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**City of Seattle**

**Human Services Department**

**2017 Innovation Fund Request for Proposal**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant: | | | | |  | | | | | | | | | | |
| 1. Primary Contact: | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | Title: | |  | | | |
|  | Address: |  | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | |
| 1. Organization Type: | | | | | | | | | | | | | | | |
|  | Non-Profit | | For Profit | | | Public Agency | | | | | Individual  Other (Specify): | | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | | 1. DUNS Number (if applicable): | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | |
| 1. Proposal Name: | | | | | | |  | | | | | | | | |
| 1. Funding Amount Requested:   (Maximum $21K for Age Friendly proposals and $20K for the remaining five impact areas): | | | | | | |  | | | | | | | | |
| 1. Impact Areas that Proposal Addresses: | | | | | | | Preparing Youth for Success  Addressing Homelessness  Supporting Affordability and Livability  Responding to Gender-Based Violence  Promoting Public Health  Promoting Healthy Aging | | | | | | | | |
| 1. One-page Proposal: | | | | | | | Attach proposal (500 words or less) and send with cover sheet. | | | | | | | | |
| **Authorized physical signature of applicant agency:** | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | |  | | | | | | |
| Signature of Authorized Representative: | | | | | | | |  | | | | | | Date: |  |
|  | | | | | | | | |  | | | | |  |  |