



5. Describe two measurable outcomes for the activities to be funded:
  
  
  
  
  
  
  
  
  
  
6. Describe your process for evaluation of these activities:
  
  
  
  
  
  
  
  
  
  
7. Describe the process you utilize to lessen your clients' dependency on your services:

TOTAL AMOUNT OF REQUEST: \$ \_\_\_\_\_ (Payment is usually made quarterly)

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

REQUIRED:

- Please submit a copy of your agency's most recent Annual Report with this application. If your agency does not produce an Annual Report, please submit a copy of your most recent annual budget that includes proposed and actual figures.

The Human Services Advisory Board will review the applications for funding and make recommendations to the Mayor for the budget she presents to Council.

Send to  
Maureen Burwell, City Clerk  
City of Enumclaw  
1339 Griffin Avenue  
Enumclaw, WA 98022  
mburwell@ci.enumclaw.wa.us