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**City of Seattle**

**Human Services Department**

**2018**

**Family Support**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2018 Family Support 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. (noon) on Friday, March 30.**

Application packets must be received in person or by using HSD’s Online Submission System. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. (noon) deadline on Friday, March 30, 2018. *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 U.S. Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response–Family Support

Attn: Ann-Margaret Webb

*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 funding opportunity, 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 core narrative may not exceed a total of 3 pages. Each strategy specific narration should not exceed 6 pages. Pages which exceed the page limitation will not be included in the rating. Attachments required by HSD do not count toward the page limit.
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** |

The application consists of core narrative questions, which all organizations must complete. There are also strategy specific narrative questions for each of the two strategies this RFP will fund. In addition to the core narrative questions, organizations must complete the strategy specific narrative questions for the strategies they wish to receive funding to implement. Organizations may apply for one, or both, of the strategies.

**Core Narrative Questions**

Write a narrative response to sections A – C. Answer each section completely. Do not exceed a total of 3 pages for sections A – C combined. All organizations must answer these core narrative questions once, in addition to the strategy specific narrative questions for the strategy(ies) they are requesting funding to implement.

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| **CORE NARRATIVE QUESTIONS** |
| 1. **Populations (15 points)**   Describe the characteristics and experiences of the specific population(s) you intend to serve. Identify their strengths, assets, challenges, and concerns. Describe how you will recruit these populations, and how you will address any barriers that might prevent them from accessing your services (barriers could include language, transportation, or other things). If the population to be served is not listed as a priority community or focus population for this RFP, describe the significant need this population has that you intend to address, and how they are disparately impacted.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The program description shows a strong understanding of the population(s) the applicant will serve, and an understanding of their unique characteristics, experiences, strengths, needs, and concerns. * Populations to be served are from the priority and/or focus populations listed in the Guidelines. If the applicant intends to serve populations not listed as priority or focus for this RFP, they have provided specific details and data that clearly describe a significant need and disparate impact. |
| 1. **Data and Financial Management (10 points)**   Collecting, storing, analyzing, and reporting client and program data every month will be a requirement for all organizations. Describe your organization’s experience with data management. What is your technical capacity for tracking client and program information and producing reports? Who will be responsible for collecting data, entering it into the database, and submitting the data every month to HSD?  Describe your organization’s financial management system. How does your organization 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? If your organization doesn’t have these capabilities, please indicate the established organization you have selected to act as your fiscal agent.  HSD reimburses organizations for expenses once a month, after the invoice is submitted. How will your organization meet program expenses prior to reimbursement?  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates an understanding of and capacity for data management and reporting. * 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, or has identified a fiscal agent who can do so. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| 1. **Cultural Competency (15 points)**   Describe your organization’s experience providing culturally and linguistically relevant services to the priority and focus populations you would be serving. If your organization’s experience with these populations is limited, what steps will you take to provide culturally and linguistically competent services?  Describe your understanding of why there are disadvantaged populations which require a specific focus.  Describe how your organization’s staff and board members represent the cultural, linguistic, and socio-economic background of the families in the priority and focus populations who will be receiving services from your organization.  Describe how your organization makes sure the culture and language of the families you serve is present in the design and delivery of your services. Provide specific examples.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority and focus population(s). * Applicant understands why there is a need for priority and focus population in the RFP. * Applicant’s staff and Board of Directors reflects the cultural and linguistic characteristics of the priority and focus population(s). * Applicant provides specific examples of how the culture(s) and language(s) of the families being served is incorporated into the services. |
| **Total= 40 points** |

**Systems Navigation Support Strategy Narrative Questions**

If your organization is requesting funding for this strategy, write a narrative response to sections A – D. Answer each section completely. Do not exceed a total of 6 pages for sections A – D combined.

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| **Narrative Questions FOR SySTEMS NAVIGATION SUPPORT STRATEGY** |
| 1. **Program Design Description *(20 points)***   Describe the services your organization will offer to meet the outcomes for the Systems Navigation Support strategy described in the Guidelines Section IV, and how you came to know these services are needed in your community. Include in your description which systems your organization will focus on, and why they were selected.  Indicate the communities or populations you will serve, how many families and/or individuals you will serve, and where, when, and how often you will offer the services (specific location, times, days of the week, etc.). Indicate which, if any, of the services are new for your organization. If you will be offering new services, attach a startup timeline. (This timeline will not count toward the 6-page narrative limit.)  Describe how you will serve multiple generations with these services, as well as fathers and male caregivers, who are traditionally underserved by family support services. Describe how you will develop and implement services that fit the needs of a variety of families, including but not limited to kinship families, LGBTQ families, and families with disabilities.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a clear and detailed description of the services that will be implemented to meet performance measures, including information about location, frequency, scheduling of services and how many participants will be served. * Applicant includes systems they plan to focus on, and how and why those systems were selected. * If applicant indicates they will be offering new services, a startup timeline is attached. * There is a specific plan to involve multiple generations, fathers, and male caregivers. * Applicant clearly describes how they will meet the needs of a variety of families from the populations and communities they have indicated they will be serving. |
| 1. **Capacity and Experience *(20 points)***   The goal of the Systems Navigation Support strategy is to help families learn how to access services and navigate systems on their own; it is not intended to be a referral service. Provide specific examples that demonstrate your organization’s experience helping prepare families to access services and navigate systems independently. What successes and challenges have you experienced? What systems did you focus on (education, law enforcement, health, or others)?  List the job duties for each staff position needed to coordinate or implement services funded by this RFP. Describe how the staff in these positions possess the cultural and linguistic competency to work with the populations you will be serving. Describe the experience staff in these positions have working with families from the populations you will be serving. If you will need to hire staff, provide a timeline that demonstrates how you will be able to be fully staffed and offering services by the January 1 contract start date.  Complete the Proposed Personnel Detail Budget (Attachment 4). (This budget worksheet will not count toward the 6-page narrative limit.)  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The examples and description provided demonstrate the applicant’s experience helping to prepare families to access services and navigate systems independently. * The staff of the organization have the necessary cultural and linguistic skills to successfully work with the populations the organization will be serving. If staff need to be hired, a timeline has been included. |
| 1. **Partnerships and Collaboration *(10 points)***   Partnerships with community  Describe how you will partner with community members from the populations you have indicated you will serve, as well as participating families. Provide specific examples of how these partnerships will influence the design, implementation, and ongoing improvement of services.  Partnerships with other organizations  Describe how you will partner with other organizations or programs. How will the families benefit from these partnerships?  Please provide signed letters of intent from any partner providing significant resources for the services you are requesting HSD fund through this RFP. The letter(s) should describe the specific resource the partner(s) will provide. For the purposes of this RFP, significant resources are defined as something that is crucial to the program, without which your organization would not be able to provide services. Examples of significant resources include but are not limited to meeting room space, staff (including trainers/teachers/agencies with subject matter expertise), or transportation. (Partnership letters of intent will not count toward the 6-page narrative limit).  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant provides specific details that clearly demonstrate participant and community involvement in the development of service design and delivery, and a clear, realistic plan to gather and use participant and community feedback to strengthen and improve services. * Applicant describes effective partnerships and collaborations with other organizations that enhance service quality, expand the resources available to participants and in general, provide a benefit to participants. * Applicant has submitted signed letters of intent for those partners providing significant resources, and the letters provide a clear description of the resources the partners will provide. |
| 1. **Budget and Leveraging (10 points)**   Complete the Proposed Program Budget (Attachment 3). The costs reflected in this budget should be for the service area covered by this RFP only, not your total organization’s budget. (This budget worksheet will not count toward the 6-page narrative limit).  Describe how the funds you are requesting will be used. Identify other resources and funds that will be used to provide the services you have described in your application.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs appear to be reasonable and appropriate given the nature of the service, the populations to be served, the proposed level of service, and the outcomes. * The proposed service appears to be cost effective given the type, quantity, and quality of services. * The applicant identifies other funds they will use for the services they have described in their application, as well as any funds they receive from this RFP. |
| **Total = 60 points** |

**Family Management Strategy Narrative Questions**

If your organization is requesting funding for this strategy, write a narrative response to sections A – D. Answer each section completely. Do not exceed a total of 6 pages for sections A – D combined.

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| **NARRATIVE QUESTIONS FOR FAMILY MANAGEMENT STRATEGY** |
| 1. **Program Design Description *(20 points)***   Describe the services your organization will offer to meet the outcomes for the Family Management Support strategy described in the Guidelines Section IV, and how you came to know these services are needed in your community. Describe the classes, workshops, or other programming you will provide, and the topics that will be addressed.  Indicate which, if any, of the services are new for your organization. If you will be offering new services, attach a startup timeline. (This timeline will not count toward the 6-page narrative limit.)  Indicate the populations you will serve, how many families and/or individuals you will serve, and where, when and how often you will offer the services (specific location, times, days of the week, etc.).  Describe how you will serve multiple generations with these services, as well as fathers and male caregivers, who are traditionally underserved by family support services. Describe how you will develop and implement services that fit the needs of a variety of families, including but not limited to kinship families, LGBTQ families, and families with disabilities.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a clear and detailed description of the services that will be implemented to meet performance measures, including information about location, frequency, scheduling of services and how many participants will be served. * Applicant describes how they selected the services they will offer; the strongest proposals will demonstrate community and/or participant involvement in the selection. * If applicant indicates they will be offering new services, a startup timeline is attached. * There is a specific plan to involve multiple generations, fathers, and male caregivers. * Applicant clearly describes how they will meet the needs of a variety of families from the populations they have indicated they will be serving. |
| 1. **Capacity and Experience *(20 points)***   The goal of the Family Management strategy is to help families build and maintain positive, healthy relationships within their family and with their communities. Provide specific examples of classes, workshops or other services that demonstrates your experience providing the type of support described in Section IV of the Guidelines, to families from the priority and/or focus populations. What impact did these services have on the participants?  List the job duties for each staff position needed to coordinate or implement services funded by this RFP. What skills and qualifications are required for these positions? If you will need to hire staff, provide a timeline that demonstrates how you will be able to be fully staffed and offering services by the January 1 contract start date. Complete the Proposed Personnel Detail Budget (Attachment 4). (This budget worksheet will not count toward the 6-page narrative limit).  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The examples and description provided demonstrate the applicant’s experience helping families to build and maintain positive, healthy relationships within the family and community, and clearly demonstrate positive impact. * The staff of the organization have the necessary cultural and linguistic skills to successfully work with the populations the organization will be serving. If staff need to be hired, a timeline has been included. |
| 1. **Partnerships and Collaboration *(10 points)***   Partnerships with community  Describe how you will partner with community members from the populations you have indicated you will serve, as well as participating families. Provide specific examples of how these partnerships will influence the design, implementation, and ongoing improvement of services.  Partnerships with other organizations  Describe how you will partner with other organizations or programs. How will families benefit from these partnerships?  Please provide signed letters of intent from any partner providing significant resources for the services you are requesting HSD fund through this RFP. The letter(s) should describe the specific resource the partner(s) will provide. For the purposes of this RFP, significant resources are defined as something that is crucial to the program, without which your organization would not be able to provide services. Examples of significant resources include but are not limited to meeting room space, staff (including trainers/teachers/agencies with subject matter expertise), or transportation. (Partnership letters of intent will not count toward the 6-page narrative limit).  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant provides specific details that clearly demonstrate participant and community involvement in the development of service design and delivery, and a clear, realistic plan to gather and use participant and community feedback to strengthen and improve services. * Applicant describes effective partnerships and collaborations with other organizations that enhance service quality, expand the resources available to participants and in general, provide a benefit to participants. * Applicant has submitted signed letters of intent for those partners providing significant resources, and the letters provide a clear description of the resources the partners will provide. |
| 1. **Budget and Leveraging *(10 points)***   Complete the Proposed Program Budget (Attachment 3). The costs reflected in this budget should be for the service area covered by this RFP only, not your total organization’s budget. (This budget worksheet will not count toward the 6-page narrative limit).  Describe how these funds will be used. Identify other resources and funds that will be used to provide the services you have described in your application.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs appear to be reasonable and appropriate given the nature of the service, the populations to be served, the proposed level of service, and the outcomes. * The proposed service appears to be cost effective given the type, quantity, and quality of services. * The applicant identifies other funds they will use for the services they have described in their application, as well as any funds they receive from this RFP. |
| **Total = 60 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 may not be rated:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III of the Application for instructions). This includes the core narrative questions and the applicable strategy specific questions.
3. A completed Proposed Program Budget for each strategy (Attachment 3).
4. A completed Proposed Personnel Detail Budget for each strategy (Attachment 4).
5. Roster of your organization’s current Board of Directors.
6. Minutes from your organization’s last three Board of Directors meetings.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your organization must have a federal tax identification number/employer identification number.
8. If your organization has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal organization or another entity.
9. If you are proposing to provide any new (for your organization) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontract with another organization, attach a signed letter of intent from that organization’s Director or other authorized representative.

**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. Organizations have four (4) business days from the date of written request to provide requested documents to the RFP coordinator:

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

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

Attachment 5: Help Sessions

**2018 Family Support 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….**

**Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

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

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.

**Completed each section of the Core Narrative response and Strategy Specific Narrative response(s)?**

* Core Narrative must not exceed 3 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
* A Strategy Specific Narrative response for each strategy you are requesting funding to implement. Each Strategy Specific Narrative response must not exceed 6 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins. You must fill out the appropriate strategy specific narrative for each strategy your organization requests funding to implement.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this funding opportunity.
* A completed Core Narrative response addresses all of the following:

Populations (15)

Data and Financial Management (10)

Cultural Competency (15)

* A completed Strategy Specific Narrative response for each strategy you are requesting funding to implement, that addresses all of the following:

Program Design (20)

Capacity and Experience (20)

Partnerships and Collaboration (10)

Budget and Leveraging (10)

**Completed the full Proposed Program Budget (Attachment 3) for each strategy you are requesting funding to implement?\***

**Completed the full Proposed Personnel Detail Budget (Attachment 4) for each strategy you are requesting funding to implement?\***

**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 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?

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning January 1, 2019?\***

**If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative? Have they signed the application cover letter?\***

**\****These documents do not count against the page limit for the proposal narratives.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (noon) on Friday, March 30, 2018**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

**2018 Family Support Request for Proposal**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Organization: | | | | | |  | | | | | | | | | | | |
| 1. Organization Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Organization Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | Public Agency | | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | | | | |  | | | | | | | |
| 1. Name of Program (per strategy): | | | | | | | | | | Systems Navigation Support        Family Management | | | | | | | |
| 1. Mark with an X the strategy(ies) your organization is requesting funding to implement: | | | | | | | | | | Systems Navigation Support        Family Management | | | | | | | |
| 1. Priority Population(s) Organization will serve: | | | | | | | | | |  | | | | | | | |
| 1. Focus Population(s) Organization will serve: | | | | | | | | | |  | | | | | | | |
| 1. Funding Amount Requested (per strategy): | | | | | | | | | | Systems Navigation Support        Family Management | | | | | | | |
| 1. # of clients to be served (per strategy): | | | | | | | | | | Systems Navigation Support        Family Management | | | | | | | |
| 1. In which City Council District will the services be offered?   Use this link to find your district: <http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember> | | | | | | | | | |  | | | | | | | |
| 1. Partner Organization (if applicable): | | | | | | | | | |  | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner organization proposed activities (indicate strategy): | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Organization (if applicable): | | | | | | | | | |  | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner organization proposed activities (indicate strategy): | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
|  |
| **Authorized physical signature of applicant/lead organization** | | | | | | | | | | | | | | | | | |
| *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: |  |
|  | | | | | | | | |  | | | | | | |  |  |

**2018 Family Support Request for Proposal**

**Proposed Program Budget**

**January 1, 2019-December 31, 2019**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization Name:** |  | | | | | |
| **Strategy:** | Systems Navigation Support        Family Management | | | | | |
| **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 Employment | |  |  |  |  |  | |
| 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 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **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.

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

**2018 Family Support Request for Proposal**

**Proposed Personnel Detail Budget**

**January 1, 2019-December 31, 2019**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **Strategy:** | Systems Navigation Support        Family Management |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization’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):** | | | | | | |  |  |  |  |  |

**Human Services Department Family Support RFP**

**Help Sessions**

1. **How do I make an appointment for a help session?**

Contact (206) 615-0744. You will be scheduled for a 30-minute appointment with HSD staff at a specific time during one of the three help sessions. Attending a help session is not required, but you must sign up in advance for an appointment if you wish to attend. Organizations may sign up for one 30-minute appointment. If there is demand for additional help sessions, HSD staff will try to accommodate the requests.

1. **Who will be helping you?**

A staff person from the HSD will meet with your organization.

1. **What kind of assistance can my organization get at the Help Session?**

Your organization can get help with:

* Review budget forms
* Clarify which documents need to be submitted with your application
* Review the online application system
* Clarify what expenses or activities are allowable

1. **Are there things HSD staff can’t help my organization with?**

The following are things HSD will not provide help with:

* Assistance writing the application
* Clarifying if your proposal is a good fit
* Identifying partners for your organization
* Recommending grant writers

1. **Where and when will the help sessions be held?**

|  |  |
| --- | --- |
| Help Session 1  To reserve a 30-minute appointment, please contact: 206-615-0744. Please indicate if you need interpretation or an accommodation. Organizations are required to make an appointment if they wish to attend a help session. | Friday, February 23, 2018  9:30 a.m.-12:00 p.m. (noon)  Northgate Community Center  10510 5th Avenue Northeast  Meeting Room |
| Help Session 2  To reserve a 30-minute appointment, please contact: 206-615-0744. Please indicate if you need interpretation an accommodation. Organizations are required to make an appointment if they wish to attend a help session. | Monday, February 26, 2018  9:00 a.m.-1:00 p.m.  2100 Building  2100 24th Ave South  Community Room B |
| Help Session 3  To reserve a 30-minute appointment, please contact: 206-615-0744. Please indicate if you need interpretation or an accommodation. Organizations are required to make an appointment if they wish to attend a help session. | Thursday, March 1, 2018  2:00 p.m.-6:00 p.m.  Rainier Beach Library  9125 Rainier Ave South  Meeting Room |