

**Application**

**Instructions and Materials**

This Application Instructions and Materials section contains information for respondents applying for the **2023 Post-Overdose Stabilization and Outpatient Treatment Facilities** **Request for Qualifications (RFQ)**. The RFQ Guidelines (above) provide background on HSD’s guiding principles and an overview of the RFQ requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on agency eligibility; contracting; appeals; expectations for culturally responsive services and the process for selecting successful applications.

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| 1. **Submission Instructions** |

**Completed application packets are due by 12:00 p.m. (noon) on Tuesday, November 28, 2023.**

1. Application packets must be received by electronic submission. No faxed, mailed, or hand-delivered proposals will be accepted. Proposals must be received by the **12:00p.m. deadline on Tuesday, November 28, 2023**. *Late or incomplete proposals may not be accepted or reviewed for funding consideration.*
2. 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.
3. Applications will be rated only on the information requested and outlined in this funding opportunity, including any clarifying information requested by HSD.
4. The application should be typed using one-inch margins, single spacing, and minimum size 11-point font.
5. Organize your application according to the section headings that follow in Sections VI and VII. 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.
6. Choose one submission method:

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>
* Email: Application packets may be emailed to [HSD\_RFQ\_RFP\_EMAIL\_Submissions@seattle.gov](mailto:HSD_RFQ_RFP_EMAIL_Submissions@seattle.gov)

Email attachments are limited to 30 MB.

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| 1. **Service Questions** |

As a capital facilities investment, this RFQ is not intended to provide funding for any programs and services the agency will provide in the newly constructed space or facility. However, to be successful in receiving facilities funding, applicants must intend to operate a post-overdose stabilization center or an outpatient treatment center out of the newly constructed space or facility. HSD seeks to understand your operational plans through this scored narrative response section. This section will be reviewed and scored by an independent rating committee. Answer each section completely.

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| **Questions** |
| 1. **Program Design AND DELIVERY *(30 points)***    1. Describe your current or proposed program model(s) and note if it is a post-overdose subacute stabilization center or an outpatient center. If you are applying for facilities funding for both models, describe them separately. Complete the project timelines for both capital improvements (construction) and service delivery in the Excel workbook. If your program is scaled, note key benchmarks for service expansion on the timeline describing each additional service to be added after the initial start date.    2. Include when and where services will be provided and any key factors and impacts of the location. Describe by whom services will be delivered.    3. Describe how these services will help those with opioid use disorders and other drug dependencies.   ***Rating Criteria – A strong application meets all criteria listed below.***   * *Applicant presents a thorough description of the program that includes an understanding of the service components and evidence of likely success in meeting outcomes.* * *If the program is scaled, there is a clear plan for potential growth.* * *Applicant clearly describes the location and its benefits and who will deliver services.* * *The program description shows a strong understanding of client needs, strengths, and concerns.* |
| 1. **Capacity and Experience (*40 points)*** 2. List the main staff involved in service delivery. Describe their respective roles and qualifications and how licensed individuals will receive required supervision. If services are new to your organization, describe your plan for staff recruitment, training, supervision, and retention. 3. Describe your organization’s experience offering services and support for the treatment of individuals with opioid use disorder or other drug dependencies. 4. Describe how your organization provides culturally appropriate, human-centered care. 5. Include your organization’s ability to address changes in funding, staffing, and changing needs in the community. 6. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of intent from any partner providing key program elements.     ***Rating Criteria – A strong application meets all criteria listed below.***   * *The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity. Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.* * *The program description demonstrates the applicant’s experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description of how they will launch new services.* * *Applicant demonstrates the ability to provide culturally appropriate, human-centered care.* * *Applicant demonstrates successful experience adapting to changes in funds and community needs.* * *If applicable, the applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants.* * *If applicable, applicant has submitted signed letters of intent from partners.* |
| 1. **Data COLLECTION *(10 Points)*** 2. Describe your experience collecting data from participants. 3. Describe your organization’s experience with data management – storing, ensuring privacy, and analyzing client information and program activities. 4. What is your technical capacity for tracking client information and producing reports?   ***Rating Criteria – A strong application meets all criteria listed below.***   * *Applicant has experience collecting data and identifies the specific data it collects.* * *Applicant has procedures in place to keep data private and secure.* * *Applicant demonstrates ability to analyze data, track client information and produce reports.* |
| 1. **Budget and Finance *(20 POINTS)*** 2. Complete the Proposed Operating Budget in the Excel Workbook based on a one-year operating budget. The costs reflected in this budget should be for the service area only, not your total agency budget. 3. Describe your revenue plan, including fund development for the operating budget. Note secured vs anticipated income. Describe your experience managing and administering publicly funded contracts. 4. 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 funds? 5. Describe your agency’s ability to meet capital project expenses in advance of City reimbursement.   ***Rating Criteria – A strong application meets all criteria listed below.***   * *Budget is aligned with work plan and expenses tied directly to the proposed services. Costs are reasonable based on the proposed level of services and outcomes.* * *Applicant demonstrates financial stability and management capacity to secure funding for operations and plan and implement its proposed project.* * *Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles.* * *Agency has the ability to meet capital project expenses in advance of City reimbursement.* |
| **Total points: 100 points** |

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| 1. **Facilities (CDBG) Questions** |

**Please provide the following information to allow HSD to determine eligibility. This section will be used to determine CDBG eligibility as a finalist. This section will not be scored.**

1. Eligible Activities - Check all applicable activities you are requesting be paid with CDBG funding:

Site acquisition, i.e., purchase property or an existing facility

Renovation of direct service space

Expansion of existing facility

Construction of new facility

Remove barriers or improve accessibility to service space or facility

1. Property Site Control Requirements: Describe the property ownership or site control mechanism applied during the duration of funding and occupancy.

Agency owns (or will own) the property, in its own name (attach copy of Deed of Trust to application).

Agency controls (or will control) the property through a partnership/limited liability company (attach copy

of Deed of Trust) and will own a portion of a condominium or lease from the partnership/limited liability

company.

Agency has a purchase and sale agreement (attach copy of Purchase and Sale Agreement).

Agency leases (will lease) the property. Please attach copy of lease. In addition, please attach a signed

letter from landlord addressed to Human Services Department Director confirming landlord has been notified of this application for funds and supports agency’s capital project proposal. **\*See Table #1 for City Site Control and Continuing Use Requirements.**

Other property site control. Please provide a detailed narrative description.

\**Table 1 Site Control and Continuing Use Requirements*

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| --- | --- |
| **Award Amount** | **Required Commitment to City of Seattle** |
| Awards of $375,000 or less | Commitment of any eligible programs and services made possible by this capital improvement project to be in operation for at least five (5) years after project completion. Agency must have site control for at least five (5) years after project completion. |
| Awards greater than $375,000 | Commitment of any eligible programs and services made possible by this capital improvement project to be in operations for at least five years, plus an additional year for each additional $75,000 increment over $375,000 - up to a maximum of twenty years ($1,500,000 or greater) - after project completion. Agency must have site control for at least the required number of years.    For all awards over $375,000, the applicant and property owner will commit to additional legal protections for the City, which will include a recorded restrictive covenant and deed of trust, and any other legal agreements as needed. |

1. HUD requires at least 51% of service recipients who will benefit from the proposed project to have incomes at 80% area median income (AMI) or less. See chart below. Are you currently operating a program that serves the same population that will benefit from the space you describe in your proposed project?

Yes  No

If yes, use the table below to identify the percentages of your program’s current service recipients whose Gross Incomes for the most recent tax year are:

|  |  |
| --- | --- |
|  | % At or below 50% area median income |
|  | % At or below 80% area median income, but greater than 50% area median income |
|  | % Over 80% area median income |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number in Family (Persons)** | **1** | **2** | **3** | **4** | **5** | **6** |
| **50% of Area Median Income ($)** | $47,950 | $54,800 | $61,650 | $68,500 | $74,000 | $79,500 |
| **80% of Area Median Income ($)** | $70,650 | $80,750 | $90,850 | $100,900 | $109,000 | $117,050 |

If yes, provide the percentages of your program’s current service recipients below:

|  |  |
| --- | --- |
|  | % City of Seattle residents |
|  | % King County (outside Seattle) residents |
|  | % Other (please describe) residents |

Please explain the method(s) used to collect and maintain service recipients' demographics data:

1. If the City funds your capital project proposal, it will be required to undergo a National Environmental Policy Act (NEPA) environmental review. A review is not required prior to submitting this application. However, if you already had a NEPA review of your project site, please attach copies of the findings and determination letter(s).
2. Describe in detail the physical construction work or project site acquisition that would be funded using CDBG dollars if your proposal is selected for funding. You may address the questions: Is there a physical problem and, if yes, how does it hinder your service delivery? What physical improvements will you make to the site and/or facility? How will your service recipients benefit from the physical improvements? How will services be added, expanded, improved, made more efficient, and/or made more effective?
3. How many individuals with substance use disorder do you estimate you will treat in the new or improved physical location annually? Of the total number you estimate, how many of these individuals do you estimate will be new to your agency?
4. What kind of strategic planning has your agency conducted and your Board adopted? How does the proposed capital project fit within the Agency’s current strategic plan? If your Board has adopted a strategic plan and the plan is current, please attach a copy to this application. This is not required prior to submitting this application.
5. What are your agency’s asset management plans and policies? How does your agency plan to maintain the useful life of the space or facility after completing the capital improvements you propose in this application? Will your agency maintain operating or replacement reserves for this facility?
6. Is the existing space or facility currently accessible to persons with disabilities? How will the improved space or new facility be accessible to persons with disabilities?
7. If you do not meet the goals you outlined on the Capital Project Funding Summary worksheet in the Excel workbook (blue tab), what are your financing alternatives for completing this capital construction project? Do you have a reduced scope of work if you are not successful at raising enough funds to cover the full budget expenses? Please elaborate.
8. Please describe all completed capital projects your agency has undertaken over the last ten years. Please summarize timeline, budget, and project description.
9. Describe your agency’s capacity and experience to carry out your proposed capital construction project. Include the experience of all project team members. If relevant, please describe specific experience using CDBG funds.
10. When was your agency’s most recent financial audit and what time period did it cover?

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

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

1. A completed application checklist
2. A completed and signed two-page Application Cover Sheet
3. A completed Narrative response – Sections VI. Service Questions and VII. Facilities (CDBG) Questions
4. A completed Excel workbook, including:

* Capital Project Schedule
* Capital Project Budget
* Capital Project Funding Summary
* Operations and Services Implementation Schedule
* Operations and Services Budget
* Operations and Services Funding Summary

1. Site Control Verification
2. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.
3. If your board has adopted a current agency strategic plan, please attach a copy.

**AFTER 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 RFQ 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 General Terms and Conditions requirements at the start of the contract.

**2023 Post-Overdose Stabilization**

**and Outpatient Treatment Facilities Request for Qualifications**

**Application Checklist**

This checklist is to help you ensure your application is complete prior to submission. Please submit this 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 Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD General Terms and Conditions Sample

**Read and understood the CDBG Guidelines and Requirements found in section IV of the Guidelines?**

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

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

**Responded to the:**

Services Questions

Facilities (CDBG) Questions

**Completed all six (6) worksheets in the Excel workbook?**

**Attached the following supporting documents?**

Site control verification (Deed of Trust or Lease)

Letter of acknowledgement and support from agency’s landlord, if applicable.

**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?\***

NEPA environmental review, if available

Board-adopted, current agency strategic plan, if available.

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (noon) on Tuesday, November 28, 2023**.

**Choose one submission method:**

* **Electronic Submittal:** Application packets may be submitted electronically via HSD’s Online Submission System at[**http://web6.seattle.gov/hsd/rfi/index.aspx**](http://web6.seattle.gov/hsd/rfi/index.aspx)
* **Email:** Application packets may be emailed to [**HSD\_RFQ\_EMAIL\_Submissions@seattle.gov**](mailto:HSD_RFQ_EMAIL_Submissions@seattle.gov)**.**

*Late or incomplete proposals may not be accepted or reviewed for funding consideration.*

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**City of Seattle**

**Human Services Department**

**2023 Post-Overdose Stabilization**

**and Outpatient Treatment Facilities Request for Qualifications (RFQ)**

**Application Cover Sheet**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | |
| 1. Agency Executive Director:   \*Will be notified of funding outcome | | | | | |  | | | | | | | | |
| Phone #: | | | | | | Email: | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: |  | | | | |
|  | Address: |  | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | | 1. Federal Unique Entity ID #: | | |  | | |
| 1. WA Business License Number: | | | | |  | | | | | | | | | |
| 1. Facilities (Capital) Funding Amount Requested: | | | | |  | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | |  | | | | | | | | | |
|  | Contact Name: | |  | | | | | | Title: |  | | | | |
|  | Address: | |  | | | | | | | | | | | |
|  | Email: | |  | | | | | | Phone Number: | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | |
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| 1. Partner Agency (if applicable): | | | | |  | | | | | | | | | |
|  | Contact Name: | |  | | | | | | Title: |  | | | | |
|  | Address: | |  | | | | | | | | | | | |
|  | Email: | |  | | | | | | Phone Number: | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | |
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| **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: |  |
|  | | | | | | | |  | | | | |  |  |