



**City of Seattle  
Human Services Department**

**2016  
Older Adult Health Promotion  
Request for Proposal**

## TABLE OF CONTENTS

<b>GUIDELINES</b>		<b>PAGE NUMBER</b>
I.	Introduction	3
II.	Timeline	4
III.	HSD Guiding Principles <ul style="list-style-type: none"> <li>• Vision</li> <li>• Mission</li> <li>• Values</li> </ul>	4
IV.	HSD’s Outcomes Framework & Theory of Change	5
V.	HSD’s Commitment to Funding Culturally Responsive Services	8
VI.	Investment Area Background & Program Requirements <ul style="list-style-type: none"> <li>A. Overview of Investment Area</li> <li>B. Service/Program Model</li> <li>C. Criteria for Eligible Participants</li> <li>D. Priority Community and Focus Population</li> <li>E. Expected Service Components</li> <li>F. Expected Investment Outcomes and Indicators</li> <li>G. Description of Key Staff and Staffing Level</li> </ul>	8 9 9 10 10 11 11
VII.	Agency Minimum Eligibility Requirements	11
VIII.	Client Data and Program Reporting Requirements	12
IX.	Contracting Requirements	12
X.	Selection Process	13
XI.	Appeal Process	14

<b>APPLICATION (Instructions and Materials)</b>		<b>PAGE NUMBER</b>
I.	Submission Instructions & Deadline	17
II.	Format Instructions	18
III.	Proposal Narrative & Rating Criteria <ul style="list-style-type: none"> <li>A. Program Design Description</li> <li>B. Capacity and Experience</li> <li>C. Partnerships and Collaboration</li> <li>D. Cultural Competency</li> <li>E. Budget and Leveraging</li> </ul>	18 18 19 19 20 20
IV.	Completed Application Requirements	22
V.	List of Attachments & Related Materials <ul style="list-style-type: none"> <li>Attachment 1: Application Checklist</li> <li>Attachment 2: Application Cover Sheet</li> <li>Attachment 3: Proposed Program Budget</li> <li>Attachment 4: Proposed Personnel Detail Budget</li> <li>Attachment 5: Older Adult Health Promotion Outcomes Worksheet</li> </ul>	22 23 24 25 27 28



**City of Seattle  
Human Services Department**

**2016  
Older Adult Health Promotion  
Request for Proposal**

## **GUIDELINES**

### **I. Introduction**

The Aging and Disability Services (ADS) Division of the City of Seattle Human Services Department (HSD) is seeking applications from eligible and qualifying agencies to provide evidence-based programs that promote health and well-being in older adults, sixty (60) years of age or older in Seattle-King County. This Request for Proposal (RFP) is open to agencies who meet the minimum eligibility criteria outlined in section VII of the Guidelines and Application. Through this investment process, ADS seeks to invest in providers that promote health and well-being of older adults by the provision of culturally and linguistically appropriate evidence-based programs in the community.

Approximately \$144,374 is available through this RFP from the following sources:

<b>Fund Sources</b>	<b>Request for Proposal Amount</b>
HSD General Fund	\$ 25,525
Title 3D	\$100,289
Title 3B	\$12,245
SCSA	\$6,315

HSD intends to fund one to three proposals. Initial awards will be made for the period of January 1, 2017-December 31, 2017. While it is the City's intention to renew agreements resulting from this RFP on an annual basis through the 2020 program year, future funding will be contingent upon performance and funding availability.

The City of Seattle Human Services Department seeks to contract with a diverse group of providers to help ensure the desired result of HSD's Older Adult Health Promotion investments: that our community promotes healthy aging and lifestyles; as indicated by older adults improving or maintaining physical, social, and emotional health.

All materials and updates to the RFP are available on [HSD's Information for Grantees web page](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for any updates, clarifications or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this RFP or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have any questions about the Older Adult Health Promotion RFP please contact:

Mary Pat O’Leary, RFP Coordinator, at [marypat.oleary@seattle.gov](mailto:marypat.oleary@seattle.gov) or  
 Andrea Yip, Planning Supervisor, at [andrea.yip@seattle.gov](mailto:andrea.yip@seattle.gov)

## II. Timeline

Funding Opportunity Released	Wednesday, June 8, 2016
*Information Session	Wednesday, June 22, 2016 1:30 p.m. to 3:30 p.m. Beacon Hill Library 2821 Beacon Avenue South, Seattle, WA 98144
Last Day to Submit Questions	Friday, July 8, 2016 by 12:00 p.m.
Application Deadline	Wednesday, July 20, 2016 by 12:00 p.m.
Planned Award Notification	Friday, September 23, 2016
Contract Start Date	Sunday, January 1, 2017

\*Please contact RFP coordinator for accommodation requests Mary Pat O’Leary, [marypat.oleary@seattle.gov](mailto:marypat.oleary@seattle.gov)

HSD reserves the right to change any dates in the RFP timeline.

## III. HSD Guiding Principles

In addition to the investment outcomes stated in this RFP, investments will reflect the Seattle Human Services Department’s vision, mission and values and support the department’s theory of change.

### Vision

The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

### Mission

The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

### Values

We accomplish our mission by adhering to core values and funding programs whose work supports them:

- **Vision** – we are future-focused, funding outcomes that create a stronger community.
- **Innovation** – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.
- **Results** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
- **Equity** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.

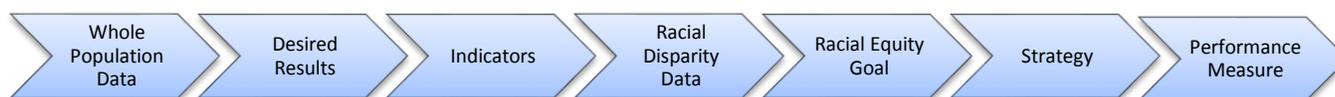
- **Creative collaboration** – we share the collective wisdom of our colleagues and community to develop and implement programs.
- **Service** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

#### IV. HSD’s Outcomes Framework & Theory of Change

HSD has developed a strategy for results-based accountability and addressing disparities to ensure that the most critical human service needs are met by:

- **DEFINING** the desired results for the department’s investments;
- **ALIGNING** the department’s resources to the desired results; and
- **MONITORING** the result progress to ensure return on investment.

The results-based accountability “Outcomes Framework” helps HSD move from ideas to action to ensure that our work and investments are making a real difference in the lives of vulnerable people. HSD’s **Theory of Change** ensures that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity goals based on disparity data, strategies for achieving the desired results, and performance measures.



All investments resulting from this funding opportunity will demonstrate alignment with HSD’s theory of change towards achieving the Aging and Disability Services Division’s identified community value and the desired results.

**Community Value: *Our community promotes healthy aging and lifestyle***

**Results:**

- Vulnerable adults **improve or maintain their health** (physical, social, emotional)

### Older Adult Health Promotion RFP - Theory of Change

The theory of change describes the expectations for how the desired results and equity goals will be achieved through a set of specific activities (strategy) which are measured by quantity, quality and impact performance measures.

Desired Result	Indicator	Racial Disparity Data	Racial Equity Goal	Strategy	Performance Measure
Condition of well-being for entire population	Achievement benchmark – how we know the “result” was achieved	Data depicting socioeconomic disparities and disproportionality between ethnic/racial populations	Stretch goal for reducing and/or impacting the racial equity disparity	Activities or interventions that align to the results and indicators, and are informed by best or promising practices, cultural competency and community engagement – what HSD is purchasing	What gets counted, demonstration of how well a program, agency or service is doing (quantity, quality, impact)
Vulnerable adults improve or maintain their health (physical, social, emotional)	% of adults reporting participation in healthy activities.  Self-reported health status.	Among the 60+ population; Black and Hispanic/Latino adults are 50% more likely, and American Indian, Alaska Native, and multiracial older adults are 20% more likely, to be in fair or poor health than white non-Hispanic adults. <sup>1</sup>  Data for numerically small groups (racial, ethnic, or based on other traits) rarely produces enough respondents to make a robust sample. National data, however, does show that older Native Hawaiian/Pacific Islanders (NHPI) adults have rates of fair/poor health that are closer to those of Blacks. <sup>2</sup>	Black, Hispanic/Latino, American Indian, Alaska Native, multi-racial, Native Hawaiian/Pacific Islander 60+ older adults report good, very good, or excellent health status at the same rate as white non-Hispanic older adults.	Evidence-based health promotion programs for older adults that are offered in diverse communities and settings such as senior housing buildings, faith-based centers, etc.  Access to evidence-based programs through culturally and linguistically appropriate outreach and engagement.	Measures below are for eligible participants in the priority community and focus populations <sup>3</sup> and are specific to the proposed evidence-based program(s).  # of participants enrolled in an evidence-based program (quantity).  % of participants who attend the evidence-based program to the

<sup>1</sup> Behavioral Risk Factor Surveillance Survey 2005-2014

<sup>2</sup> Behavioral Risk Factor Surveillance Survey 2004-2014

<sup>3</sup> As defined in Guidelines and Application Section VI. D.

					<p>recommended frequency (quality).</p> <p>% of participants who self-report feeling better able to manage their health (quality).</p> <p>% of participants who maintain or improve overall health. (impact).</p>
--	--	--	--	--	---

## V. HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI), which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of participant-centered and strength-based services that are culturally:

**COMPETENT**, as demonstrated by “the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding”.<sup>4</sup> It is “the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one’s own cultural values, and ability to consistently function with members of other cultural groups”.<sup>5</sup>

**RESPONSIVE** to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary), and policy-setting and decision-making bodies, that are reflective of the focus populations identified in the theory of change.

**RELEVANT** in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural competency to create authentic and effective relationships and provide culturally responsive services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served.

**ACCESSIBLE** through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable residents to easily access mainstream and nontraditional programs and services.

## VI. Investment Area Background & Program Requirements

The Aging and Disability Services (ADS) Division of HSD promotes quality of life, independence, and choice for older adults and adults with disabilities. As the state-designated local Area Agency on Aging for Seattle-King County, the division is co-sponsored by the City of Seattle Human Services Department, United Way of King County, and King County.

ADS’s mission is to develop a community that promotes quality of life, independence, and choice for older people and adults with disabilities in King County. To accomplish our mission, we do the following:

- Focus on the needs of older people and adults with disabilities.
- Address the concerns of low income older people and traditionally underserved groups.
- Ensure that older adults with diverse cultural and linguistic backgrounds within Seattle-King County have knowledge and access to the services for which they are eligible.

<sup>4</sup> Coyne, C. (2001) “Cultural Competency: Reaching Out to All Populations”. PT Magazine, pgs. 44-50.

<sup>5</sup> York, S. (2003) Roots and Wings: Affirming Culture in Early Childhood Programs. St. Paul, MN: Redleaf Press, pg. 161.

- Support community-based older adult health promotion programs that help people manage their chronic conditions, live healthier lives, and delay more expensive long-term care services.

Older adults (60+) comprise nearly 18% of King County’s population. Among these 345,000 older adults, the following is a sample profile<sup>6</sup>:

- 78% have one or more chronic conditions
- 38% have a disability
- 23% are people of color
- 21% report having fallen in the previous three months
- 20% speak a primary language other than English
- 9% are living in poverty

#### **A. Overview of Investment Area**

Chronic conditions like diabetes, arthritis, hypertension, and lung disease make life unmanageable for millions of older adults, and force them to give up their independence too soon. Nearly 92% of older adults have at least one chronic condition and 77% have at least two. Four chronic conditions cause almost two thirds of all deaths in older adults each year: heart disease, cancer, stroke, and diabetes. Diabetes affects 12.2 million Americans aged 60+, or 23% of the older population. Chronic diseases account for 75% of the money spent nationwide on health care, yet only 1% of health dollars are spent on public efforts to improve overall health.<sup>7</sup>

Older adult health promotion programs help people manage their chronic conditions and are a key strategy in delaying more expensive long-term care services. In Washington, the Aging and Long-Term Support Administration (AL TSA) was awarded federal funding from the Administration for Community Living to implement evidence-based programs.

#### **B. Service/Program Model**

HSD will invest in evidence-based programs, defined by the Administration for Community Living (ACL) as follows:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults;
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;
- Research results published in a peer-reviewed journal;
- Fully implemented in one or more community site(s); *and*
- Includes developed dissemination products, e.g. manuals, guides, toolkits that are available to the public.

**OR**

- The program is considered to be evidence-based by any of the eleven divisions of the U.S. Department of Health and Human Services (HHS); *and*
- A division of HHS has included the program on a registry of evidence-based programs, or has reviewed it and deemed it to be evidence-based.

<sup>6</sup> Aging & Disability Services [Area Plan on Aging 2016-2019](#)

<sup>7</sup> (National Council on Aging, 2014).

Evidence-based program examples include Stanford Living Well with Chronic Conditions suite, such as Chronic Disease Self-Management Program (CDSMP) workshops; Wisdom Warriors; Tai Ji Quan: Moving for Better Balance (TJQMBB); EnhanceFitness; and Matter of Balance (MOB).

For more information and lists of approved programs, go to:

- Administration for Community Living, Administration on Aging – Disease Prevention and Health Promotion Services [www.aoa.acl.gov/AoA\\_Programs/HPW/Title\\_IIID/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/Title_IIID/index.aspx)
- Administration for Community Living – Aging & Disability Evidence-Based Programs and Practices <http://www.acl.gov/Programs/CPE/OPE/ADEPP.aspx>
- National Council on Aging – Highest Tier Evidence-Based Health Promotion/Disease Prevention Programs [https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence-FINAL\\_10.23.15.pdf](https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-Evidence-FINAL_10.23.15.pdf)
- CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults <http://www.cdc.gov/homeandrecreationalafety/falls/compendium.html>

### **C. Criteria for Eligible Participants**

An eligible participant must be:

- Low-income;
- 60 years of age or older; and
- King County resident.

### **D. Priority Community and Focus Population**

HSD's outcomes framework is a results-based accountability approach to ensuring that HSD investments address disparities in the population. Within the outcomes framework, HSD identifies a priority community, which specifies all eligible participants, and a focus population, which identifies specific racial or ethnic populations with the greatest disparities related to the investment.

The priority community for this funding is low-income older adults in Seattle-King County, and the focus populations identified during the analysis of the population and health data are older adults of color, specifically:

- Alaska Native/American Indian
- Black/African American
- Hispanic/Latino
- Multi-racial adults
- Native Hawaiian/Pacific Islander

Applicants should demonstrate an intention and plan to address the disparities associated with both the focus populations and priority communities listed above. Proposals that clearly describe a plan to address, and data to inform, significant needs among other specific racial or ethnic populations will also be considered.

### **E. Expected Service Components**

#### *i. Outreach & Recruitment*

Agencies will conduct outreach and recruitment to enroll participants from the focus populations. Outreach activities should utilize culturally and linguistically appropriate methods and include collaborations and partnerships with health care providers, social service agencies, and other groups/organizations.

ii. *Coordination*

Agencies will coordinate evidence-based instruction and partner with community organizations to schedule services in accessible locations to effectively reach the focus populations. Agency staff will ensure that all items/materials needed for the evidence-based programs are available.

iii. *Information & Referrals*

If requested by a participant, agencies will provide basic information and referrals to Community Living Connections, or other services and supports, for issues identified while providing an evidence-based program.

iv. *Program Documentation*

Agencies are required to collect participant demographic data and maintain records to document attendance, outcome measures, fidelity to evidence-based program delivery, and quality assurance. All participant information must be kept confidential and in a secure place.

**F. Expected Investment Outcomes and Indicators**

The goal of the older adult health promotion evidence-based program is for vulnerable older adults to improve or maintain their health. HSD anticipates the older adult health promotion’s contracts will serve the focus populations and result in the following performance measures:

Strategy	Performance Measure
Outreach & Recruitment	# of participants enrolled in an evidence-based program (quantity)
Evidence-based programming	% of participants who attend the evidence-based program to the recommended frequency of the specific program (quality)
Evidence-based programming	% of participants who self-report feeling better able to manage their health (quality)
Older Adult Health Promotion	% of participants who maintain or improve overall health (impact)

**G. Description of Key Staff and Staffing Level**

Agencies should have an adequate number of qualified, experienced staff to effectively coordinate and/or perform the expected service components. To ensure high quality service delivery, agencies must verify that evidence-based program instructors and leaders have the training, program licenses, and/or credentials required to provide the services.

**VII. Agency Minimum Eligibility Requirements**

Applications for this RFP will be accepted from any legally constituted entities that meet the following minimum eligibility requirements:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.
- Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.

- Applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service, the applicant’s 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.
- OR**
- Applicant is a federally-recognized Indian tribe in the State of Washington.
- OR**
- If the applicant is a public corporation, commission, other legal entity or authority established pursuant to RCW 35.21.660 or RCW 35.21.730, the applicant’s status as a legal entity must be in good standing and must not have been revoked in the previous calendar year.
- Applicant must have at least two years of experience providing evidence-based programs and have internal infrastructure in place for delivering services at contract start date.

## **VIII. Client Data and Program Reporting Requirements**

Agencies must be able to collect and report client-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases.

Agencies must have the ability to submit reports electronically to ADS. Current data specifications are available on the ADS website ([www.agingkingcounty.org](http://www.agingkingcounty.org); click “Service Providers” then “Reporting Requirements”).

## **IX. Contracting Requirements**

- Any contract resulting from this RFP will be between the City of Seattle, through its Human Services Department, and the applicant agency (referred to as “Contractor” in this section).
- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.
- Contractors will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFP and are not negotiable. A copy of the MASA is available on [HSD’s Information for Grantees web page](#).
- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.
- Contractors will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.

- Contractors must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.
- All programs funded through this RFP must publicly recognize HSD's contribution to the program.
- Contractors will maintain a commercial general liability insurance policy with a minimum limit of \$1,000,000, naming the City of Seattle as insured.
- Contractors must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.
- Contractors must be able to collect and report data as described in Section VIII.

## **X. Selection Process**

This RFP is competitive. All interested parties must submit a complete application packet (as outlined in Section IV of the Application Instructions and Materials) by the deadline to be considered for funding. All completed applications turned in on or before the deadline that meet the minimum eligibility requirements (as outlined in Section VII of the Guidelines and Application) will be reviewed and individually scored by members of the rating committee.

Applications not meeting requirements of minimum eligibility or application completeness will be deemed ineligible and will be eliminated from further consideration. HSD reserves the right to seek clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is eligible.

Eligible and complete applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency's completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with some or all applicants prior to forwarding funding recommendations to the HSD Director. Following the rating process, including interviews if any, the rating committee will forward its funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the application cover sheet).

Due to the competitive nature of this RFP, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFP.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFP.

HSD also reserves all rights not expressly stated in the RFP, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFP.

## XI. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.
2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

### Minimum Eligibility Screening Appeal Process

#### **Grounds for Appeals:**

This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted was complete, did meet the minimum eligibility requirements, qualifications, and formatting standards, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

#### **Appeals Deadlines:**

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.
2. Any applicant wishing to appeal must submit a written appeal to the HSD Director within five (5) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal based upon an application's incompleteness or failure to meet minimum eligibility requirements will not prevent HSD from moving forward with the review and rating process for other

applications. HSD reserves the right to issue an interim contract for services to meet important client needs.

### **Post-Notice of Award Appeal Process**

#### **Grounds for Appeals:**

Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.
- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

#### **Appeals Deadlines:**

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Any applicant wishing to appeal a decision regarding award must submit the appeal in writing to the HSD Director within ten (10) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

#### **Appeal Format and Content:**

A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

Catherine Lester, Director  
Seattle Human Services Department  
700 5<sup>th</sup> Avenue, Suite 5800  
P.O. Box 34215  
Seattle, WA 98124-4125

Email: [Catherine.Lester@seattle.gov](mailto:Catherine.Lester@seattle.gov)

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information may result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

#### **Appeals Process:**

Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or
3. Finds merit in the appeal and:
  - a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)
  - b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees, making partial award, re-tabulating scores, or any other action determined by the HSD Director.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.



**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.

#### **I. 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*  
700 5<sup>th</sup> Ave., 58<sup>th</sup> Floor  
Seattle, WA 98104-5017

*Mailing Address*  
P.O. Box 34215  
Seattle, WA 98124-4215

## II. Format Instructions

- A. 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.
- B. 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.
- C. 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.
- D. 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.

## III. 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.

### NARRATIVE QUESTIONS

#### A. 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.
2. 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.
3. 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.

**B. 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.
2. 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.
3. Describe your plan for on-going staff and/or volunteer training, supervision and retention for the proposed program.
4. 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.

**C. 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.
2. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners.

3. 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.

**D. 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.

**E. 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**

## IV. 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.

## V. 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:			
2. Agency Executive Director:			
3. Agency Primary Contact			
Name:	Title:		
Address:			
Email:			
Phone #:			
4. Organization Type			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify):			
5. Federal Tax ID or EIN:		6. DUNS Number:	
7. WA Business License Number:			
8. Proposed Evidence-Based Program(s):			
9. Funding Amount Requested:			
10. # of Participants to be served:			
<p><b>Authorized physical signature of applicant/lead agency</b></p> <p><i>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.</i></p> <p>Name and Title of Authorized Representative: _____</p> <p>Signature of Authorized Representative: _____ Date: _____</p>			

**2016 Older Adult Health Promotion RFP  
Proposed Program Budget  
January 1, 2017-December 31, 2017**

<b>Applicant Agency Name:</b>	
<b>Proposed Program Name:</b>	

Item	Amount by Fund Source			Total Project
	Requested HSD Funding	Other <sup>1</sup>	Other <sup>1</sup>	
<b>1000 - PERSONNEL SERVICES</b>				
1110 Salaries (Full- & Part-Time)				
1300 Fringe Benefits				
1400 Other Employee Benefits <sup>2</sup>				
<b>SUBTOTAL - PERSONNEL SERVICES</b>				
<b>2000 - SUPPLIES</b>				
2100 Office Supplies				
2200 Operating Supplies <sup>3</sup>				
2300 Repairs & Maintenance Supplies				
<b>SUBTOTAL - SUPPLIES</b>				
<b>3000 - 4000 OTHER SERVICES &amp; CHARGES</b>				
3100 Expert & Consultant Services				
3140 Contractual Employment <sup>4</sup>				
3150 Data Processing				
3190 Other Professional Services <sup>4</sup>				
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 Expenses <sup>5</sup>				
4999 Administrative Costs/Indirect Costs <sup>6</sup>				
<b>SUBTOTAL - OTHER SERVICES &amp; CHARGES</b>				
<b>TOTAL EXPENDITURES</b>				

<sup>1</sup> Identify specific funding sources included under the "Other" column(s) above:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>2</sup> Other Employee Benefits - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>3</sup> Operating Supplies - Itemize below (Do Not Include Office Supplies):	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>4</sup> Contractual/Other Professional Services - Itemize below (include volunteer stipends):	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>5</sup> Other Miscellaneous Expenses - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>6</sup> Administrative Costs/Indirect Costs - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>6</sup> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the rate.

**2016 Older Adult Health Promotion RFP  
Proposed Personnel Detail Budget  
January 1, 2017-December 31, 2017**

<b>Applicant Agency Name:</b>	
<b>Proposed Program Name:</b>	

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
<b>Subtotal – Salaries &amp; Wages</b>									
<b>Personnel Benefits:</b>									
				FICA					
				Pensions/Retirement					
				Industrial Insurance					
				Health/Dental					
				Unemployment Compensation					
				Other Employee Benefits					
<b>Subtotal – Personnel Benefits:</b>									
<b>TOTAL PERSONNEL COSTS (SALARIES &amp; BENEFITS):</b>									

**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
<i>ex. Matter of Balance</i>	25	80%	80%	80%

**Populations Served:** Provide demographic information for the participants your program will serve from the priority community and focus population(s).

<b>Total Number of All Unduplicated Participants:</b>
---

Focus Populations	% of Total Participants Served
Alaska Native/American Indian	
Black/African American	
Hispanic/Latino	
Multi-racial	
Native Hawaiian/Pacific Islander	
<b>Other (please identify)</b>	
e.g. White non-Hispanics	
e.g. Asian	