

Community-Based Organizations (CBO) Grant to Support Student Learning Recovery and Acceleration - Applicant Eligibility Form Guide

The applicant eligibility form is required for each organization that intends to apply for a grant in one or more activity area. Eligible applicants will receive a registration ID number and will be notified when the applications for each area of interest are open. Please allow two business days for processing your eligibility form.

This form is not an application for grant funds. This is to determine if you are eligible to apply.

This application guide is provided to help you complete the online application.

If you have questions that are not answered by the Applicant Eligibility Form Guide, please contact: The Center for the Improvement of Student Learning (CISL) at CBOGrants@k12.wa.us.

Using the online application

How do I save and continue the application later?

You may save and continue your application later at any point once you have entered the required contact information on the following page.

- When you want to leave the form, just click the "Save and Continue Survey Later" button at the top of the page and type in your email.
- You will receive a unique edit link to your application via that email address.
- Be sure to use this link when you want to continue your application.

IMPORTANT: If you re-enter the application from the beginning without using this link, you will create a whole new application.

How do I navigate the application?

You can navigate back and forth through the application by using the "Back" and "Next" buttons at the bottom of the page.

IMPORTANT: If you use the arrow buttons in your browser, you will be bumped out of the application. You will still be able to access your partially completed application via your unique edit link.



Uploading documents

Several questions require that you upload a document to the form. Please note that allowed types are: doc, xls, docx, xlsx, pdf and max file size is 50 MB.

Applicant Eligibility Form Questions

*indicates that the question is required in order to submit the form

Organization Information

- 1) CBO legal name*
- 2) Organization's Doing Business As (DBA) if applicable
- 3) Physical/mailing address*
- 4) CEO or Executive Director name*
- 5) Contact person for this grant:*

 - Name
 - Primary Contact Title
 - Primary Contact Phone
 - Primary Contact Email

Contact information entered here will be used to notify your organization when applications for each area of interest are open.

- 6) Mission statement*
- 7) Year the organization was founded*

Annual budget (enter expenses in current year budget or total expenses at the end of the most recent fiscal year)

- 8) Fiscal year (mo/yr-mo/yr)*
- 9) Total expenses*
- 10) Attach a copy of your current budget or financial statement of most recent fiscal year*

Budget information will be used to determine the maximum amount that can be awarded to your organization.

- 11) Washington counties included in your service area (select all)*

Adams County

- Asotin County
- Benton County
- Chelan County
- Clallam County
- Clark County
- Columbia County
- Cowlitz County
- Douglas County
- Ferry County
- Franklin County
- Garfield County
- Grant County
- Grays Harbor County
- Island County
- Jefferson County
- King County
- Kitsap County
- Kittitas County
- Klickitat County
- Lewis County
- Lincoln County
- Mason County
- Okanogan County
- Pacific County
- Pend Oreille County
- Pierce County
- San Juan County
- Skagit County
- Skamania County
- Snohomish County
- Spokane County

- Stevens County
- Thurston County
- Wahkiakum County
- Walla Walla County
- Whatcom County
- Whitman County
- Yakima County

12) Do you have an independent board of directors (comprised of community members; less than 50% of members are organization employees)?*

- Yes
- No

Answering "No" to question #12 will not disqualify your organization but may be taken into account during the competitive evaluation process.

13) Do you have another organization serving as your fiscal agent?*

If yes, answer questions #14-18 with the information of the fiscal agent organization

- Yes
- No

14) Federal Employer Identification Number (EIN)

15) Nonprofit status (check any that apply)*

- 501(c)3
- Nonprofit Corporation and/or Charitable Organization registered with the Washington Secretary of State (SOS)

16) Attach proof of nonprofit status (SOS certificate and/or IRS letter)*

Valid proof of nonprofit status is required to be eligible for this grant. Any documentation submitted from the Secretary of State's office must have a valid date of expiration. Sample verification letter on the next page.



Secretary of State
Tim Wynn

Washington Secretary of State
Corporations and Charities Division
801 Capitol Way South
PO Box 40234
Olympia, WA 98504-0234
(360) 725-0377
corps@sos.wa.gov

04/01/2021

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

UBI Number: [REDACTED]

Business Name: [REDACTED]

Expiration Date: 03/31/2022

Dear [REDACTED],

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

ANNUAL REPORT

You can view and download your filed document(s) for no charge at our website, www.sos.wa.gov/ccfs

If you haven't already, please sign up for a user account on our website, www.sos.wa.gov/ccfs to file online, conduct searches, and receive status updates.

Please contact our office at corps@sos.wa.gov or (360) 725-0377 if you have any questions.

Sincerely,

Corporations and Charities Division
Office of the Secretary of State
www.sos.wa.gov/corps

17) Data Universal Numbering System (DUNS number)

DUNS number is not required for application but is required for payment if selected as a grant recipient. If the applicant does not already have a DUNS number, please be aware that it can take time to obtain one.

18) Statewide vendor number (SWV)

Statewide vendor number is not required for application but is required for payment if selected as a grant recipient.

Determination of Eligibility

19) By checking the boxes below, the applicant provides assurances that it meets the following eligibility criteria *

The Community Based Organization (CBOs) is a registered Nonprofit Corporation and/or Charitable Organization and/or has current 501(c)(3) tax-exempt status.

Has a partnership with a Local Education Agency (LEA) (school district, tribal compact school or charter school)

The program proposed will support students' learning recovery and acceleration

Engages in a continuous program quality improvement process

Conducts national criminal background checks for all employees and volunteers who work with children

Has adopted standards for care that, at a minimum, include staff ratios, staff training, health and safety standards, mechanisms for assessing and enforcing the program's compliance standards.

20) Check the box for each activity area that you plan to apply for.

Academic support for students (tutoring, classes, engagement, enrichment)

Behavioral health supports (clinical services, social/emotional/behavioral supports)

Case management, wraparound, and/or integrated student support services (includes services for specific populations: homeless, foster care, refugee, etc.)

Mentoring of students

21) Enter the estimated amount that you plan to request for each activity area. Total request across all program areas cannot exceed 50% of annual organization budget. The maximum total amount any organization may receive from this grant program is \$500,000 or 50% of the

organization's annual budget, whichever is less. This data will be used to help allocate budget amounts across areas.*

- Academic support for students
- Behavioral health supports
- Case management, wraparound, and/or integrated student support services
- Mentoring of students

Please enter whole dollar amounts only for the areas that you plan to apply for.

Coordination and partnership with at least one Local Education Agency (LEA) is a requirement to be eligible for the grant. Please be prepared to provide a partnership letter with each grant application. The letter should be authored or co-authored by an authorized representative of your school district partner (superintendent or district administrator) and indicate support for the grant activities.

For the purposes of this grant, LEAs include school districts, tribal compacts or charter schools which filed [Academic and Student Well-Being Plans](#). This definition does not include Educational Service Districts (ESDs) or individual school buildings.

22) Please list the School District(s), or Local Education Agency (LEA), the organization intends to partner with:

Thank you for submitting this form. It will be processed in the order received and, when a determination of eligibility is confirmed, an ID number will be issued. You will use this to apply for any of the grant programs listed above. A copy of this submission will be sent to the CBO grant contact listed. The grant contact will also receive a notice when the grant announcement is released for each area for which you have indicated an intent to apply.

Please allow two business days for processing.