessible in terms of transportation (proximity to public transportation, special transportation programs, vouchers, etc.).

Describe how the program is accessible in terms of immediacy of services (waiting lists, prioritization of client need, availability in the evening, etc.).

Describe how the program is accessible in terms of language.

> *Include specific languages staff and volunteers speak.*

Describe how you tailor your organization's services to meet the culturally specific needs of the targeted populations. Provide examples of specific knowledge and experiences your organization has with these populations. How has your agency used that learning to inform services and staffing?

> *Describe how your program is culturally relevant, including how you train staff and volunteers to be respectful and sensitive toward people of diverse cultures. Describe partnerships you may have with culturally specific providers.*

Program Outcomes

> *You must have at least one program outcome, and may have up to three. Choose an outcome area from the drop down menu and select a category that fits your specific program outcome measure(s). You will then define the measure you will be using to show that your clients have achieved the outcome.*

> *Then ALL programs should enter their target for 2019, expressed as a decimal.*

Outcome Area 1 Selection

In achieving success toward Outcome Area 1, what is the measurement indicator you will use (e.g. % of clients moving into permanent housing or % clients become gainfully employed)?

> *Summarize your outcome targets and results for this measurement indicator, expressed as a percentage in decimals.*

> *(e.g. 90% = 0.90, 75% = 0.75).*

Outcome Area 1 - 2017 Outcome Target

> *Currently funded programs will list their 2017 target outcome percentages expressed as decimal. New programs should enter .0.*

Outcome Area 1 - 2017 Outcome Result

> *Currently funded programs will list their 2017 actual outcome percentages expressed as decimal. New programs should enter .0.*

Outcome Area 1 - 2019 Outcome Target

> *All programs will enter their target for 2019, expressed as a decimal.*

Provide a brief explanation of the outcome results and the data collection method for Outcome Area 1.

> *Explain how you will collect the data. For example: surveys, interviews, observations, record & document review, feedback forms, sign in logs, etc.*

Do you have a second Outcome Area you would like to submit?

If you have second or third outcomes, select Yes, and the same fields will appear for those outcomes.

Additional Information

Any other information that you would like to share that would help in making a funding decision?

Include any additional information that is relevant to the application and not covered in the responses in the body of your application.

When you are finished with the Application Narrative Section and click Save, you will be redirected back to the list of Sections where you can continue to work.

Client Data

Check all the cities to which you are applying.

This must match the boxes checked on the Application Narrative Form.

Instructions for uploading the 2017 Client Demographics Spreadsheet:

New programs – *If this is a new program not currently funded by any of the Cities, download the Client Demographics Template from the link at the top of the page.*

Complete the spreadsheet. Save as "Agency - Program name Demographics" to your desktop. Click "Select a file" button and upload completed spreadsheet from your desktop.

Currently funded programs – *Upload the 2017 spreadsheet you submitted per your reporting requirements for 2017. Be sure to rename as "Agency - Program name Demographics" before uploading.*

Upload 2017 Client Demographics Spreadsheet (maximum size 1000MB)

For new programs, after you download the demographics template, start with the first tab at the bottom of the spreadsheet that says "1. Instructions". Then you will complete all 12 worksheets, rename the file and upload it.

Instructions for uploading the Residents Served Spreadsheet:

All programs – Download the Residents Served Template from the link at the top of the page. Complete the spreadsheet. Save as "Agency - Program name Residents" to your desktop. Click "Select a file" button and upload the completed spreadsheet from your desktop. Currently funded programs should pull the numbers from your 4th Quarter Reports.

Estimate and enter the number of residents to be served in 2019 with funds requested from those cities to which you are applying. This must match the information provided in the Residents Served Spreadsheet.

Upload the Residents Served Spreadsheet (maximum size 1000MB)

You will also need to enter the numbers in the last column (2019 City Funded) into the online form. Only the cities whose boxes you checked that you are applying to will appear. Don't forget to upload the completed spreadsheet to the application portal.

When you are finished with this section, click Save and go to the next section.

Service Units

Check all the cities to which you are applying.

This must match the boxes checked on the Application Narrative Form.

Instructions for downloading the Service Unit Template:

Download Service Unit Template from the top of the page. Complete spreadsheet. Save as "Agency - Program name Service Units" to your desktop. Click "Select a file" button and upload completed spreadsheet from your desktop.

Choose your first service unit from the dropdown list. If you are unsure, consult with a staff person from a city you are planning to apply to. Remember that these service units will be reported to ALL cities, so if you are applying to multiple cities make sure they make sense for all.

Next choose how you will measure the service unit from the drop down menu.

Use the Description text box to further describe the service unit.

Next you will enter the actual number of service units provided for each city in 2017, the estimated numbers for 2018, and the projected numbers for 2019. If this is a new program, you will enter zeroes for 2017 and 2018.

Instructions for filling out Service Units:

2017 Actual	List the number of services provided by this program, regardless if you are requesting funds from that city and regardless of the funding source. For currently funded programs, these numbers should match your 2017 year-end reports.
2018 Estimate	List the estimated number of units to be provided in 2018, regardless if you are requesting funds from that city and regardless of the funding source.
2019 Projected	List the projected number of units to be provided in 2019, regardless if you are requesting funds from that city and regardless of the funding source.
2019 City Funded	Estimate how many units of service could be provided with just the funds you are requesting from each individual city (consider the cost per unit you have identified to help make the estimate). The number of units supported by city funds should never exceed, and in most cases, will be less than the total number of service units provided with all fund sources.

You will repeat these instructions for Service Units 2 and 3 if you have them on the workbook pages SU2 and SU3.

When you are finished you will rename the file (Agency - Program Name Service Units) and Save. You will enter the numbers from the last column (2019 City Funded) into the online form. Only the cities whose boxes you checked will appear. Also enter the name of the service unit, the measurement and description into the online form. These must match what is on the uploaded spreadsheet.

After all of the service unit information has been entered into the online form, it has been renamed and saved, upload the Service Unit Spreadsheet into your online application.

Upload Service Unit Spreadsheet

Budget

Check all the cities to which you are applying.

This must match the boxes checked on the Application Narrative Form.

Instructions for downloading the Budget Spreadsheet:

Download Service Unit Template from the link at the top of the page.

Program Budget Instructions:

HSFC Cities Revenue	Enter the 2018 amounts awarded and 2019 amounts requested from each city. Then enter these numbers in the online Budget form in the City Revenue section.
Other Revenue	Name the sources in the Other Revenue column. If you have more sources than available rows, combine.
2018 Awarded	List the amounts to be received from these sources in 2018.
2018 In Kind Revenue	If you list a value for in-kind contributions as a revenue source, remember to also to list it on the Expenses table. Confirm with your accountant that you are using acceptable accounting procedures to calculate the value of in-kind contributions.
2019 Requested	List the amounts requested from these sources for 2019.
2019 In Kind Revenue	Same as for 2018 in-kind.
2019 Committed	Put an "X" in the last column for each source if the money has already been secured. Leave the box blank if not committed.
2018 Expenses	List all the budgeted program expenses for 2018.
2019 Expenses	List all the budgeted program expenses for 2019.
2019 HSFC Requested	Use the last column to show how the aggregate total requested from the Cities would be applied. Check that the 2019 Total Expenses for all City funds matches the total amount for Funds Requested for 2019 in the Program Revenue chart.
Program Expenses	Enter the 2017 Actual Program Expenses, 2018 Estimated Program Expenses, and 2019 Projected Program Expenses in the online Budget form under Program Expenses.

The budget table is fairly straight-forward. You will need to enter the numbers for 2018 amounts awarded by cities and 2019 amounts requested from cities in the online form. At the bottom of the budget table you will need to enter 2017 Actual Program Expenses, 2018 Estimated Program Expenses (auto-calculated), and 2019 Projected Program Expenses (auto-calculated).

Once you have completed the spreadsheet save the document as "Agency - Program name Service Units" to your desktop. Click "Select a file" button and upload completed spreadsheet from your desktop.

City Revenue

After uploading the Budget spreadsheet enter the City Revenue and Program Expenses numbers below. This much match the information provided in the Budget Spreadsheet.

Program Expenses

2017 Actual Program Expenses

2018 Estimated Program Expenses

2019 Projected Program Expenses

How many FTEs are reflected in the 2019 Salary/Wage section of your Budget Expenses page?

If you anticipate a significant change your budget in 2019, please describe. Enter N/A if not applicable.

If your program is showing a deficit or surplus relative to revenue and expenses in 2019, please explain. Enter N/A if not applicable.

Certification Statement

The last section of the application is the Certification Statement. After all sections are complete the Executive Director or CEO should sign off and click Save.

I have the authority and hereby certify that the information contained in this application and the accompanying documents are true, that all financial documents have been reviewed for accuracy, and that the application is made with the knowledge and proper authorization of the organization. The application, if funded, may be included in a contracting process. As this application is made to one or more government entities, I understand this is a government document that is subject to applicable laws regarding disclosure. In typing my name below, I hereby agree with this certification statement. If I select the '"Save"' button below, I understand that this is the same as my printed signature at this time.

Authorized Signer: *(should be the Executive Director or CEO)*

After all of the sections are complete, the Submit button will change from gray to green. Once submitted no changes can be made. Please make sure to review all sections of the application prior to submitting.

If you need to complete an application for another program for the same agency return to the Homepage. Click the +Add Another button, and complete the application in the same way.

Multiple individuals CAN be logged in at the same time under a single user name and password. We suggest that only one person work on an application at a time. If this is not possible we recommend working on different sections so that one person does not save over another person's work.