



2025 - 2026

Washington State Department of Financial Institutions
 Financial Education Grant Application

<input type="checkbox"/>	I Acknowledge I have read the GRANTS MANUAL and accept the terms and conditions cited within.
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Instructions	
<p>All information and documentation submitted to DFI is considered public record. DFI recommends confidential or sensitive information, including home addresses and social security numbers, be removed from documents submitted to DFI.</p>	
<p>You must provide all of the information requested in the application to be considered for this grant period. Please limit each narrative question to 200 words or less.</p>	
There Are Four Sections to This Grant Application	
Section 1	Organization Information
Section 2	Proposal Summary
Section 3	Proposal Deliverables and Outcomes
Section 4	Proposal Budget
<p>To submit, email this completed application along with any required files (financials, org chart, etc. - in a .pdf or .docx file format) to FEGrants@dfi.wa.gov with the subject line "Grant Application Supplements for (YOUR ORGANIZATION NAME)" to ensure we know which application to which the supplemental documents apply. For any sections where your response is greater than the number of rows provided, please note "See Attachment" in the response field and provide the requested information as an attachment to your application email. Any such submittals must clearly indicate the applicable section and question number to which the additional information belongs. The cumulative size of the message body and attachments (including signature) cannot exceed 10MB.</p>	
<p>PLEASE NOTE: Submission of a complete eligible application does not guarantee funding.</p>	

SECTION 1: ORGANIZATION INFORMATION		
<u>1.</u> Full Legal Organization Name		<u>1a.</u> DBA
<u>2.</u> Street Address		
<u>2a.</u> Mailing Address <i>Leave blank if same as above.</i>		
City	State	Zip
<u>3.</u> Website		
<u>4.</u> What is the Organization's Mission Statement:		
<u>5.</u> Please provide a brief description of the Organization:		
<u>6.</u> Organization Contact Name <i>This person is authorized to sign the grant agreement.</i>		
<u>7.</u> Contact Title	<u>8.</u> Contact Email	<u>9.</u> Contact Phone
<u>10.</u> Tax ID #	<u>11.</u> UBI #	<u>12.</u> <u>Statewide Vendor #</u> or date registration form submitted

<u>13.</u> Non-Profit (<i>select one</i>)	<u>14.</u> Years Organization Established (<i>select one</i>)	<u>15.</u> Years conducting financial education in WA State (<i>select one</i>)
<input type="checkbox"/> 501c3	<input type="checkbox"/> 0 – 11 months	<input type="checkbox"/> 0 – 11 months
<input type="checkbox"/> 501c4	<input type="checkbox"/> 1 – 2 years	<input type="checkbox"/> 1 – 2 years
<input type="checkbox"/> 501c5	<input type="checkbox"/> 3 – 4 years	<input type="checkbox"/> 3 – 4 years
<input type="checkbox"/> 501c7	<input type="checkbox"/> 5 or more years	<input type="checkbox"/> 5 or more years
<input type="checkbox"/> 501c10	<u>16.</u> Number of Employees	
<input type="checkbox"/> 501c19	<u>17.</u> Annual Budget	\$
<u>18.</u> Is a copy of the organization’s most recent annual financial statement included with this application?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>18a.</u> If no, please explain:		
<u>19.</u> Do any DFI employees sit on the organization’s advisory board(s)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>19a.</u> If yes, please provide name(s) of DFI employee(s) and position on the board:		
<i>DFI Employee Name</i>		<i>Position</i>
<u>20.</u> Does the organization’s financial and program staff who will oversee this grant award have more than one year of prior grant management experience?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

21. Does the organization employ any DFI licensees?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21a. If yes, please explain:		
22. Is there any pending litigation against the organization (or parent organization)?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22a. If yes, please explain:		
23. Has any litigation been filed against the organization in the past five years?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23a. If yes, please explain:		
24. Has the organization been audited in the past three years?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24a. If yes, did the organization have any audit findings regarding program non-compliance and/or significant internal control deficiency?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24b. If yes, please explain:		

25. Does the organization have any unresolved audit issues?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
25a. If yes, please explain:	
26. Does the organization have an accounting system that will allow for complete and accurate tracking of all receipts and disbursements of funds related to this grant?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Provide either a link to the organization's org chart OR submit a copy with this grant application.	
<input type="checkbox"/> Check if submitting org chart as an attachment with this application.	
Link	
28. In the next three boxes , please describe the checks and balances the organization uses to ensure compliance with both internal policy and external regulations. <i>This typically consists of several key components implemented by the board of directors, management or other personnel, designed to ensure effective governance and risk management like Operational Efficiency, Financial Reporting, Compliance, Safeguarding Assets, Risk Management/Assessment, Information and Communication, and Monitoring Activities.</i>	
28a. Effectiveness and efficiency of operations:	
28b. Reliability of financial reporting:	

28c. Compliance with applicable laws and regulations:

29. In the next three boxes, please describe how the organization is:

29a. Community rooted or Community based: *Solutions are rooted in a particular geographical place and/or community and respond to its needs*

29b. Community led: *Solutions emerge from the community itself*

29c. A Trusted community organization: *A belief from the community that an organization can do what it says it will do, including the extent to which an organization is seen as being effective*

30. Describe how the staff providing the outreach are representatives of and/or connected to the communities they serve:

SECTION 2: PROPOSAL SUMMARY		
<u>1.</u> Proposal Name		
<u>2.</u> Grant Manager Name <i>This person is the main contact for the lifecycle of this grant.</i>		
<u>3.</u> Grant Manager Title		
<u>4.</u> Requested Amount	\$	
<u>5.</u> Lowest Acceptable Amount	\$	
<u>6.</u> Would the award from this proposal be used to start a new program/project?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>7.</u> How long has this program been established? <i>Select one</i>		
<input type="checkbox"/> 0 – 11 months	<input type="checkbox"/> 1 – 2 years	
<input type="checkbox"/> 3 – 4 years	<input type="checkbox"/> 5 or more years	
<u>8.</u> Can the organization sustain this program without DFI funding once this grant term is completed?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<u>9.</u> Can this proposal be conducted without the requested DFI grant funds?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>10.</u> Are other state or federal agency grants used to fund this program?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<u>10a.</u> If yes, list each awarding agency and amount:		
Agency	Amount	
<u>11.</u> Is the organization working with any partners to implement this program?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<u>11a.</u> If yes, which partners(s)/program(s):		

12. Has this organization previously been awarded a DFI Financial Education Grant?

Yes

No

13. Please describe the purpose of this program:

SECTION 3: PROPOSAL DELIVERABLES AND OUTCOMES

1. Audience and Priorities that apply to this program: *select all that apply*

<i>Audience</i>	<i>Priorities</i>
<input type="checkbox"/> Formerly Incarcerated Adults	<input type="checkbox"/> Culturally Relevant Information
<input type="checkbox"/> High School Students	<input type="checkbox"/> Credit/Debt
<input type="checkbox"/> Historically Marginalized Communities	<input type="checkbox"/> Financial Fraud Prevention
<input type="checkbox"/> Justice Involved Youth	<input type="checkbox"/> Retirement Savings
<input type="checkbox"/> Low Income	<input type="checkbox"/> Student Loans
<input type="checkbox"/> Native American	List all other Audience and/or Priorities below:
<input type="checkbox"/> Non-and limited English speakers	
<input type="checkbox"/> Pre-K – Middle School Students	
<input type="checkbox"/> Refugees	
<input type="checkbox"/> Seniors	

2. Geographical Locations: *What cities or counties in Washington State will be covered?*

Please provide the program deliverables and outcomes below. *What kind of events and/or curriculum, who will be reached, and how many people and hours will be spent implementing?*

3. **Type:** *Workshop, event, training, coaching, curriculum development, etc.*

4. **Details:** *Budget scenarios, credit summary, homeownership preparation, etc.*

5. Audience: <i>Number of people per session</i>	
6. Quantity: <i>Number of sessions or materials</i>	
7. Duration: <i>Hours per session</i>	
8. Method of Delivery: <i>Group, one-on-one, coaching with follow-ups, etc.</i>	
9. Delivery Vehicle: <i>In person, live video conference, recorded video, etc.</i>	
10. Other: <i>If applicable, provide additional deliverables below.</i>	
11. Based on the deliverables outlined above, describe how participants will increase their knowledge from the workshop, event, trainings, materials:	
12. What is the percentage of participants who will increase their knowledge from the type of workshop, event, trainings, materials described in the deliverables?	
13. What is the number of new or existing partnerships and collaborations resulting from the described deliverables?	
14. How many financial empowerment self-assessments will be collected and reviewed?	
15. How many Pre and Post testing and assessments will be collected and reviewed?	

16. Other: <i>If applicable, provide additional outcomes below.</i>	
17. Is this either a new program or innovative changes to an existing program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
17a. If yes, select all that apply:	
<input type="checkbox"/> Advanced and original	<input type="checkbox"/> Engaging a peer model
<input type="checkbox"/> Based on the most current research	<input type="checkbox"/> Engaging the broader family
<input type="checkbox"/> Featuring new methods	<input type="checkbox"/> Mentorship programs
<input type="checkbox"/> Filling a need not currently being met	<input type="checkbox"/> Trust building activities
<input type="checkbox"/> Programs proven successful in other states but not yet offered in Washington State.	<input type="checkbox"/> Hands on scenarios
Other: <i>list below</i>	
18. Program Proof of Efficacy: <i>select all that apply</i>	
<input type="checkbox"/> Achieved homeownership	<input type="checkbox"/> Obtained checking or savings account
<input type="checkbox"/> Assessments indicating increase of financial knowledge	<input type="checkbox"/> Pre and Post testing
<input type="checkbox"/> Improved credit	<input type="checkbox"/> Reduction in debt
<input type="checkbox"/> Increase in savings/net worth	<input type="checkbox"/> Documented improvement in participant's feelings about their financial wellness
Other: <i>list below</i>	

SECTION 4: PROGRAM BUDGET

Notice: DFI is a regulatory state agency and must be able to prove that its funds are being used to directly support Financial Education as described in this proposal.

Please review the [eligible costs \(p. 15\)](#) and ineligible costs listed below before submitting a budget.

Ineligible Costs *Ineligible costs include, but are not limited to the following:*

- Financial incentives provided to program participants such as gift cards, prepaid cards, cash, or cash equivalents
- Travel or lodging expenses of program participants
- Costs not directly related to implementing the program such as indirect and overhead charge, fines and penalties, interest and other financial costs
- Equipment purchases
- Software licenses
- Food and beverages
- Out of state travel, except for counties in Oregon and Idaho that are contiguous with the Washington border and are directly related to program implementation or staff training related to program implementation.
- Pre-agreement Costs. There are no eligible pre-agreement costs. DFI will pay only for work performed after Grant Agreements have been signed by both DFI and the grantee and work completed on June 30 of the following year.
- Grant application preparation
- Political activities or materials
- Bad debts, including any losses arising from uncollectible accounts or claims
- Costs billed to an external funding source

In the table below, please provide a budget showing how DFI grant funds would be used for this program:

Note: *This is an estimate. Category amounts can change provided they don't exceed the total grant amount.*

BUDGET ITEM	REQUESTED AMOUNT	LOWEST ACCEPTABLE AMOUNT
Staff	\$	\$
Volunteers Stipends	\$	\$
Scholarships/Waivers	\$	\$
Room/Facility Rental	\$	\$
Program Materials	\$	\$
Program Supplies	\$	\$
Transportation related to implementation of program	\$	\$
Travel Expenses	\$	\$
Total:	\$	\$