

**2021 Community Safety Capacity Building**

**Request for Proposal (RFP)**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2021 Community Safety Capacity Building RFP. The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and an overview of the RFP program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services; and the process for selecting successful applications.

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| 1. **Format Instructions** |

Applications will be rated only on the information requested in the 2021 Community Safety Capacity Building RFP, including any clarifying information requested by HSD. Answer each section completely. Do not include cover letters or brochures with your application. Applications that do not follow the required format may not be rated. For translation inquiries contact: natalie.thomson@seattle.gov.

Required format for written application:

* typed and formatted to letter-size (8 ½ x 11-inch) paper
* use one-inch margins, single spacing, and minimum size11-pointfont
* be no longer than6pages(requested attachments will not count towards the page limit).

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

Write a narrative response to all sections A–E. Answer each section completely according to the questions. Do not exceed a total of 6 pages.

1. **ORGANIZATION history, Experience, and COMMUNITY-LED work (30 points)**
2. Tell us about your organization’s history, experience, and the work you do. How are Black, Indigenous, Latinx, Pacific Islander, Immigrant or Refugee communities centered in this work?
3. Is your organization led by one of the focus populations? Please describe.
4. What makes your group or organization well-suited to do this work?
5. How do you ensure that an anti-racist, anti-sexist, and gender identity-affirming approach is centered in your work?

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant can demonstrate how they center Black, Indigenous, Latinx, Pacific Islander, Immigrant or Refugee communities in their work. (8 points)
* Applicant is led by one or more of the focus populations. (8 points)
* Applicant can demonstrate expertise in doing community safety work. (8 points)
* Applicant clearly describes how they ensure an anti-sexist and gender-affirming approach is centered in the work done with BIPOC communities. (6 points)

1. **VISION FOR COMMUNITY SAFETY (25 POINTS)**
2. What is the safety issue in your community that your proposal will address?
3. Does this proposal fill gaps in existing services or address other unmet community safety needs? Please specify.
4. What does success look like and how will you measure it?

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant identifies key community safety issue(s) (8 points)
* Applicant can describe gap or need and how it will be filled through this proposal (8 points)
* Applicant can identify and measure success. (9 points)

1. **Capacity Building Activities (30 points)**
2. Describe your capacity building needs. What are the capacity building activities and strategies your organization will undertake over the 18-month period (July 2021-December 2022)?
3. How will building your capacity help you address the safety issue identified in your proposal?
4. Describe how the activities will build your organization’s capacity to make the best use of, or be better positioned for, future funding to expand community-led services that contribute to improved community safety and promote healing in BIPOC communities.
5. If COVID-19 safety protocols like social distancing are in place, how will you safely implement the activities you have described?

***Rating Criteria - A strong application meets all the criteria below.***

* Applicant presents a thorough description of the capacity building needs, activities, and strategies. (10 points)
* Applicant describes clearly how their organization’s increased capacity contributes to community safety. (10 points)
* Applicant clearly describes how the activities will build organizational capacity to implement future funding. (5 points)
* Applicant describes a realistic plan to implement activities while adhering to any applicable COVID-19 health protocols. (5 points)

1. **DATA AND FISCAL MANAGEMENT (10 points)**
2. What data do you plan to collect to determine if your capacity building has its intended impact?
3. How will you use that data?
4. Describe how your group or organization manages finances, including any financial systems you use.
5. Do you plan to have another organization act as fiscal sponsor? If yes, indicate the name of the organization and contact information. (no points)

***Rating Criteria - A strong application meets all the criteria below.***

* Data and information are strength-based and centered on community voice. (3 points)
* Data and information measure success as determined by the organization and community members. (3 points)
* The organization is fiscally accountable. (4 points)
  + - 1. **Budget (5 points)**

1. Complete the Proposed Program and Personnel Budget (Attachments 2 and 3) for the capacity building activities you want to be funded. Do not provide your total group or organization’s budget. Costs should reflect the proposed activities and outcomes. Budgets will not count toward the 6-page limit.

***Rating Criteria - A strong application meets all the criteria below.***

* Costs included are only for the activities to be funded through this RFP. (2 points)
* Costs are reasonable based on the proposed level of activities and outcomes. (3 points)

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| 1. **Interviews & Total Application Scores** |

All agencies with applications that meet the minimum eligibility requirements will be interviewed. Online interviews will be scheduled separately.Interviews will focus on the proposed capacity building activities. Questions will be provided at least one week prior to the scheduled interview. The interview will be scored separately from the written proposal. The interview portion is worth 100 points. The combined application and interview are worth a total of 200 points.

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| 1. **Completed Application Requirements** |

1. **APPLICATION SUBMITTAL**

The proposal must include:

1. A completed and signed two-page Application Cover Sheet (Attachment 2)
2. A completed narrative response (6-page limit)
3. A completed Proposed Program Budget (Attachment 3)
4. A completed Proposed Personnel Detail Budget (Attachment 4)
5. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of commitment from that agency’s Director or other authorized representative.

Completed applications are due **Friday, April 9, 12:00 noon.** Proposals must be submitted through the [HSD Online Submission System](http://web6.seattle.gov/hsd/rfi/index.aspx) **or** via email. Due to COVID-19, no faxed, mailed, or hand-delivered proposals will be accepted.

* + 1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>)

HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline.

For questions, comments or assistance with the Online Submission System, please contact Monique Salyer: monique.salyer@seattle.gov or call (206) 256-5185.

\*OR\*

1. **Via Email** ([HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov))

Email attachments are limited to 30 MB. The subject heading must be titled: 202104 Community Safety Capacity Building RFP. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under Washington

State Law (reference RCW Chapter 42.56, the Public Records Act) states **that all materials received or**

**created by the City of Seattle are considered public records.** These records include but are not limited to:

RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or

electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee

members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd)

[Interest Statement](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd). **Personal identifiable information entered on these materials are subject to the**

**Washington Public Records Act and maybe subject to disclosure to a third-party requestor.**

**2021 Community Safety Capacity Building Request for Proposals**

**Application Checklist**

This 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

HSD Master Agency Services Agreement Sample

**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 Narrative response?**

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

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

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

Current verification of nonprofit status or evidence of incorporation or status as a legal entity, if applicable

**\****These documents do not count against the 6-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **Friday, April 9, 12:00 noon**. Application packets received after this deadline may not be considered. See Section I for submission instructions.

**Seattle Human Services Department**

**2021 Community Safety Capacity Building Request for Proposals**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Organization: | | | | | |  | | | | | | | | | | | | |
| 1. Organization Executive Director/Lead: | | | | | |  | | | | | | | | | | | | |
| 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 if applicable: | | | | |  | | | | | | 1. DUNS Number if applicable: | | | | |  | | |
| 1. WA Business License Number if applicable: | | | | | | |  | | | | | | | | | | | |
| 1. Focus Population(s) program will serve (check all that apply; those checked should match who you will serve in the narrative): | | | | | | | Black/African American        Indigenous        Pacific Islander        Hispanic/Latino        Immigrant or Refugee        Other, please specify: | | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | | | | | | | |
| 1. Will your program replace a police function? 2. Will your organization or be a co-response to a police function? 3. Other?   (for tracking purposes only) | | | | | | | Y or N  Y or N  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 1. In which City Council District is your program located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | |  | | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | | |
|  | | Contact Name: | |  | | | | | | | Title: | |  | | | | | |
|  | | Address: | |  | | | | | | | | | | | | | | |
|  | | Email: | |  | | | | | | | Phone Number: | | | |  | | | |
|  | | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
|  | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | | |
|  | | Contact Name: | |  | | | | | | | Title: | |  | | | | | |
|  | | Address: | |  | | | | | | | | | | | | | | |
|  | | Email: | |  | | | | | | | Phone Number: | | | |  | | | |
|  | | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | | Signature of partner agency representative: Date:  Add additional sections if more than two partner agencies are applying. | | | | | | | | | | | | | | | | |
|  | |
| 16. Fiscal Sponsor (if applicable): | | | | | | | | | | | | | | | | | | |
|  | Contact Name: | | |  | | | | | | | | Title: | | |  | | | |
| Address: | | |  | | | | | | | |  | | |  | | | |
| Email: | | |  | | | | | | | | Phone Number: | | |  | | | |
| *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*  Signature of fiscal sponsor 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: |  |
|  | | | | | | | | | |  | | | | | | |  |  |

**2021 Community Safety Capacity Building Request for Proposals**

**Proposed Program Budget**

**July 1, 2021 - December 31, 2022**

*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)*. See BARS Classification (Attachment 4) for explanation of cost categories.*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | |  | |
| **Item** | **Requested HSD Funding** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES**  1110 Salaries (Full- & Part-Time) |  |  | $ |
| 1300 Fringe Benefits |  |  | $ |
| 1400 Other Employee Benefits2 |  |  | $ |
| **SUBTOTAL – PERSONNEL SERVICES** | **$** | **$** | **$** |
| **2000 - 4000 - SUPPLIES, OTHER SERVICES & CHARGES**  2100 Office Supplies |  |  | $ |
| 2200 Operating Supplies32 |  |  | $ |
| 2300 Repairs & Maintenance Supplies |  |  | $ |
| 3100 Expert & Consultant Services4 |  |  | $ |
| 3140 Contractual Employment5 |  |  | $ |
| 3150 Data Processing |  |  | $ |
| 3190 Other Professional Services6 |  |  | $ |
| 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 Expenses7 |  |  | $ |
| 4999 Indirect Facilities and Administration (F & A) Costs 8 |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below (Do Not Include Office Supplies): | |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
| **Total** | **$** |  | **Total** | **$** |
| 3 Operating Supplies (Do Not Include Office Supplies)- Itemize below: | |  | 4 Expert & Consultant Services - Itemize below: | |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
| **Total** | **$** |  | **Total** | **$** |
| 5 Contractual Employment - Itemize below: | |  | 6 Other Professional Services - Itemize below: | |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
| **Total** | **$** |  | **Total** | **$** |
| 7 Other Miscellaneous Expenses - Itemize below: | |  | 8 Indirect Facilities and Administration (F & A) Costs - Itemize below: | |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
|  | $ |  |  | $ |
| **Total** | **$** |  | **Total** | **$** |

8 Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

* + General Administration
  + Departmental Administration
  + Operation and Maintenance
  + Building and Equipment Depreciation Non-Capitalized Interest
  + Non-Capitalized Interest

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

**2021 Community Safety Capacity Building Request for Proposals**

**Proposed Personnel Detail Budget**

**July 1, 2021 - December 31, 2022**

*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 per week | | | **Amount by Fund Source(s)** | |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding ($)** | **Other Fund Source** | **Total Program** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **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):** | | | |  |  |  |

**BARS Classification of Expenditures by Object Guidelines**

**Subcontracted Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **1000** | **PERSONNEL SERVICES** – Includes expenses for salaries, wages and related employee benefits provided for all persons employed by the agency. | | |
|  | **1100** | **Salaries & Wages** – Fees paid for personal services rendered. | |
|  |  | **1110** | Salaries (Full- & Part-Time) – Salaries and wages paid for services rendered by full- and part-time employees. |
|  |  | **1190** | Other Salaries & Wages – Salaries and wages paid for services performed by temporary and intermittent employees.  ***Examples:****Work Study, CETA coverage* |
|  |  | **1220** | Overtime – Fees paid in addition to regular salaries and wages for services performed in excess of regular work hour requirements. |
|  | **1300** | **Fringe Benefits** | |
|  |  | **1310** | FICA |
|  |  | **1320** | Pensions & Retirement |
|  |  | **1330** | Health Care |
|  |  | **1340** | Industrial Insurance & Medical Aid |
|  |  | **1360** | Dental |
|  |  | **1380** | Unemployment Compensation |
|  | **1400** | **Other Employee Benefits** – Other fringe benefits costs not classified above, *only* including vision, disability insurance, life insurance, employee assistance program, bus pass subsidy, and retirement plan administrative expenses. | |
| **2000** | **SUPPLIES** – Includes articles or commodities which are consumed. | | |
|  | **2100** | **Office Supplies** – Will consist only of supplies and materials that are to be used in the office.  ***Examples:****office stationery, forms and small items of equipment (value under $5,000, except computers and software).* | |
|  | **2200** | **Operating Supplies** – Supplies used to fulfill the needs of operations.  ***Examples:****agricultural supplies, chemicals, drugs, medicines, laboratory supplies, cleaning and sanitation supplies, food for human consumption, lubricants, household and institutional supplies.* | |
|  | **2300** | **Repairs & Maintenance Supplies** – Supplies used in repair and maintenance.  ***Examples:****building materials and supplies, paints and painting supplies, plumbing supplies, motor vehicle repair and small tools.* | |
|  | **2500** | **Fuel Cost** | |
|  |  | **2510** | Gas |
|  |  | **2520** | Diesel |
|  |  | **2530** | Heating |
|  |  | **2590** | All Other Fuel Costs – EXCEPT Washington Natural Gas (Code 3700) |
|  | **2600** | **Minor Data Processing Items** | |
|  |  | **2610** | Personal Computer & Printer Configurations – Value per item configuration over $1,000 and under $5,000. |
|  |  | **2620** | Software Purchases – Under $5,000 per item. |
| **3000-**  **4000** | **OTHER SERVICES & CHARGES** | | |
|  |  | **3100** | Expert & Consultant Services – Services performed on a non-recurring basis.  ***Examples:****auditing services, accounting services, special legal services and other individual and one-time services.* |
|  |  | **3140** | Contractual Employment – Fees paid to individuals or businesses for temporary or short-term services.  ***Examples:****Manpower people, Kelly Girls* |
|  |  | **3150** | Data Processing – All data processing charges. |
|  |  | **3190** | Other Professional Services – Professional services not covered in the above classifications.  ***Examples:***  *Janitorial services, protective services, photographic services (film processing) and other professional services.* |
|  |  | **3210** | Telephone – Includes installation, long distance, directory service and local telephone service costs. |
|  |  | **3220** | Postage – Includes all meter postage, stamps, postal permits, etc. |
|  |  | **3290** | Other Communications – Includes Western Union costs. |
|  |  | **3300** | Automobile Expense – Includes lease and motor pool charges. |
|  |  | **3310** | Convention & Travel **–** Includes transportation, meals and lodging expenses incurred by the employee in the performance of official duties.  **A convention and travel authorization signed by your Executive Board must accompany any check paying convention and travel expenses.** |
|  |  | **3320** | Private Auto Allowance – Includes lease and motor pool charges. |
|  |  | **3390** | Other Transportation Expense – Transportation expenses not covered in the above classifications. |
|  |  | **3400** | Advertising – Includes cost of advertising, publication of public notices, bid invitations and other such items. |