Alan M. Painter 2025 Community Engagement Grant **Application**

Use this form to apply for funding from King County’s 2025 Alan M. Painter Grant Program. Provide enough detail to fully explain your organization’s proposed activities and the amount of funding you are requesting. **Note: This grant program does not fund political organizations or activities.**

All applications **must be received by 5 p.m. on Dec. 13, 2024**. Please email to marissa.alegria@kingcounty.gov or mail/deliver to ATTN: Marissa Alegria, King County Local Services, KSC-LS-0815, 201 S. Jackson Street, Seattle WA 98104.

Organization\*

Org. name:

Org. address:

Org. website:

Legal tax status (example: 501(c) (3)):

*\*This organization will be required to fill out a King County W-9 form to receive funds.*

**Primary contact**

*Who should we contact with questions about this application?*

Contact name:

Contact title/role:

Contact phone:       Contact email:

**Secondary contact**

*Who should we contact if the primary contact is not available?*

Contact name:

Contact title/role:

Contact phone:       Contact email:

Keep your submission to a maximum of three pages (not counting the cover page, Form A, or Form B). Use a font size of at least 11 pt., and include all supporting documents with the application. **Incomplete applications will not be rated.**

**In which King County Community Service Area\* will this project be focused?**

\*For a list and maps, see <https://www.kingcounty.gov/depts/local-services/community-service-areas.aspx>

**In what King County Council District will this project be focused?**

\*For a list and map, see <http://www.kingcounty.gov/council/councilmembers/find_district.aspx>

1. **Amount requested: $**
All requests must be under $5,000. **These funds may not be used for political activities.**
2. **What will this funding accomplish?**
3. **Which of the following Funding Priority Goals will the project address, and how it will address each one?**(a) Promote the engagement of local residents in community or civic activities
(b) Educate local residents about issues impacting them
(c) Identify and gather community needs and priorities
(d) Implement a community enhancement project

(e) Provide a safe and healthy environment in the unincorporated area during extreme weather-related events

(f) Meet King County’s equity and social justice goals of increasing fairness and opportunity for all people, particularly those who are Black, Indigenous, or persons of color, have low incomes, and/or have limited English proficiency.

1. **Please provide a work plan for the project and the specific activities needed to carry it out. Include a timeline where relevant**. (NOTE: Funding for projects will begin in March 2025.)

1. **Please describe the community process/needs assessment that was done to support this project request.**

1. **What is the vision for success of this project? Please provide measurable outcomes to determine project success at the end of the project.**

1. **Describe the following for this project:**(a) Outreach plan
(b) Target audience
(c) Number of participants who will benefit from the project
(d) Accessibility to all residents regardless of race, income, or language spoken

1. **Describe how this project encourages community engagement and participation for residents of unincorporated King County.**
2. **Who are the community partners and what are their roles in this project?**
3. **What are the long-term plans for continued funding and maintenance of this project? (If request is for equipment purchase, please specify plans for continued use)**
4. **Will this project be completed in 2025?**

**Form A**

Breakdown of amount requested from King County

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| **Budget item/description** | **Cost** |
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| 1. Total Form A
 | $      |
| 1. Private match\* (enter amount from Form B here)
 | $      |
| **Total project cost** (1 + 2 above) | $      |

\*This amount must be at least **25%** of the **total project cost.**

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**Form B**

Private match breakdown

|  |  |  |
| --- | --- | --- |
| **Community partner** | **Item** | **Amount** |
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| **Total private match** (Form B) | $      |

For volunteer hours, please use **$20/hour** for purposes of consistency.

For match/in-kind contributions, please include a letter of support from the group providing support.