

**2019
Food Access Opportunity Fund**

**Request for Proposal**

**APPLICATION**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2019 Food Access Opportunity Fund Request for Proposal. All accepted application packets will be reviewed by the rating committee and applicants will be contacted for interviews. Following interviews, the rating committee will forward its funding recommendations to the HSD Director for final award decisions.

Applications for the 2019 Food Access Opportunity Fund must:

* Respond to **all** narrative questions and provide **all** requested information. Do not include a cover letter, brochures, or letters of support.
* Be typed or word processed on a double-sided, letter-sized (8 ½ x 11-inch) paper.
* Use one-inch margins, single spacing, and minimum 11-point font size.
* Responses to all questions must not exceed the four-page narrative limit.
* Organize responses using the narrative titles and question numbers.

**Completed application packets must be submitted by Wednesday, March 6, 2019 at 12:00 p.m. (Noon).** **Late applications will not be accepted.** HSD is not responsible for ensuring applications are received by the deadline.

**DELIVERY OPTIONS:** Application packets must be received using one of the options listed below:

* Online Submission via HSD’s Online Submission System: <http://web6.seattle.gov/hsd/rfi/index.aspx>

**OR**

* Hand Delivery or U.S. Mail:

|  |
| --- |
| Seattle Human Services DepartmentRFP Response – 2019 Food Access Opportunity FundAttn: Pamela Calderon |
| **In Person:**700 Fifth Avenue, 58th floorSeattle, WA 98104-5017 | **By Mail:**P.O. Box 34215Seattle, WA 98124-4215 |

**Faxed or emailed application packets will NOT be accepted.**

**Application Components**

Write a narrative response to sections A – D. Answer each section completely according to the questions. Do not exceed a total of four (4) pages for sections A – D combined.

|  |  |
| --- | --- |
| **NARRATIVE QUESTIONS** | **Points** |
| 1. **PROJECT DESCRIPTION**
	1. Describe your proposed project and activities (i.e. who, what, when, and how). Please include a detailed timeline\* of your project with estimated dates, frequency, and duration of activities.
	2. Where will project activities take place? Please include the project location address(es) or the intended neighborhood/location site(s).
	3. How will activities address health equity, chronic conditions caused by sugary drinks, the prevention of sugary drink consumption, and increase access to healthy food?
	4. How will you know if your project is successful?

Please provide sufficient detail in your narrative for reviewers to have a clear understanding of your project and approach. You may provide photos of the project and location in a PDF. (Project location must be within City limits.) *\*The timeline and PDF photos document are not included in the four-page narrative limit.*  | **40** |
| 1. **PROMOTES RACIAL EQUITY, FOOD JUSTICE, AND COMMUNITY-CENTERED PROGRAMMING**
	1. How will your project work to address and/or reduce racial, food access, and health disparities for the priority population or community?
	2. How will your project identify and address needs or strengths from the community you serve?
	3. How will the community served by this project be involved in the design, delivery, and evaluation of the project?
 | **35** |
| 1. **LEARNING AND ACCOUNTABILITY**
2. How will the agency share project successes, challenges, and best practices with community members, participants, and the learning community?
3. How will project leadership be accountable to the community being served?
 | **15** |
| 1. **CAPACITY AND BUDGET**
2. Who are the key people/positions of this project with the primary responsibility for ensuring the project moves forward? Describe your plan to staff these positions if you do not yet have the staff/volunteers in place. Please provide brief position job descriptions.
3. Describe how staff/volunteers in these positions possess the cultural and linguistic competency to work with the community this project will serve.
4. How will the proposed budget cover expenses to achieve the desired result? Please provide a narrative response and complete the Proposed Project Budget\* and Proposed Personnel Detail Budget\* on pages 9 – 11.

\**The Proposed Project Budget and Proposed Personnel Detail Budget pages are not included in the four-page narrative limit.* | **10** |
| **TOTAL** | **100** |

|  |  |
| --- | --- |
| **RATING CRITERIA*- A strong application meets all elements listed below:*** | **Points** |
| **A. PROJECT DESCRIPTION*** Proposal clearly describes the project and activities (who, what, when, and how), including a timeline with estimated dates of key activities, frequency, and duration of activities.
* Project location(s) is accessible for participants to get to and is safe and appropriate for the activities proposed. The location(s) is within the City of Seattle limits.
* Proposal describes how the project and activities address health equity, chronic conditions caused by sugary drinks, the prevention of sugary drink consumption, and increase access to healthy food.
* Proposal clearly articulates project success and desired results.
 | **40** |
| **B. PROMOTES RACIAL EQUITY, FOOD JUSTICE, AND COMMUNITY-CENTERED****PROGRAMMING*** Proposal clearly defines/describes the project’s priority population or community, as well as racial inequities, health inequities, food access inequities, or food injustices the project will address and/or reduce.
* Proposal describes how any identified needs or strengths in the community will be addressed by the project.
* Proposal describes how the community being served is and/or will be involved in developing, delivering, and evaluating the project.
 | **35** |
| **C. LEARNING AND ACCOUNTABILITY*** Proposal effectively describes how successes, challenges, and best practices will be documented and shared.
* Proposal effectively describes how the project leadership will be accountable to the community it serves.
 | **15** |
| **D. CAPACITY AND BUDGET*** The key people involved (staff and/or volunteers) are in place (hired or secured) by the time the project begins and clearly demonstrate the experience, qualifications, and cultural competency needed to implement the project.
* Staff/volunteers reflect the cultures and languages of the community being served.
* Proposed budget costs are reasonable, realistic, and justified. Budget is complete and aligns with proposed activities.
 | **10** |
| **TOTAL** | **100** |

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**City of Seattle
Human Services Department**

**2019 Food Access Opportunity Fund Request for Proposal
Application Cover Sheet**

|  |  |
| --- | --- |
| 1. Applicant Agency:
 |  |
| 1. Agency Executive Director:
 |       |
| 1. Agency Primary Contact:
 |
|  | Name: |       | Title: |       |
|  | Address: |       Email:       Phone #:       |
| 1. Organization Type: [ ]  Non-Profit [ ]  Other (Specify):
 |
| 1. Federal Tax ID or EIN:
 |       | 1. DUNS Number:
 |       |
| 1. WA Business License Number:
 |       |
| 1. Proposed Project Name:
 |       |
| 1. Population(s) project will serve:
 |       |
| 1. Funding Amount Requested:
 |       |
| 1. Approximate # of people to be served:
 |       |
| 1. Location, address, and City Council District where the activities/project will take place.
 |       |
| 1. Partner Agency (if applicable):

Contact Name:       Title:       Address:       Email:       Phone Number:        Description of partner agency proposed activities:       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: |       |

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**2019 Food Access Opportunity Fund Request for Proposal**

**Proposed Program Budget**

**July 1, 2019 – December 31, 2020**

*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)

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

|  |  |  |
| --- | --- | --- |
|  | **Amount by Fund Source** |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES**1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES**2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES**3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual 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 agency have a federally approved rate? | [ ]  | Yes | [ ]  | No |
| If yes, provide the rate. |       |

Questions about the project budget? Please email pamela.calderon@seattle.gov by Thursday, February 21, 2019 for assistance.

**2019 Food Access Opportunity Fund Request for Proposal**

**Proposed Personnel Detail Budget**

**July 1, 2019 - December 31, 2020**

*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)

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

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

**2019 Food Access Opportunity Fund Request for Proposal**

**Fiscal Sponsor Information (if applicable)**

An organization may be the fiscal sponsor for your project if it meets the following eligibility requirements:

🗹 Fiscal sponsor has a Federal Tax ID number/employer identification number (EIN), Washington State

 Business License Number (UBI), and City of Seattle Business License Number.

🗹 If Fiscal sponsor is a non-profit, they also must have been granted 501(C)(3) tax exempt status by the

 United States Internal Revenue Service

🗹 Fiscal sponsor has a W-9.

|  |  |
| --- | --- |
| Fiscal Sponsor Name: |  |
| Applicant Organization Name: |  |
| Fiscal Sponsor Address: | City, State Zip: |
| Federal Tax I.D. Number/Employee Identification Number (EIN) |  |
| Washington State Business License Number (UBI) |  |
| City of Seattle Business License Number |  |
| Fiscal SponsorSigner’s Name: | Fiscal SponsorSigner’s Title: |
| Fiscal SponsorSignature: | Fiscal SponsorSignature Date: |
| Applicant OrganizationSigner’s Name: | Applicant OrganizationSigner’s Title: |
| Applicant OrganizationSignature: | Applicant OrganizationSignature Date: |

**2019 Food Access Opportunity Fund**

**Application Checklist**

This checklist is to help ensure your application is complete prior to submission. Please **do not** submit this form with your application. **Completed application packets must be submitted by** **Wednesday, March 6, at 12:00 p.m., Noon.** **Late applications will not be accepted. Please refer to page 5 for submission or delivery options.**

**Have you….**

|  |  |  |
| --- | --- | --- |
| **Requirements** | **Yes** | **Resources** |
| 1. Read, understood, and agreed to HSD’s Requirements:
* 2019 Food Access Opportunity Fund Theory of Change,
* Agency Minimum Eligibility Requirements,
* Contracting Requirements,
* Funding Opportunity Selection Process,
* Appeal Process,
* Commitment to Funding Culturally Responsive Services,
* Guiding Principles, and
* Master Agency Service Agreement.
 | [ ]  | [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)  |
| 1. Completed the four sections of the narrative response?
* A completed narrative response addresses each of the following (total =100 points) in the Rating Criteria:
* Project Description (40 points)
* Promotes Racial Equity, Food Justice, and Community-Centered Programming (35 points)
* Learning and Accountability (15 points)
* Capacity and Budget (10 points)
* Must not exceed four pages, letter-sized (8 ½ x 11) paper, single spaced, double-sided, size 11-point font, with one-inch margins.

**Note:** Page count does not include the application cover sheet, budget forms, timeline or supporting documents, such as a PDF of photos of the project and location. | [ ]  | Page 6-7 |
| 1. Completed, signed, and attached the Application Cover Sheet?
 | [ ]  | Page 8 |
| 1. Completed full Proposed Program and Personnel Detail Budget
 | [ ]  | Page 9-11 |
| 1. Completed Fiscal Sponsor Information (if applicable)
 | [ ]  | Page 12 |