**Instructions**

Please submit this form and attachments as a single document on or before November 22, 2019. Forms should be sent to Tynishia Walker via email at twalker@kingcounty.gov or interoffice mail at CNK-EX-800 and questions via telephone at 206-263-0534 or email.

**Project Title:**

**Contact Information**

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| --- | --- | --- | --- | --- |
| **Primary Contact** | |  | **Secondary Contact** | |
| Name: |  |  | Name: |  |
| Title: |  |  | Title: |  |
| Agency: |  |  | Agency: |  |
| Email: |  |  | Email: |  |
| Phone: |  |  | Phone: |  |

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| **Additional Project Team Members (as applicable)** | | |
| Name: | Title: | Agency: |
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**Project Proposal**

1. Project Summary and Purpose (please no more than a 500 word project description):

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1. Amount Requested (Please provide a detailed budget; if paying an outside vendor please have an accurate estimate as we will not have additional funds to offer at a later time):

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1. Describe the need or gap that this project will be meeting. How is the project focused upstream and where needs are greatest?
2. Describe how this project will engage, educate and empower employees and/or the community to further the County’s progress toward ESJ goals as outlined in the ESJ Strategic Plan:
3. Identify the intended audience/people engaged and the expected outcomes:

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1. Describe how you will measure and evaluate the impact of this project (Please include any combination of data or anecdotal measures):

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**Applicant Commitment Statement and Signature**

To the best of my knowledge, all information provided in this request for funding is true and accurate. I have talked with my supervisor and agency and have approval for this project application. For reporting purposes, I understand that if this project is approved for funding, the person(s) implementing this project will be required to submit periodic status updates and a final report and that the Office of Equity and Social Justice may request that the results of this project be presented in person at a meeting or other venue.

Please type in your name and the date below when you have finished completing this form.

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|  |  |  |
| Primary Contact |  | Date |