

**City of Seattle**

**Human Services Department**

**2016**

**Older Adult Health Promotion**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2016 Older Adult Health Promotion Request for Proposal (RFP). The RFP Guidelines is a separate document that outlines the RFP award process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. on Wednesday, July 20, 2016.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFP will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response – Older Adult Health Promotion

Attn: Mary Pat O’Leary

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions** |

1. Applications will be rated only on the information requested and outlined in this RFP, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of 10 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
4. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

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| 1. **Proposal Narrative & Rating Criteria** |

Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 10 pages for section A – E combined.

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| **Narrative Questions** |
| 1. **Program Design Description *(30 points)***    1. Describe your proposed older adult health promotion evidence-based program(s) and the key service components. Complete the Older Adult Health Promotion Outcomes Worksheet (Attachment 5; this does not count towards the 10-page narrative limit).  * Describe the types of existing evidence-based programs you offer, including where and when (locations, times, days of week, etc.), how they are currently delivered, and by whom. * Describe how your program will implement the service components to achieve the required outcomes and indicators. * Describe your methods to ensure fidelity to evidence-based program requirements and evaluation tools used (if applicable), to measure the effectiveness of your programs.   1. Describe the participant population(s) to be served. * Describe your experience serving the priority community and focus population(s). * Describe how your program will conduct outreach and recruitment of the priority community and focus population(s) listed in Sections VI of the Guidelines. * Describe the characteristics of these populations such as geographic region, age, ethnicity, language, and other defining attributes related to delivering older adult health promotion evidence-based programs.   1. Describe your organization’s experience with data management – collecting, storing, and analyzing participant information and program activities. * Describe your technical capacity for tracking participant information and producing reports. * Describe how your program maintains participant confidentiality for any evidence-based program you offer and how any written documentation related to the program is managed.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of evidence-based program to be provided. The proposal demonstrates an understanding of the service components and evidence of likely success in meeting outcomes. * Applicant demonstrates an ability to deliver evidence-based program within their systems(s). * Applicant demonstrates an ability to comply with program requirements, including program fidelity and measuring program effectiveness. * Applicant clearly describes the priority community and focus population(s). * Applicant demonstrates an understanding of the unique strengths, needs, and concerns of the priority community and focus population(s). * Applicant shows strong experience serving the priority community and focus population(s) and history of effective outreach and recruitment. * Applicant demonstrates an understanding of and capacity for data management, including tracking participant information and maintaining participant confidentiality. |
| 1. **Capacity and Experience *(30 points)***    1. Describe your organization’s experience providing evidence-based programs and current infrastructure that supports the provision of these services.  * Include your organization’s experience and ability to address changes in funding, staffing, and needs in the community.   1. Provide a list and brief job descriptions for all key personnel and/or volunteers who will have a significant role in program coordination and service delivery. * Describe how personnel are qualified for their roles, including length of employment with agency, other related work experience, education, certifications, and/or training received. * Describe how your agency recruits, manages, and retains volunteers, if applicable. * Describe your organization's leadership's commitment to provide evidence-based programs.   1. Describe your plan for on-going staff and/or volunteer training, supervision and retention for the proposed program.   2. Complete the Proposed Personnel Detail Budget (Attachment 4; this does not count toward the 10-page narrative limit).   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has experience delivering an evidence-based program for at least two years. * Applicant demonstrates successful experience adapting to changes in funds, staffing, and community needs. * Applicant has sufficient staff with the experience, training and education required to provide evidence-based programs. This includes management, recruitment, training, and retention of volunteers, if applicable. * Applicant describes ways to retain quality staff at the levels needed to run the program as described. * Applicant’s leadership is likely to provide strong ongoing support for the service proposed. |
| 1. **Partnerships and Collaboration *(15 points)***    1. Describe how the proposed project will collaborate with other agencies/programs to deliver services.  * What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies.   1. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners.   2. Describe how you will refer participants to Community Living Connections, and/or other resources and agencies in a proactive, seamless, participant-friendly manner.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. * Applicant clearly describes the role of partners in delivering service component(s), if applicable. * Applicant describes how participants will be referred to Community Living Connections, and/or other programs and agencies in a proactive, seamless, participant-friendly manner. |
| 1. **Cultural Competency *(15 points)***    1. Describe your experience providing services including evidence-based programs to the proposed focus population(s). If experience is limited, what steps will you take to provide culturally competent services?    2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?    3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants.    4. Describe your program’s strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices.    5. What kind of trainings does your agency provide to support cultural competency?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates cultural competence in providing services to the focus population(s) and describes how cultural competence is incorporated into the program and service delivery. * Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges, and provides examples of success. * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse focus population(s). * Applicant’s staff composition reflects the cultural and linguistic characteristics of the focus population(s). * Applicant’s board composition reflects the cultural and linguistic characteristics of the focus population(s). * Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate a respect and appreciation for the cultural and linguistic characteristics of the focus population(s). * Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery. |
| 1. **Budget and Leveraging *(10 points)***    1. Complete the Proposed Program Budget (Attachment 3; this does not count toward the 10-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget. Administrative/indirect costs may not exceed 10% of total grant funds requested.    2. Describe how your program will support volunteer time or sub-contracted services, including any stipends that will be provided.    3. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this RFP. Entities without such capabilities may wish to have an established agency act as fiscal agent.    4. Describe how your agency’s financial position, outlook for sustainability, and capability to meet program expenses in advance of reimbursement.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs are reasonable and appropriate given the nature of the service, the focus population(s), the proposed level of service, and the proposed outcomes. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFP. * The applicant demonstrates a financially viable agency with the capability to meet program expenses in advance of reimbursement. |
| **Total = 100 points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

1. A completed and signed Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. A completed Summary of Performance Measures and Focus Population Worksheet (Attachment 5).
6. Roster of your agency’s current Board of Directors.
7. Minutes from your agency’s last three Board of Directors meetings.
8. Current verification of nonprofit status or federal recognition as an Indian tribe, or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
9. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.

**AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the funding process coordinator:

1. A copy of the agency’s current fiscal year’s financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. A copy of the agency’s most recent audit report.
3. A copy of the agency’s most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency’s insurance must conform to MASA requirements at the start of the contract.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

Attachment 5: Older Adult Health Promotion Outcomes Worksheet

**2016 Older Adult Health Promotion RFP**

**Application Checklist**

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Completed and signed the Application Cover Sheet (Attachment 2)?\***

**Completed each section of the Narrative response?**

* Must not exceed 10 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
* Page count does not include the required forms (Attachments 2, 3, 4, and 5) and supporting documents requested in this RFP.
* A completed narrative response addresses all of the following:

Program Design Description (30%)

Capacity and Experience (30%)

Partnership and Collaboration (15%)

Cultural Competency (15%)

Budget and Leveraging (10%)

**Completed the full Proposed Program Budget (Attachment 3)?\***

**Completed the full Proposed Personnel Detail Budget (Attachment 4)?\***

**Completed the Older Adult Health Promotion Outcomes Worksheet (Attachment 5)?\***

**Attached the following supporting documents?\***

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings

Current verification of nonprofit status or federal recognition as an Indian tribe, or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**\****These documents do not count against the 10 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Wednesday, July 20, 2016**. Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle**

**Human Services Department**

**2016 Older Adult Health Promotion RFP**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | |  | | | | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | Title: |  | | | |
|  | Address: |  | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | |
|  | Non-Profit | | Public Agency | | | | | Other (Specify): | | | | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | | 1. DUNS Number: | |  | | |
| 1. WA Business License Number: | | | | | |  | | | | | | | | |
| 1. Proposed Evidence-Based Program(s): | | | | | |  | | | | | | | | |
| 1. Funding Amount Requested: | | | | | |  | | | | | | | | |
| 1. # of Participants to be served: | | | | | |  | | | | | | | | |
| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | |  | | | | | |
| Signature of Authorized Representative: | | | | | | |  | | | | | | Date: |  |
|  | | | | | | | | |  | | | |  |  |

**2016 Older Adult Health Promotion RFP**

**Proposed Program Budget**

**January 1, 2017-December 31, 2017**

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| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment4 |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Contractual/Other Professional Services - Itemize below (include volunteer stipends): | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply. Due to the funding sources for the 2016 Senior Health Promotion RFP, non-direct staff expenses must not exceed 10% of the total grant funds requested.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the agency have a federally approved rate? | |  | Yes |  | No |
| If yes, provide the rate. |  | | | | |

**2016 Older Adult Health Promotion RFP**

**Proposed Personnel Detail Budget**

**January 1, 2017-December 31, 2017**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
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|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |

**2016 Older Adult Health Promotion RFP**

**Older Adult Health Promotion Outcomes Worksheet**

**Summary of Performance Commitments & Focus Populations**

**Instructions:** For each evidence-based program proposed, please list the number of participants to be served and performance commitments that will be achieved during the period of 1/1/17 – 12/31/17.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Evidence-Based Program(s):** | **# of participants enrolled** | **% of participants who complete recommended frequency per evidence-based program** | **% of participants who self-report feeling better able to manage their health** | **% of participants who maintain or improve overall health** |
| *ex. Matter of Balance* | *25* | *80%* | *80%* | *80%* |
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**Populations Served:**  Provide demographic information for the participants your program will serve from the priority community and focus population(s).

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| --- | --- |
| **Total Number of All Unduplicated Participants:** | |
|  | |
| **Focus Populations** | **% of Total Participants Served** |
| Alaska Native/American Indian |  |
| Black/African American |  |
| Hispanic/Latino |  |
| Multi-racial |  |
| Native Hawaiian/Pacific Islander |  |
|  |  |
| **Other** (*please identify*) |  |
| e.g. White non-Hispanics |  |
| e.g. Asian |  |
|  |  |