

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Thursday, May 1, 2025 10:50:53 AM

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A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/01/2025 10:50 a.m.
Response #: 3
Submitter ID: 13438
IP address: 73.221.17.198
Time to complete: 4 min. , 49 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	Big Brothers Big Sisters of Southwest Washington	*Primary Contact Person	Keith Ann Campbell
*Mailing Address	2424 Heritage Court SW Suite 302 Suite 302	*Role in Organization	Executive Director
*City	Olympia	*State	WA
*Zip Code	98502	*Phone Number	3602055499
*Email Address	keithann@swwabigs.org	*Tax ID number	91-1225443
*Date of application	05/01/2025	*Amount of funding requested	3000.00

Please select the appropriate agency classification.

(O) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

- ☒ The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. Additional insurance coverage may be required. The service provider will need to provide a certificate of insurance naming the city as an additional insured to fulfill contract requirements.
- ☒ The applicant has accounting and record-keeping systems, which can: a. Show the purposes for which

City of Tumwater funds have been spent; and b. Be opened to inspection by the City of Tumwater or its agents; and c. Be maintained for at least six (6) years following the end of any contract.

[x] I understand that this is an application for purchase of a service contract, which, if awarded, will be paid on a reimbursement basis.

[x] I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater.

[x] I hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization making application.

[x] I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Keith Campbell

Date of application

05/01/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

The mission of Big Brothers Big Sisters of Southwest Washington (BBBS) is to create and support one-to-one mentoring relationships that ignite the power and promise of youth. Our vision is that all youth achieve their full potential. The majority of youth we serve are from historically underserved communities. As a result, many have had less access to resources. The families and youth that we serve seek to be a part of the BBBS program to connect their youth a positive role model who can provide support and representation. We pair these children with screened and trained volunteer adult mentors in the community who play an important role in the child's life by providing educational support, helping develop social skills and fostering a friendship that will help them achieve early success and prevent negative behaviors. We will use the funds to support the salaries and expenses of background checks and training of the volunteers.

Confirm that if selected, you will provide the following documentation:

[x] Signature on Entity Certification

[x] Organization bylaws

[x] List of board of directors

[x] Proof of signature authority

[x] Project specific budget

[x] Organization total budget

[x] Articles of incorporation

[x] Certificate of insurance naming the city as additional insured

Thank you,

City of Tumwater, WA

This is an automated message generated by Granicus. Please do not reply directly to this email.

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Tuesday, May 13, 2025 4:16:32 PM

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A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/13/2025 4:16 p.m.
Response #: 6
Submitter ID: 13465
IP address: 2603:3023:ba3:e100:b19e:2638:309:4fff
Time to complete: 17 min. , 48 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	CIELO (Centro Integral Educativo Latino de Olympia)	*Primary Contact Person	Karlah Ramirez-Tanori
*Mailing Address	1601 North St SE	*Role in Organization	Executive Director
*City	Olympia	*State	Washington
*Zip Code	98501	*Phone Number	360-764-9482
*Email Address	executivedirector@cieloprograms.org	*Tax ID number	91-1728671
*Date of application	05/13/2025	*Amount of funding requested	15,000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

[x] The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. Additional insurance coverage may be required. The service provider will need to provide a certificate of insurance naming the city as an additional insured to fulfill contract requirements.

[x] The applicant has accounting and record-keeping systems, which can: a. Show the purposes for which City of Tumwater funds have been spent; and b. Be opened to inspection by the City of Tumwater or its

agents; and c. Be maintained for at least six (6) years following the end of any contract.

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☒ I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Karlah Ramirez-
Tanori

Date of application

05/13/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

Centro Integral Educativo Latino de Olympia (CIELO) respectfully requests \$15,000 through the City of Tumwater's 2025 Community Human Services Program (CHSP) to support critical, direct services for low-income and underserved residents of Tumwater. CIELO has been a trusted, community-based nonprofit since 1996, dedicated to providing free and accessible education, advocacy, and basic needs support to individuals and families in the South Sound region.

Our services are open to everyone. We welcome all individuals seeking support—regardless of background, language, income, or immigration status—and work to ensure that no one falls through the cracks due to barriers in accessing traditional systems. While we serve a broad and diverse community, we intentionally focus our outreach on residents who are often left out of mainstream services due to language access, documentation challenges, or systemic gaps in care.

Many Tumwater families we serve are experiencing housing insecurity, underemployment, or are navigating essential systems without English fluency. Through our bilingual case management, interpretation services, housing referrals, and emergency assistance (including rental and utility support), we help stabilize families and connect them to long-term resources that promote self-sufficiency and dignity.

CHSP funding would be used to:

Provide direct financial assistance (e.g., rent, utilities, emergency costs) to Tumwater residents facing financial crisis

Support bilingual case management to help residents navigate housing, health, and legal systems

Offer translation and interpretation for clients accessing critical services

Offset staffing and operations costs tied to serving Tumwater clients

CIELO is proud to be a part of the region's human services network and to support the City of Tumwater's

goals of improving outcomes for residents who are low-income or experiencing disadvantage. A \$15,000 investment would help us respond to growing community needs while ensuring that Tumwater residents—especially those who are underserved—have meaningful access to the services they need to thrive.

Thank you for considering our request. We are honored to continue serving the Tumwater community and welcome the opportunity to partner further in this essential work.

Confirm that if selected, you will provide the following documentation:

- | | |
|--|---|
| <input type="checkbox"/> Signature on Entity Certification | <input type="checkbox"/> Project specific budget |
| <input type="checkbox"/> Organization bylaws | <input type="checkbox"/> Organization total budget |
| <input type="checkbox"/> List of board of directors | <input type="checkbox"/> Articles of incorporation |
| <input type="checkbox"/> Proof of signature authority | <input type="checkbox"/> Certificate of insurance naming the city as additional insured |

Thank you,
City of Tumwater, WA

This is an automated message generated by Granicus. Please do not reply directly to this email.

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Friday, May 30, 2025 1:02:54 PM

A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/30/2025 1:02 p.m.
Response #: 9
Submitter ID: 13515
IP address: 2600:100f:a020:e933:d541:7030:2a43:bf6a
Time to complete: 7 min. , 56 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	Family Support Center of South Sound	*Primary Contact Person	Trish Gregory
*Mailing Address	3545 7th Ave SW, Suite 200	*Role in Organization	Executive Director
*City	Olympia	*State	WA
*Zip Code	98502	*Phone Number	360-754-9297 x206
*Email Address	trishg@fscss.org	*Tax ID number	91-2003828
*Date of application	05/30/2025	*Amount of funding requested	\$3,000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

- ☒ The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. Additional insurance coverage may be required. The service provider will need to provide a certificate of insurance naming the city as an additional insured to fulfill contract requirements.
- ☒ The applicant has accounting and record-keeping systems, which can: a. Show the purposes for which City of Tumwater funds have been spent; and b. Be opened to inspection by the City of Tumwater or its agents; and c. Be maintained for at least six (6) years following the end of any contract.
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[x] I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Trish Gregory

Date of application

05/30/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

Family Support Center of South Sound, founded in 1992, provides families with children and survivors of domestic violence/sexual assault with coordinated supportive services to accomplish the mission, “Working Together to Strengthen All Families and Survivors”. The organization builds strong, healthy, hopeful families through collaborative programs to reduce the negative impacts of poverty, homelessness, and family violence. Family Support Center of South Sound (FSC) operates as a ‘one stop shop’, co-locating with multiple government and nonprofit organizations in a single location thereby reducing the number of places a family or survivor in crisis must go to for services, resources, and support. The Family Resource Services (FRS) program is the organization’s oldest program, and is intended to support ANY family with any kind of need, regardless of income, barriers, household size, etc. The program is ‘first come, first served’ and follows a low barrier approach aimed at offering the support and/or reasonable accommodations necessary to screen families in rather than out. Most often, families in the FRS program seek support to address a housing-related crisis—such as past-due rent, late utility payments, housing search assistance, or application fee payment. FSC is requesting \$3,000 to support this critical program.

Family Resource Services Navigators provide individualized support, including homeless prevention and problem-solving conversations, rental assistance, connecting families to community resources, employment support, assistance applying for mainstream benefits, gas cards, childcare access, parent education, DV advocacy, flexible financial assistance, and other supportive services. Utilizing motivational interviewing techniques, staff work with families to identify their strengths and social connections, using those as a foundation to find greater housing stability. For families who are couch surfing or unstably housed, staff provide landlord advocacy and housing search support, helping families understand their rights and navigate common barriers such as past evictions, credit issues, or rental history concerns. In the event a family becomes homeless, staff stay up to date and knowledgeable about the process for families to access coordinated entry and other homeless response services. Multilingual staff and interpretation/translation services as well as computer and phone access are available for families.

The Family Support Center receives hundreds of calls and walk-ins each week—more than 30% of which are for the FRS program. Last year, the FRS program supported more than 460 families with children from the community with comprehensive services to address their needs. Funding this application will ensure that families at risk of homelessness receive timely, targeted support, enhancing their overall housing stability.

Confirm that if selected, you will provide the following documentation:

[x] Signature on Entity Certification
[x] Organization bylaws
[x] List of board of directors
[x] Proof of signature authority

[x] Project specific budget
[x] Organization total budget
[x] Articles of incorporation
[x] Certificate of insurance naming the city as additional insured

Thank you,
City of Tumwater, WA

This is an automated message generated by Granicus. Please do not reply directly to this email.

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Monday, May 5, 2025 4:53:41 PM

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A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/05/2025 4:53 p.m.
Response #: 5
Submitter ID: 13449
IP address: 2601:603:5200:3420:8557:1445:de50:a0c0
Time to complete: 8 min. , 42 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	Garden-Raised Bounty (GRuB)	*Primary Contact Person	Clare Follmann
*Mailing Address	2016 Elliott Ave NW	*Role in Organization	Grants Manager
*City	Olympia	*State	WA
*Zip Code	98502	*Phone Number	3607535522
*Email Address	clare@goodgrub.org	*Tax ID number	91-1594312
*Date of application	05/05/2025	*Amount of funding requested	5000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

- ☒ The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. Additional insurance coverage may be required. The service provider will need to provide a certificate of insurance naming the city as an additional insured to fulfill contract requirements.
- ☒ The applicant has accounting and record-keeping systems, which can: a. Show the purposes for which City of Tumwater funds have been spent; and b. Be opened to inspection by the City of Tumwater or its agents; and c. Be maintained for at least six (6) years following the end of any contract.
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on a reimbursement basis.

[x] I understand that the City of Tumwater will conduct public discussions regarding recommendations for funding to any agency making application to the City of Tumwater.

[x] I hereby certify that the information contained in this certification and application for funding with the City of Tumwater is a true and accurate statement of activities and financial status of the organization making application.

[x] I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Clare Follmann

Date of application

05/12/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

The cost per garden is a little over \$500 and includes supplies, gas, labor, and administrative overhead. The \$500 included in our ask will cover only supplies, labor, and gas. \$5,000 from the City of Tumwater will yield 10 home gardens for the City of Tumwater!

- Supplies: Depending on garden type chosen by the recipient to fit their needs, supplies will include wood, nails, twine for the trellis, soil, containers, and other direct supply needs that arise
- Labor: Covers a portion of staff time for the coordination and leading of garden builds, teaching of workshops, and running the program
- Gas: Includes cost of gas for the truck that delivers garden build supplies to gardener homes

One garden is equal to ONE of the following:

- Three 4'x8' raised beds made from 2"x8" fir boards
- Three 30"x 14"x 10" deep container gardens

Confirm that if selected, you will provide the following documentation:

[x] Signature on Entity Certification

[x] Organization bylaws

[x] List of board of directors

[x] Proof of signature authority

[x] Project specific budget

[x] Organization total budget

[x] Articles of incorporation

[x] Certificate of insurance naming the city as additional insured

Thank you,

City of Tumwater, WA

This is an automated message generated by Granicus. Please do not reply directly to this email.

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Monday, May 5, 2025 4:00:55 PM

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A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/05/2025 4:00 p.m.
Response #: 4
Submitter ID: 13448
IP address: 2603:3023:b0d:7b00:b970:9763:96b1:2ac9
Time to complete: 2 min. , 36 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	SafePlace	*Primary Contact Person	Ryan Cole
*Mailing Address	521 Legion Way SE	*Role in Organization	Development Director
*City	Olympia	*State	WA
*Zip Code	98501	*Phone Number	3607868754
*Email Address	ryanc@safeplaceolympia.org	*Tax ID number	91-1153988
*Date of application	05/05/2025	*Amount of funding requested	\$3,000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

[x] The applicant has, or can obtain, general liability insurance covering no less than \$2,000,000 combined single limit per occurrence and \$2,000,000 aggregate for personal injury, bodily injury and property damage. Additional insurance coverage may be required. The service provider will need to provide a certificate of insurance naming the city as an additional insured to fulfill contract requirements.

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☒ I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Ryan Cole

Date of application

05/05/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

SafePlace is dedicated to preventing and ending sexual and domestic violence. We operate Thurston County's only shelter for survivors of domestic violence (DV). Our Community Services team provides weekly drop-in advocacy, legal advocacy, and a DV support group. In addition to those programs, we have a Housing Program that helps survivors quickly find safe and stable housing; a Sexual Assault (SA) Program that responds to 24/7 emergency hospital calls and operates an SA support group; and a Youth and Prevention team that works in schools (K-12) to teach youth about healthy boundaries, consent, and to become peer-advocates among their friends and peer groups.

With \$3,000 from the City of Tumwater, we would continue our tradition of using funds for client assistance. In sharp terms, we need money for gift cards for our clients at both our shelter and our business office. Gift cards, especially those that can be used for food and/or gas, help our clients reach and maintain safety, stability, and self-sufficiency. Transportation is a major barrier to clients reaching safety. With gift/gas cards, we can help clients attend court hearings for their protection orders, divorces, and custody hearings, often times the final steps to separating themselves from their abusers; gift/gas cards help clients attend job interviews and job fairs so they can build an income and credit. Many survivors are victims of partners that control finances - all survivors are technically homeless. When survivors reach us, they are homeless and usually unemployed and without any financial resources. Gas cards help clients overcome that barrier; gift/gas cards also help clients view apartments/homes, allowing them to travel to fill out applications, pay deposits, and move in to a safe and stable home. Once moved in, they can use gift cards to help buy essential items for themselves and their families.

Our services cover all of Thurston County, which means Tumwater falls directly into our service area. By definition our clients are homeless; they are often low-income and always vulnerable. With funding from the City of Tumwater, we can help our clients overcome transportation barriers and to help provide themselves and their families with healthier and happier futures.

Ryan Cole
Development Director
SafePlace

Confirm that if selected, you will provide the following documentation:

[x] Signature on Entity Certification
[x] Organization bylaws
[x] List of board of directors
[x] Proof of signature authority

[x] Project specific budget
[x] Organization total budget
[x] Articles of incorporation
[x] Certificate of insurance naming the city as additional insured

Thank you,
City of Tumwater, WA

This is an automated message generated by Granicus. Please do not reply directly to this email.

From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Wednesday, May 28, 2025 1:52:55 PM

A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/28/2025 1:52 p.m.
Response #: 8
Submitter ID: 13500
IP address: 50.197.91.57
Time to complete: 29 min. , 21 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	TOGETHER!	*Primary Contact Person	Sierra Abrams
*Mailing Address	1520 A Irving St SW	*Role in Organization	Co-Executive Director
*City	Tumwater	*State	Washington
*Zip Code	98512	*Phone Number	360-999-0540
*Email Address	sabrams@watogether.org	*Tax ID number	91-1465778
*Date of application	05/28/2025	*Amount of funding requested	\$3,000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

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☒ I hereby certify that the person signing this application is duly authorized to execute and deliver this document on behalf of the applicant entity.

Signature

Type your full name

Diana Perez

Date of application

05/28/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

The Tumwater Community Schools Program addresses the opportunity gap between low-income students & their higher-income peers. In Tumwater (2023-2024), the on-time graduation rate for low-income students was 81% whereas their higher-income peers graduated at 96%. This opportunity gap is persistent and observed across multiple measures (enrollment in quality preschool programs, reading level, attendance, graduation rate) and exists between groups of students defined by socioeconomic status, race/ethnicity, and gender.

As a result of our work, we contribute to improving attendance and graduation rates among vulnerable, high-risk student populations as well as improve food & housing security to help Tumwater School District youth & families thrive in this community.

Within 2023-2024, we case-managed 260 youth and their families distributing a total of \$116,011.00 for client assistance. At each school we serve, there is a resource center that holds hygiene & dental supplies, clothes & shoes, school supplies and other items that students & families struggle to obtain in their community. By providing these items within school buildings, students can discreetly and easily access other support like case management which is provided by our Community Schools Managers.

If awarded the Community Human Services Program Fund, we can continue to distribute these needed items to our students & families in Tumwater and to connect them to further support provided by our program.

Confirm that if selected, you will provide the following documentation:

☒ Signature on Entity Certification

☒ Organization bylaws

☒ List of board of directors

☒ Proof of signature authority

☒ Project specific budget

☒ Organization total budget

☒ Articles of incorporation

☒ Certificate of insurance naming the city as additional insured

Thank you,

City of Tumwater, WA

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From: humanservices@ci.tumwater.wa.us
To: [Human Services](#)
Subject: City of Tumwater Community Human Services Program Application
Date: Monday, May 26, 2025 5:21:32 PM

A new entry to a form/survey has been submitted.

Form Name: City of Tumwater Community Human Services Program Application
Date & Time: 05/26/2025 5:21 p.m.
Response #: 7
Submitter ID: 13492
IP address: 71.197.154.122
Time to complete: 15 min. , 24 sec.

Survey Details

Page 1

Entity certification

*Legal name of agency / individual	Tumwater Education Foundation	*Primary Contact Person	Justine Capra
*Mailing Address	120 State Avenue NE #303	*Role in Organization	Secretary/Grant Writer
*City	Olympia	*State	WA
*Zip Code	98501	*Phone Number	3602394898
*Email Address	homeswithjustine@gmail.com	*Tax ID number	91-1362877
*Date of application	05/26/2025	*Amount of funding requested	\$5,000

Please select the appropriate agency classification.

(o) A private nonprofit corporation registered with the Office of the Secretary of State, State of Washington, and recognized by the Internal Revenue Service as tax exempt.

I hereby state on behalf of the above agency that: (Check all)

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Signature

Type your full name

Justine Capra

Date of application

05/26/2025

Application of funds

Please describe how you will use the funds if they are awarded. (Scope of services)

Tumwater Education Foundation
Scope of Work – 2025-2026

The Tumwater Principals' Emergency Fund provides money to principals in the Tumwater School District so that they can respond to emergent student needs. Funds are allocated directly to each school, allowing principals to act quickly and with a minimum of paperwork so that students come to school ready to learn. Basically, when they see a need, they can fill the need. We are a volunteer Board, and all funds awarded go directly to the students.

The following list outlines appropriate expenditures of these funds. Approval of expenditures rests with the principal at each school.

APPROPRIATE USE OF FUNDS

Principals have the latitude in the use of the funds to meet emergent needs that are barriers to learning or participating fully in school.

Clothing – shoes, socks, underwear, pants, shirts, coats, etc.

Housing – emergency housing, temporary rental assistance. Usually, this assistance is a stop-gap measure before community services can kick in.

Utilities – power, water, gas bill assistance, necessary telephone service.

Medical – doctor or dental bills or co-payments, prescriptions, glasses.

Transportation – bus passes, purchase of a used bike, minor car repair, gas purchases.

Food – any food-related purchase (to include laundry or personal hygiene products), school lunches.

Supplies – school supplies, testing supplies, sports equipment.

Fees – testing fees, college test fees, field trip fees.

Miscellaneous – haircut, alarm clock, car towing, child care, child car seat

Expenditures that are not allowed – cash disbursements to students or their families.

Confirm that if selected, you will provide the following documentation:

☒ Signature on Entity Certification

☒ Organization bylaws

☒ List of board of directors

☒ Project specific budget

☒ Organization total budget

☒ Articles of incorporation

[x] Proof of signature authority

[x] Certificate of insurance naming the city as
additional insured

Thank you,
City of Tumwater, WA

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