



**Seattle**  
Human Services

**2024**

**Community Living Connections  
Request for Qualification**

**GUIDELINES..... 3**

**INTRODUCTION .....3**

**TIMELINE\* .....4**

**INVESTMENT AREA BACKGROUND AND PROGRAM REQUIREMENTS .....5**

- A. Overview of Investment Area.....5
- B. Service Descriptions .....6
- C. Participant Eligibility Criteria .....11
- D. Priority Population and Focus Population .....11
- E. Expected Service Coverage .....12
- F. Expected Performance Commitments .....13
- G. Description of Key Staff Qualifications and Staffing Level .....13
- H. RFQ Specific Eligibility, Data, and Contracting Requirements: .....15
  - 1. Contract Obligations .....15
  - 2. Data Collection and Evaluation .....15
  - 3. Fiscal Sponsor .....15
  - 4. Other Regulations Applicable to the Investment Area .....15

**2024 Community Living Connections RFQ APPLICATION ..... 16**

**HOW TO COMPLETE THE APPLICATION .....16**

**APPLICATION QUESTIONS .....17**

**COMPLETED APPLICATION REQUIREMENTS ..... 28**

**Application Submittal .....28**

**List of Attachments & Related Materials.....29**

- Attachment 1 - Application Checklist .....30
- Attachment 2 - Application Cover Sheet .....32
- Attachment 3 - Application Cover Sheet Example .....34
- Attachment 4 - Proposed Program Budget .....36
- Attachment 5 - Proposed Personnel Detail Budget.....38
- Attachment 6 - Summary of Proposed Deliverables .....39
- Attachment 7 - Summary of Proposed Deliverables Example .....41
- Attachment 8 - Cities by Region of King County.....42

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## GUIDELINES

### **INTRODUCTION**

The Aging and Disability Services (ADS) Division of the [City of Seattle Human Services Department \(HSD\)](#) is seeking applications from agencies interested in helping older adults, adults with disabilities and caregivers maintain their quality of life and age in place by connecting people with programs and services in a “no wrong door system.” This Request for Qualification (RFQ) is open to any legally constituted entities meeting [HSD Agency Minimum Eligibility Requirements](#) and any additional requirements outlined in the RFQ Guidelines.

This RFQ will identify rosters of agencies qualified to provide services in King County. Funding will be awarded competitively through this RFQ where available. Qualification is not a guarantee of funding. Applicants that are determined qualified but not awarded funding will remain on service roster(s) for the duration of the investment period. HSD/ADS may utilize Community Living Connections service rosters in the event of service delivery changes or changes to funding availability. Applicants may choose to apply for roster purposes only. Applicants should indicate their intent utilizing Attachment 2 - Application Cover Sheet and refer to the RFQ Application for more information on how applications will be evaluated.

Approximately **\$4,265,950** is available through this RFQ from the following sources:

| <b>Program</b>                                         | <b>Fund Sources</b>                                                                                                 | <b>RFQ Amount</b>  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------|
| Services for Older Adults and Adults with Disabilities | Senior Citizens Services Act, Older Americans Act (OAA) Title III-B, Title XIX Admin Claiming, Seattle General Fund | \$2,418,988        |
| Services for Caregivers                                | OAA Title III-E, State Family Caregiver, Seattle General Fund                                                       | \$1,846,962        |
| <b>Total</b>                                           |                                                                                                                     | <b>\$4,265,950</b> |

All materials and updates to the RFQ are available on [HSD’s Funding Opportunities webpage](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking this webpage for any changes. HSD will not pay for any expense applicants may incur while they are preparing their application, providing information requested by HSD, or participating in the selection process.

### **FUNDING INFORMATION**

Initial awards will be made for the period of January 1, 2025 – December 31, 2025. While it is the City’s intention to continue funding resulting from this opportunity on an annual basis through the 2028 program year, future funding will be contingent upon performance and funding availability. Applicants that are determined qualified but not awarded funding will remain on service roster(s) for the duration of the investment period.

### **NUMBER OF AWARDS**

HSD intends to fund a maximum of 21 Community Living Connections proposals. Applicants can include any number of the 13 Community Living Connections services in a proposal.

If you have any questions about the RFQ or would like to request accommodation, please contact Funding Process Coordinator: Allison Boll at [Allison.Boll@seattle.gov](mailto:Allison.Boll@seattle.gov)

**TIMELINE\***

| <b>Date</b>            | <b>Time</b>               | <b>Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>April 15, 2024</b>  |                           | Funding Opportunity Released                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>April 24, 2024</b>  | 9:30 a.m. -<br>11:30 a.m. | Information Session #1 – In person only<br>Aging & Disabilities Services, South King County Office, 600 SW 39th St (Times Square office complex), Mt St Helens Room, Renton, WA 98057<br><a href="#">Directions</a><br>Email <a href="mailto:Allison.Boll@seattle.gov">Allison.Boll@seattle.gov</a> to request accommodation.                                                                                                                                                                                   |
| <b>May 1, 2024</b>     | 9:30 a.m. -<br>11:30 a.m. | Information Session #2 – Virtual<br><a href="#">Link to Microsoft Teams meeting</a><br>Meeting ID: 282 087 100 792<br>Passcode: 57ACzT<br><b>Or call in (audio only)</b><br><a href="tel:+12066868357">+1 206-686-8357</a> , <a href="tel:+12066868357">27758983#</a> United States, Seattle<br>Phone Conference ID: 277 589 83#<br>Email <a href="mailto:hsd_adsplanning@seattle.gov">hsd_adsplanning@seattle.gov</a> for technical assistance accessing the information session or request for accommodation. |
| <b>May 15, 2024</b>    | by 12:00<br>p.m. (noon)   | Last Day to Submit Questions (via email only)<br><a href="mailto:Allison.Boll@seattle.gov">Allison.Boll@seattle.gov</a>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>May 28, 2024</b>    | by 12:00<br>p.m. (noon)   | Applications Deadline (electronic submissions only)<br>1. HSD Online Submission System:<br><a href="http://web6.seattle.gov/hsd/rfi/index.aspx">http://web6.seattle.gov/hsd/rfi/index.aspx</a><br>2. Email: <a href="mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov">HSD_RFP_RFQ_Email_Submissions@seattle.gov</a>                                                                                                                                                                                            |
| <b>August 26, 2024</b> |                           | Planned Award Notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>January 1, 2025</b> |                           | New Contracts Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

\*HSD reserves the right to change any dates in the RFQ timeline.

**Information Sessions**

HSD will offer two information sessions, one virtual and one in-person, which will be recorded and made available on [HSD's Funding Opportunities webpage](#). Any agency interested in learning more about this RFQ is encouraged to attend the sessions and ask questions. Bring a copy of the Guidelines and Application document to the in-person information session as no copies will be provided. Attendance is not required.

## **INVESTMENT AREA BACKGROUND AND PROGRAM REQUIREMENTS**

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

Community Living Connections, Washington State’s term for Aging and Disability Resource Centers, is a federal initiative to streamline access to programs and services for older adults, adults with disabilities, and their caregivers. By connecting these populations to resources, Community Living Connections enables people to live in a community-based setting of their choice and age in their homes and communities.

It can be difficult for community members to know where to turn for up-to-date and reliable information about resources and programs, and information is not always readily accessible to all communities. Community Living Connections provides a continuum of support to bridge these gaps. People with aging or disability issues contact Community Living Connections Central Access; their Advocates respond to telephone and electronic requests for information and provide referrals to available resources. If people need extra help accessing resources, or their situation is more complex than a simple referral, Community Living Connections Central Access Advocates will directly connect them to one of the network’s contracted providers. These providers offer hands-on assistance to connect people to the services they need.

Community Living Connections employs a “no wrong door” approach to connect people with programs and services. Participants can get the information and help they need by contacting any provider in the Community Living Connections network. If a provider does not know how to help a participant – or have the capacity to help – they will contact and coordinate with another provider in the network that may be able to help that participant. The COVID-19 pandemic accelerated a transition to virtual spaces, and more community members are using technology in their daily lives due to safety, ease, or necessity. Community Living Connections support is provided through a wide variety of methods including over the phone, in-person, virtually, or other electronic communication to meet participant ability and preferences. Services are person-centered - not a “one-size fits all” approach.

Region Coordinators play a key role in supporting this network. They are responsible for creating networking opportunities for local aging and disability service providers and other organizations that interact with older adults and people with disabilities. These networking meetings include representatives from non-contracted service providers, health care, libraries, emergency medical services, housing, and community centers. Through these meetings, agencies learn more about community resources and local organizations that serve older adults, adults with disabilities, and their caregivers. This network of agencies and organizations, both contracted and non-contracted, increases system capacity and enables people to access information and services quickly, easily, and from organizations they trust. Network agencies may not have all the answers; however, they will know who to call to help participants get the information they need.

Unpaid caregivers, which include family, friends, and neighbors, play a significant role in helping people stay in their homes and communities. There are an estimated 860,000 unpaid family caregivers throughout Washington<sup>1</sup>. The Community Living Connections program model includes specialized services that focus on the needs of these caregivers. As every caregiver’s situation is unique, an in-depth assessment helps determine which services would be most helpful. In Washington State, Tailored Care Assessment and Referral (TCARE®) is the tool network providers use to assess the caregiver’s situation and recommend activities and specialized services to meet their needs. These specialized caregiver services include respite services, counseling, support groups, training, and consultation.

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<sup>1</sup> Number of Family Caregivers, Hours, and Economic Value of Caregiving, by State, 2017, AARP Public Policy Institute, November 2019

## B. Service Descriptions

Community Living Connections provides culturally and linguistically appropriate, person-centered services throughout King County to all eligible participants. The program includes thirteen service components, nine of which are specifically for unpaid caregivers.

### 1. Older Adult and Adult with Disability Outreach

The purpose of Older Adult and Adult with Disability Outreach is to identify potential participants, convey information about available services, and encourage use of services and benefits. Outreach examples may include, but are not limited to, distributing flyers and newsletters, conducting presentations and informational sessions, and participating in health fairs and other community events.

Outreach activities should target the focus population(s) and priority populations listed in Section D- Priority Population and Focus Population. Activities may be designed to reach potential participants or other entities serving those populations, such as faith-based communities, health care providers, and other social service or professional organizations.

### 2. Information and Assistance

This service assists older adults, adults with disabilities, or their representatives in locating, obtaining, and navigating services and resources available within their communities. Agencies perform, at minimum, the following activities:

- Accept referrals or direct contact from participants seeking services. Interview participant to determine the type of information and support being sought, capacities of the individual, and eligibility for resources and services.
- Provide objective information on resources available in the community including public benefits, human or health services, and Long-Term Services and Supports (LTSS) programs that participants may be eligible for such as Medicaid LTSS; Medicaid Transformation Project: Medicaid Alternative Care (MAC) or Tailored Supports for Older Adults (TSOA); and WA Cares Fund long term care benefits.
- Directly refer participants to appropriate service or provide instruction to participants on how to access resources, depending on participant preferences and direction. Support a warm hand-off<sup>2</sup> to other Community Living Connections service providers where participant may be seeking a service best provided by another service provider.
- Identify participants in a caregiving situation and refer them to a Community Living Connections provider that provides caregiver services for further support.
- Assist participants to access and obtain a needed resource if information giving is not sufficient. Access assistance may include but is not limited to contacting agencies on behalf of the participant; translating documents; filling out physical, online or web-based forms and applications; making phone calls to set up or confirm appointments; and having staff accompany participants to service provider appointments.
- Aid participants in evaluating various pathways by providing unbiased information about benefits or considerations of specific local community options in the context of the participants needs, circumstances, and preferences.
- Encourage participants to call back if resource and/or referral information proves to be incorrect and/or if further clarification is needed or additional needs for resources are identified. Conduct

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<sup>2</sup> warm hand off is defined as participants receiving a referral and introduction to staff from the agency to which they are being referred.

follow-up to ensure that participants receive the services needed and identify any additional needs a participant may have.

- Provide up to date information on program location, time, and staff contact information to ADS staff to ensure up to date information is available on public websites and other program resources.

Staff performing Information and Assistance will provide the service via the preferred method for the participant which may include over the phone, in-person, virtual methods, written, or electronic communication. Staff shall have the flexibility to meet the needs of the participant and provide services through any of the various methods mentioned.

To leverage resources and support services to participants under the age of 60, agencies providing Information and Assistance are required to match personnel costs and may be required to perform Medicaid Administrative Claiming. See Section H - RFQ Specific Eligibility, Data, and Contracting Requirements for more information.

### **3. Care Coordination**

Care Coordination is short-term case management for older adults and adults with disabilities who need assistance and do not have family or other resources to help them access services. Care Coordination services are provided by individuals who are trained or experienced in case management skills. See Section G - Description of Key Staff Qualifications and Staffing Level. Care Coordination includes:

- Comprehensive assessment of the participant, including the physical, functional, psychological, and social needs of the participant, resources, and formal and informal supports available.
- Development and implementation of a service plan with the participant to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the participant, including coordination of resources and services.
- Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the care plan are being provided.
- Service termination planning to make any necessary referrals to transition to other services, ensure a stable plan of care, provide notice to the participant, and close services.

The assessment should be performed in person as able. Follow-up services and collateral contacts may be performed over the phone, in person, or via electronic or virtual communication.

Care Coordinators will have access to flexible funds to purchase goods or services to help the participant remain in their own home. These funds are available to participants who demonstrate need and have no other resources. Agencies must be able to track goods or services purchased for participants through this flexible fund source. Agencies will be allocated these flexible funds separate from this process.

To leverage resources and support services to participants under the age of 60, agencies providing Care Coordination are required to match personnel. See Section H - RFQ Specific Eligibility, Data, and Contracting Requirements for more information.

### **4. Region Coordination**

Region Coordinators develop and coordinate partnerships that enable the network to best serve program participants and the broader community in their respective regions: North King County and Seattle; East King County; and South King County. Region Coordinators have a substantial presence in the region, such as regular office hours. See Attachment 8 - Cities by Region of King County for a list of cities located in each geographic region.

Region Coordination agencies are considered qualified to deliver at least one other Community Living Connections RFQ service and provide, at minimum, the following activities:

- Convene at least two networking meetings per year for assigned region(s). Meetings may be convened in-person or virtually depending on safety, capability, availability, or other considerations.
- Coordinate with other Region Coordination agencies to convene at least one joint region networking meeting per year. Meetings may be convened in-person or virtually depending on safety, capability, availability, or other considerations.
- Coordinate with other Community Living Connections agencies to promote Community Living Connections network services at networking meetings as appropriate.
- Promote Community Living Connections, including caregiver services, at outreach events on behalf of the network to the public.
- Identify, recruit, and maintain relationships with organizations in the region that serve older adults, adults with disabilities, and caregivers such as the faith-based community, health care system, transportation network, housing services, legal system, personal care services, food access system, libraries, community, and senior centers, etc.
- Build relationships and connect with organizations serving the Priority and Focus Populations identified in Section D - Priority Population and Focus Population to understand their needs and how they would like to work with the Community living Connections network.
- Present information about working with older adults, adults with disabilities, and their caregivers; and community resources that support them, as requested.
- Coordinate with ADS to post calendar events or meeting materials on public websites, and make all networking events accessible to diverse participants (access, interpretation, process for organizing and communicating, etc).

*The following activities are specialized services for unpaid caregivers:*

## **5. Caregiver Outreach**

The purpose of Caregiver Outreach is to identify potential caregivers, raise general awareness of caregiving issues, convey information to unpaid caregivers about available services, and encourage use of services and benefits. Outreach examples may include, but are not limited to, distributing flyers and newsletters, conducting presentations and informational sessions, and participating in health fairs and other community events.

Outreach activities should target the focus population(s) and priority populations listed in Section D - Priority Population and Focus Population. Activities may be designed to reach potential participants or other entities serving those populations, such as faith-based communities, health care providers, and other social service or professional organizations.

## **6. Information and Assistance for Caregivers**

This service assists caregivers in locating, obtaining, and navigating services and resources available within their communities.

- Accept referrals or direct contact from caregivers seeking services. Interview participant to determine the type of information and support being sought, capacities of the individual, and eligibility for resources and services.
- Provide objective information on resources available in the community including public benefits and Long-Term Services and Supports (LTSS) programs that caregivers may be eligible for such as Medicaid Transformation Project: Medicaid Alternative Care (MAC) or Tailored Supports for Older Adults (TSOA).
- Directly refer participants to appropriate service or provide instruction to participants on how to access resources, depending on participant preferences.



- Support warm hand-off where participant may be seeking a service provided by another Community Living Connections provider, such as TCARE® - Caregiver Assessment.
- Assist participants to access and obtain a needed resource if information giving is not sufficient. Access assistance may include, but is not limited to, contacting agencies on behalf of the participant; translating documents; filling out physical, online or web-based forms and applications; making phone calls to set up or confirm appointments; or having staff accompany participants to service provider appointments.
- Encourage participants to call back if resource and/or referral information proves to be incorrect and/or if further clarification is needed or additional needs for resources are identified. Conduct follow-up to ensure that participants receive the services needed and identify any additional needs a participant may have.
- Provide up to date information on program location, time, staff contact information to ADS staff to ensure up to date information is available on public websites and other program resources.

Staff performing Caregiver Information and Assistance will provide the service via the preferred method for the caregiver which may include over the phone, in-person, virtual methods, written or electronic communication. Staff shall have the flexibility to meet the needs of the caregiver and provide services through any of the various methods mentioned.

## 7. TCARE® - Caregiver Assessment

Tailored Care Assessment and Referral (TCARE®) is an electronic assessment and service planning process used to tailor the support and services for unpaid caregivers. The assessment measures caregiver burden and stress and recommends support and services to help the caregiver. The assessment process includes several distinct levels or TCARE® steps:

- Intake: collect basic demographic information on the caregiver and care receiver.
- Screening: interview the caregiver to identify stress and burden and determine the need for a full assessment.
- Assessment: complete a comprehensive assessment to identify goals, strategies, and services personalized to the caregiver's needs.
- Care Plan: develop a care plan based on assessment results. Obtaining agreement from the caregiver to be referred to the most appropriate service(s) or community resources to support them in their role.

TCARE® process steps and case notes are recorded in GetCare, a state system used to track and record services funded by OAA and other fund sources.

TCARE® agencies will have access to funds to purchase goods or services to help caregivers in their role. These funds are available to caregivers who demonstrate need and have no other resources. Agencies must be able to track goods or services purchased for participants through this flexible fund source. Agencies will be allocated these funds separately from this process.

TCARE® assessors must be certified by Tailored CARE® Enterprises, LLC. See Section G - Description of Key Staff Qualifications and Staffing Level for information about Staff Qualifications and TCARE® certification. For additional information about TCARE® see:

<https://www.dshs.wa.gov/altsa/stakeholders/caregiver-assessment-and-planning-tcare>

## 8. Emergency Respite Coordination

Caregivers may experience a crisis and need immediate support with their caregiving responsibilities. Emergency Respite addresses caregivers' immediate needs and engages new caregivers who need ongoing help and who are not currently accessing caregiver support. Emergency Respite Coordinators will work with service providers to authorize and arrange respite care for caregivers in a crisis. Caregiver

demographics will be entered into GetCare and those needing ongoing services will be screened and referred to an agency that provides caregiver services for ongoing support.

Coordinators will manage the emergency respite budget and administer respite funds by authorizing services, verifying services are delivered, paying vendors, and reconciling the respite budget. Coordinators will be required to establish, monitor, and adjust agreements with organizations providing Emergency Respite Services. Outreach to hospitals, medical clinics, rehab facilities, home care agencies, etc. will be performed to establish such agreements.

The amount of Emergency Respite funds Coordinators will administer will be determined and allocated separately from this process.

### **9. Respite Coordination**

Respite Services and Housekeeping and Errands (H&E) relieve unpaid caregivers by providing temporary care or supervision to adults with a functional disability, or assistance with housekeeping and errand tasks. Respite Coordination is the authorization and coordination of these services. Respite Coordination is performed by an agency that is also qualified to provide TCARE® - Caregiver Assessment activities may include, but are not limited to, the following:

- Receive referrals from Community Living Connections TCARE® - Caregiver Assessment agencies. Review and authorize Respite Services and Housekeeping and Errands (H&E) for caregivers as determined by TCARE®.
- Monitor participant services and communicate with Community Living Connections agencies, service provider agencies, and caregivers or care receivers.
- Provide TCARE® - Caregiver Assessment services for caregivers, as appropriate.
- Review budget, record authorization information in ADS Case Managed Care system or other system of record, and coordinate with ADS staff to support budget and service monitoring.

### **10. Caregiver Counseling**

Caregiver Counseling is a short-term mental health intervention that provides emotional support, assistance with decision-making and problem solving, and coaching on coping skills. Caregiver Counseling consists of 6-12 sessions delivered to caregivers, and may also involve the care receiver, family, &/or loved ones.

Counseling services may address but are not limited to the following topics: identifying the caregiver's personal strengths and abilities, managing short- and long-term care decisions and planning, alternative ways to express anger or frustration; caregiver journey and identity change, family communication and relationships, and developing strategies to better manage and cope with their caregiver role.

The service is provided in person, by phone or confidential on-line platform based on participant preference and availability. See Section G - Description of Key Staff Qualifications and Staffing Level for information on qualifications.

### **11. Caregiver Support Groups**

Caregiver Supports Groups rely on group process to assist caregivers in developing new competencies and coping strategies related to their caregiver experience. Support groups provide a setting for emotional support, information sharing, and/or skill development. They provide a vital opportunity to connect to the community and other caregivers and develop a mutual support system. The service is

provided in person, confidential on-line platform, or other means based on participant preference and availability.

## 12. Caregiver Training

Caregiver Training is the delivery of group sessions, workshops, or a training series to help caregivers with coping and/or instruction to improve knowledge and performance of specific skills relating to caregiving. These specific skills may include, but are not limited to, activities related to health, disease processes, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. The service is provided in person, confidential on-line platform, or other means based on participant preference and availability. Agencies should include any certification and material costs in their Attachment 4 - Proposed Program Budget worksheet.

While Caregiver Training is not required to meet Administration for Community Living standards for “Evidence Based Programs”, resources for effective programs can be found at <https://api.bpc.caregiver.org/pdf/BPCProgramsList> or <https://www.ncoa.org/evidence-based-programs>.

## 13. Caregiver Consultation

Caregiver Consultation is individual consultation to help the caregiver with a specific task or behavior, to provide instruction to improve knowledge and performance of specific skills related to caregiving, and to help caregivers with coping and/or to build caregiving skills. Caregiver Consultation may include but is not limited to consultation on direct care skills, how to ask for help from information sources, skills to communicate, and skills for responding to mood and behavior changes. The service is provided in person, by phone or confidential on-line platform based on participant preference and availability.

## C. Participant Eligibility Criteria

### Services for Older Adults and Adults with Disabilities

Eligible participants are adults age 60+ and adults with disabilities (18+) living in King County. Funding is primarily available for adults age 60+. Agencies are required to identify other funding to support the program and to serve adults under age 60 with disabilities.

### Services for Caregivers

Eligible participants are unpaid caregivers living in King County - spouse, partner, relative, or friend (age 18 and older) who are actively providing care to an adult (age 18 and older) with a functional disability<sup>3</sup>. The caregiver cannot receive financial compensation for providing care and the care receiver (person receiving care) must not be receiving Medicaid-funded long-term care services (e.g. Community First Choice, Medicaid Transformation Project), or live in a nursing facility, residential care setting, or other long term care facility.

## D. Priority Population and Focus Population

*Priority populations* and *focus populations* for this funding are based on HSD’s results-based accountability framework and ensures that the department’s investments are dedicated to addressing disparities in the population.

### 1. Priority Populations

Priority populations are identified through the Older Americans Act (OAA) and Washington State Department of Social and Health Services – Aging and Long-Term Care Administration (AL TSA)<sup>4</sup> and are

<sup>3</sup> \*The term functional disability refers to any reduction in the adult’s ability to perform essential activities of everyday life.

<sup>4</sup> Policy and Procedure Manual for AAA Operations, Ch. 1 Policies. <https://www.dshs.wa.gov/altsa/home-and-community-services/policy-procedure-manual-aaa-operations>.

further honed locally by ADS in the Area Plan<sup>5</sup> and the overview of investment area above. Priority populations for this investment include older adults, unpaid caregivers, and adults with disabilities who meet or are caring for individuals with:

- Greatest economic need, resulting from an income level at or below the Federal poverty line.
- Greatest social need, caused by non-economic factors, including but not limited to:
  - Cultural, social, or geographical isolation;
  - Language barriers;
  - Physical, mental, sensory disabilities;
  - Alzheimer's disease and related disorders;
  - At risk for institutional placement; or
  - Any other status which results in restricted access to services and threatened ability to live independently.

## 2. Focus Populations

Focus populations are identified as specific racial or ethnic groups within the priority population and with data showing the highest disparities in the investment area. Given the data provided, focus population(s) for this investment opportunity are:

Black, Indigenous and People of Color (BIPOC) populations, including:

- American Indian, Alaska Native
- Asian
- Black, African American, African Descent
- Hispanic, Latinx
- Native Hawaiian, Pacific Islander

Applicants may specialize in subgroups within the focus populations. Proposals that clearly describe a plan to address significant needs among other populations will also be considered. For more information regarding the data used to determine the priority and focus populations, please see HSD's Results Based Accountability and Theory of Change document on the [HSD Funding Opportunity webpage](#).

## E. Expected Service Coverage

Older Americans Act funding is intended to serve the entire community of eligible individuals. As such, Community Living Connections Services should be available throughout King County. Agencies should indicate which geographic region(s) of King County (Seattle, North King County, South King County, East King County) and populations they would like to serve in their RFQ Application and Attachment 2 – Application Cover Sheet.

### Region Coordination

Only one agency will be awarded funds per geographic region. Agencies may apply to be the Region Coordinator in more than one region.

### Care Coordination

HSD/ADS intends to award funds to a minimum of one agency serving the general population in East King County, as well as to agencies serving focus populations across geographic regions.

HSD/ADS is soliciting qualified agencies interested in providing Care Coordination services to the general population in other geographic regions (Seattle, North King County, South King County). Agencies qualified through this RFQ process will remain on a roster for consideration pending future funding availability.

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<sup>5</sup> Area Plan 2024-2027 for Seattle and King County. [https://www.agingkingcounty.org/wp-content/uploads/sites/185/2023/11/ADS\\_AreaPlan2024-2027\\_submitted2023-11-02.pdf](https://www.agingkingcounty.org/wp-content/uploads/sites/185/2023/11/ADS_AreaPlan2024-2027_submitted2023-11-02.pdf)

### **Respite Coordination**

HSD/ADS intends to award funds to a minimum of one agency serving the general population in East King County, as well as to agencies serving focus populations across geographic regions.

HSD/ADS is soliciting qualified agencies interested in providing Respite Coordination services to the general population in other geographic regions (Seattle, North King County, South King County). Agencies qualified through this RFQ process will remain on a roster for consideration pending future funding availability.

### **F. Expected Performance Commitments**

HSD uses data to measure performance in three areas: quantity – how much service is being delivered, quality – how well is it being delivered, and impact – who is better off as a result. Community Living Connections performance measures may include, but are not limited to the following:

#### **Quantity**

- # individuals receiving access to information and support
- # individuals engaged in caregiver services

#### **Quality**

- #/% of individuals connected to services and supports
- #/% of caregivers receiving an assessment and care plan

#### **Impact**

- % of individuals that got the help or support they need from this program or service
- % of caregivers who feel confident in their ability to care for care receiver

Data sources and methods will be finalized with awardees.

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

#### **Information and Assistance – Staff**

- Bachelor’s degree in a related field and two years of paid or volunteer experience providing direct human services; or
- Two years of relevant college level courses and four years of paid or volunteer experience providing direct human services.
- Experience providing services to older people and people with disabilities is preferred.
- Inform USA Community Resource Specialist - Aging/Disabilities (CRS-A/D) credentials are encouraged.<sup>6</sup>

If an Information and Assistance Advocate does not meet these minimum requirements, a waiver request in the form of a letter needs to be submitted to AL TSA (Aging and Long-Term Support Administration) via ADS.

#### **Information and Assistance – Supervisor**

- Bachelor’s degree in a relevant field (social science) and two years of paid experience providing direct human services or two years of supervisory experience. Experience must be paid. Experience providing services to older people is preferred.
- Inform USA Community Resource Specialist - Aging/Disabilities (CRS-A/D) credentials are encouraged.

If an Information and Assistance Supervisor does not meet these minimum requirements, a waiver request in the form of a letter needs to be submitted to AL TSA (Aging and Long-Term Support Administration) via ADS.

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<sup>6</sup> <https://www.informusa.org/core-certification>

**Care Coordination**

- Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or
- Bachelor's degree in behavioral or health sciences and two years of paid on-the-job social service experience; or
- Bachelor's degree and four years of paid on-the-job social service experience.

If a Care Coordinator does not meet these minimum requirements, a waiver request in the form of a letter needs to be submitted to ADS.

**TCARE® - Caregiver Assessment**

- Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or
- Bachelor's degree in behavioral or health sciences and two years of paid on-the-job social service experience; or
- Bachelor's degree and four years of paid on-the-job social service experience.

If a Caregiver Assessor does not meet these minimum requirements, a waiver in the form of a letter needs to be submitted to ALTSA via ADS

Staff do not have to be TCARE® certified prior to application submission; however, staff will be required to begin training within three (3) months of contract execution. ADS will coordinate with the state to facilitate the training and certification process.

**Caregiver Counseling**

The service will be provided by a professional holding one of the following Washington State licensures: psychiatrists; psychologists; psychiatric advanced registered nurse practitioners (ARNPs); psychiatric mental health nurse practitioners-board certified (PMHNP-BCs); mental health counselors; independent clinical social workers; advanced social workers; and marriage and family therapists.

The service may utilize graduate level interns to assist with or counsel participants. Interns must be overseen/supervised by a licensed mental health professional from the listed options above, and a waiver in the form of a letter needs to be submitted to ALTSA via ADS.

**Participant Service General Guidelines****1. Information and Assistance**

- One (1) full-time equivalent staff position (FTE) serves a range of 300-800 participants per year (unduplicated), depending on the population served. Programs serving focus populations may serve participants at the lower end; programs serving mainstream participants may serve participants at the higher end.

**2. Care Coordination**

- One (1) full-time equivalent staff position (FTE) has a caseload of between 40-50 participants, serving 60-100 participants annually. Programs serving focus populations may serve participants at the lower end; programs serving mainstream participants may serve participants at the higher end.

**3. TCARE® - Caregiver Assessment**

- One (1) full-time equivalent staff position (FTE) serves at least 55 caregivers, conducting 36 TCARE® assessments and care plans per year.

## H. RFQ Specific Eligibility, Data, and Contracting Requirements:

In addition to the [HSD Agency Minimum Eligibility Requirements](#), agencies must also adhere the following criteria:

### 1. CONTRACT OBLIGATIONS

- Service providers may have their own priority and focus populations but may not turn away any eligible participant seeking services. In this no wrong door system, all agencies must, at a minimum, respond and gather information necessary to refer participant to another agency that may be better able to serve them, based on their needs.
- Service providers will participate in a process to finalize program performance measures and network charter agreements. Service providers are also expected to participate in relevant contracted provider meetings and Region Meetings to the maximum extent practicable. The average estimated time commitment to participate in program meetings is 7 hours/quarter.
- Service providers may need to perform quarterly time studies (Medicaid administrative claiming) to maximize funding. Medicaid administrative guidelines can be found [here](#).
- Service providers need to show an agency contribution, other financial or in-kind resources, to support the program. Service providers of Information and Assistance, and Care Coordination must include match in personnel costs to support service to adults with disabilities under age 60. Applicants requesting funds should include agency contributions in the Budget and Proposed Deliverables Worksheets excel template. See RFQ Application for more information.

### 2. DATA COLLECTION AND EVALUATION

- Participant and service data must be entered into GetCare, a state data system used to track and report services funded by OAA and other sources.
- Applicants must be able to collect and report data as required under the Older Americans Act Performance System (OAAPS). Data Specifications can be found [here](#).

### 3. FISCAL SPONSOR

- If you have a fiscal sponsor, provide a signed letter of agreement from the sponsor. The letter will not count toward page limits. The HSD fiscal sponsor requirements can be found [here](#).

### 4. OTHER REGULATIONS APPLICABLE TO THE INVESTMENT AREA

- Service providers must adhere to applicable federal, state and local guidelines, rules and regulations, including but not limited to:
  - [Community Living Connections State Standards](#)
  - [Community Living Connections State Standards Admin Claiming](#)
  - [Community Living Connections State Standards Options Counseling and Care Coordination](#)
  - [DSHS AL TSA Long Term Care Manual Chapter 17a, Family Caregiver Support Program](#)
  - WAC 388-106-1200 through 388-106-1230
  - Chapter 74.41 RCW Respite Care Services
- Modifications to certain program policies and procedures may occur during the contracted period. HSD/ADS will inform the awarded contractor of any such changes. HSD/ADS also has the flexibility under state guidelines to modify certain program and procedures as needed before or during the contracted period.

## 2024 Community Living Connections RFQ APPLICATION

### **HOW TO COMPLETE THE APPLICATION**

This RFQ will identify rosters of agencies qualified to provide services in King County. Funding will be awarded competitively through this RFQ where available. Qualification is not a guarantee of funding. Applicants that are determined qualified but not awarded funding will remain on service roster(s) for the duration of the investment period. HSD/ADS may utilize Community Living Connections service rosters in the event of service delivery changes or changes to funding availability. Applicants may choose to apply for roster purposes only. Applicants should indicate their intent utilizing Attachment 2 - Application Cover Sheet and refer to the RFQ Application for more information on how applications will be evaluated.

Answer each question completely. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at <http://web6.seattle.gov/hsd/rfi/index.aspx> **OR** Email to [HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov). Applications that do not follow the required format may lose points. **Complete application packets are due by May 28, 2024, 12:00 p.m. (noon) Pacific Time.**

Required format for Narrative Response:

- Typed and formatted to letter-size (8 ½ x 11-inch) document.
- One-inch margins, single spacing, and size 11-point font.
- Section 1: Agency Qualification - 12-page maximum not including attachments.
- Section 2: Service Qualification - 2-page maximum per service not including attachments.
- Section 3: Program Budget and Deliverables - 1-page maximum not including attachments.
- Requested attachments in each section will not count towards page limits.

When submitting documents, name them as following:

| Document Type                                        | Document Name                      |
|------------------------------------------------------|------------------------------------|
| Narrative Response                                   | Narrative                          |
| Attachment 2: Application Cover Sheet                | Cover Sheet                        |
| Attachment 4: Proposed Program Budget                | *Proposed Program Budget           |
| Attachment 5: Proposed Personnel Detail Budget       | *Personnel Detail Budget           |
| Attachment 6: Summary of Proposed Deliverables       | *Summary of Proposed Deliverables  |
| Letter of agreement from fiscal sponsor              | Letter of Agreement                |
| Letters of intent from partner(s) or service site(s) | Letter of Intent                   |
| Redacted sample assessment and service plan          | Sample Assessment and Service Plan |
| Start-up timeline                                    | Start-up timeline                  |

\*Submit the Proposed Program Budget, Personnel Detail Budget, and Summary of Proposed Deliverables in the Excel template provided.

The RFQ Guidelines is a separate document that provides background on HSD's guiding principles and Results-Based Accountability framework, and an overview of the RFQ program requirements. [HSD's Funding Opportunities webpage](#) provides additional information on proprietary and confidential information, agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, Theory of Change, and the process for selecting successful applications.



**PROPOSAL NARRATIVE & RATING CRITERIA**

**Section 1: Agency Qualification**

All applicants must complete a narrative response to sections A-D. Answer each section completely according to the questions. Do not exceed a total of 12 pages for section A-D combined. Sections A-D is worth a total of 100 points. To be considered qualified, an agency must be rated a minimum average of 75 points by the rating committee. Requested attachments will not count toward your page limit. Agencies must complete and meet the Agency Qualification minimum average to provide a Community Living Connections service.

**Section 2: Service Qualification**

Answer the following questions for each service you intend to provide. You do not need to provide all the services listed. Each service is worth a total of 10 points. To be considered qualified for a service, your agency must be rated a minimum average of 7.5 points by the rating committee and meet any other requirements stated in the rating criteria. Your answer for each service cannot exceed two (2) pages and you must have separate pages for each service. Requested attachments will not count toward your 2-page per service limit.

**Section 3: Program Budget and Deliverables**

Complete this section if your agency is requesting funding for *any* of the specified services included in this RFQ. Points in this section are not included in Agency and Service Qualification minimum averages. Points will be considered in the funding recommendation, in combination with Agency and Service Qualification points. Your narrative response to this section cannot exceed one (1) page. Please complete Budget and Proposed Deliverables Worksheets in the Excel template provided, including Proposed Program Budget (Attachment 4), Proposed Personnel Detail Budget (Attachment 5), and Summary of Proposed Deliverables (Attachment 6). These attachments will not count toward your page limits.

Only Applicants that are qualified as an Agency, AND qualified for a Service will be considered for funding. Being qualified does not guarantee that you will receive funding. Other factors in the funding recommendation include population served and service coverage, such as geographic region. If your proposal includes Care Coordination or Respite Coordination services to the general population in North King County, Seattle, and/or South King County geographic regions, please do not include those costs in your worksheets. See Guidelines Section D - Priority and Focus population and Section E – Expected Service Coverage for more information.

**APPLICATION QUESTIONS**

**SECTION 1: AGENCY QUALIFICATION**

All applicants must complete a narrative response to sections A-D. Answer each section completely according to the questions. Do not exceed a total of 12 pages for section A-D combined. Sections A-D is worth a total of 100 points. To be considered qualified, an agency must be rated a minimum average of 75 points by the rating committee. Requested attachments will not count toward your page limit. Agencies must meet the Agency Qualification minimum average to provide a Community Living Connections service.

|                                    |                        |                   |
|------------------------------------|------------------------|-------------------|
| <b>A. CAPACITY AND EXPERIENCE:</b> | <b>RATING CRITERIA</b> | <b>POINTS: 35</b> |
|------------------------------------|------------------------|-------------------|

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| <ol style="list-style-type: none"> <li>1. Give a brief description of your organization, its mission, and values. Further describe your organization’s success providing services to older adults, adults with disabilities, their caregivers, or services to marginalized communities.</li> <li>2. Describe your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support.</li> <li>3. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery. Describe your plan for staff recruitment, training, supervision, and retention for the services you intend to deliver.</li> <li>4. Describe your organization’s experience with data management including collecting, storing, and analyzing participant information and program activities.</li> <li>5. Describe your experience learning new data or technology systems, and your organization’s technical capacity for IT support.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant provides information that demonstrates experience, commitment, and success in delivering services to older adults, adults with disabilities, and/or their caregivers.</li> <li>• Applicant demonstrates successful experience adapting to changes in funds and community needs. Applicant’s leadership is likely to provide strong ongoing support for the service(s) proposed.</li> <li>• Applicant provides a list and brief job description for all key personnel and describes processes for recruiting and maintaining qualified staff that matches the levels needed to run the proposed program.</li> <li>• Applicant describes experience collecting data, storing, and analyzing participant information and program data.</li> <li>• Applicant has experience learning new data or technology systems, and access to IT support to help troubleshoot technical issues and challenges.</li> </ul> |
| <b>B. PARTNERSHIPS AND COLLABORATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>RATING CRITERIA      POINTS: 25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <ol style="list-style-type: none"> <li>1. Describe your agency’s experience collaborating with other agencies. How was the collaboration beneficial to program participants? Please provide examples.</li> <li>2. Describe challenges collaborating with other agencies. How do you address issues when expectations are not met? Please provide examples.</li> <li>3. Describe how you will refer participants to other agencies qualified to provide services through this funding opportunity in a proactive, seamless, participant-friendly manner.</li> <li>4. Name any partnering agencies and explain the roles and responsibilities. Provide signed letters of intent from any partner providing key Community Living Connections program elements. Partnership letters will not be counted toward the maximum page limit.</li> </ol>                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants.</li> <li>• Applicant describes challenges in collaboration and how they address issues when expectations are not met. Examples are provided. Applicant response indicates that they understand and are prepared for challenges they may encounter.</li> <li>• Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner.</li> <li>• Applicant describes partnerships with other agencies essential to their program. Applicant explains roles and responsibilities of their partners. Applicant provides signed letters of intent from partners providing key program elements if applicable.</li> </ul>                             |
| <b>C. CULTURALLY RESPONSIVE SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>RATING CRITERIA      POINTS: 30</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| <ol style="list-style-type: none"> <li>1. Describe your experience providing services to diverse groups, including communities of color, immigrants and refugees, low-income populations, and populations that do not communicate in English as their primary language. If experience is limited, what steps will you take to provide culturally responsive services?</li> <li>2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?</li> <li>3. Describe how the agency board and staff represent the cultural, linguistic, and socio-economic background of program participants.</li> <li>4. Describe your program’s strategy for ensuring cultural and linguistic responsive services are infused through your policies, procedures, and practices.</li> <li>5. What kind of training does your agency provide to support culturally responsive services?</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant has a strong history and experience providing culturally and linguistically responsive services to diverse priority population(s) and focus population(s), OR (if experience is limited) Applicant demonstrates understanding of culturally responsive services and describes how culturally responsive services will be into the program and service delivery.</li> <li>• Applicant demonstrates the ability to provide culturally responsive services within diverse communities through evidence of success and understanding of the challenges.</li> <li>• Applicant staff and board composition reflects the cultural and linguistic characteristics of populations served.</li> <li>• Applicant describes how humility, respect, and appreciation for the cultural and linguistic characteristics of priority and focus population(s) are incorporated into program policies procedures and practices.</li> <li>• Applicant demonstrates a commitment to ongoing training and development within the agency to promote and support culturally responsive service delivery.</li> </ul> |
| <p><b>D. FINANCE MANAGEMENT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>RATING CRITERIA                      POINTS: 10</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ol style="list-style-type: none"> <li>1. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity? Entities without such capabilities may wish to have an established agency act as fiscal agent. Provide a signed letter of agreement from your fiscal sponsor. The letter will not count towards the page limit.</li> <li>2. Describe how your agency has the capability to meet program expenses in advance of reimbursement.</li> </ol>                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Applicant response indicates capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded by ADS in the future. If applicant lacks fiscal management capabilities, applicant identifies a fiscal sponsor.</li> <li>• Applicant demonstrates the capability to meet program expenses in advance of reimbursement.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## SECTION 2: SERVICE QUALIFICATION

Answer the following questions for each service you intend to provide. You do not need to provide all the services listed. Each service is worth a total of 10 points. To be considered qualified for a service, your agency must be rated a minimum average of 7.5 points by the rating committee and meet any other requirements stated in the rating criteria. Your answer for each service cannot exceed two (2) pages and you must have separate pages for each service. Requested attachments will not count toward your 2-page per service limit.

| A. OUTREACH TO OLDER ADULTS AND ADULTS WITH DISABILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | POINTS: 10 |
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| <ol style="list-style-type: none"> <li>1. Describe your experience designing and delivering Outreach to reach older adults and/or adults with disabilities -including the specific demographic population(s) you serve. Include specific examples of successes and challenges. If your agency has no experience, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.                             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>3. Describe how your program will identify focus population(s) and priority populations listed in Section D of the funding Guidelines and any other priority population(s) or focus population(s) for Outreach.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience designing and delivering outreach to reach older adults and/or adults with disabilities OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates that they are prepared for challenges they may encounter and evidence of likely success in meeting outcomes.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.</li> <li>• Applicant demonstrates a realistic plan to identify priority population(s) and focus population(s) for Outreach.</li> </ul> |            |
| B. INFORMATION AND ASSISTANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | POINTS: 10 |
| <ol style="list-style-type: none"> <li>1. Describe your experience providing Information and Assistance or similar services to older adults and/or adults with disabilities -including the specific demographic population(s) you serve. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.                             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>3. List when and where services will be delivered, by whom and through what methods (locations, times, days of week, telephone, in person, electronic, etc). If the service site</li> </ol>                                               | <ul style="list-style-type: none"> <li>• Applicant describes experience providing Information and Assistance or similar services to older adults and/or adults with disabilities OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> <li>• Applicant states the frequency, timing, locations where services will be held.</li> </ul>                                                                                |            |

differs from your agency’s location, provide a letter of intent from the facility.

Services are provided at times, locations and methods that are accessible to proposed participants. A letter of intent is provided if the service site is not an Agency location.

| C. CARE COORDINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POINTS: 10 |
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| <ol style="list-style-type: none"> <li>1. Describe your staff capacity and experience providing care coordination or similar case management services. Please address supervision in your staff capacity description. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe a specific example of a challenging case, including how you overcame barriers to provide excellent care coordination or case management services.</li> <li>3. Describe your experience tracking budgets and verifying that a good or service has been delivered.</li> <li>4. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.               <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>5. Submit a sample of your agency’s current participant assessment form and a service plan as an attachment with participant names and identifying information redacted. Provide samples that are representative of the typical participant served. If this is a new service to your agency provide a sample assessment form and service plan. These will not count toward the page limit.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience and capacity to provide care coordination or similar case management services, OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant describes a challenge and successful ways to overcome barriers. Applicant response indicates that they understand and are prepared for challenges they may encounter.</li> <li>• Applicant describes experience tracking budgets and verifying that a good or service has been delivered. Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> <li>• Applicant provides a sample assessment form and service plan for a typical participant, or sample forms if this is a new service. Applicant samples indicate that they are prepared to provide service to their population and are able to comply with program requirements.</li> </ul> |            |
| D. REGION COORDINATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | POINTS: 10 |

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| <ol style="list-style-type: none"> <li>1. Describe your experience convening a diverse group of stakeholders serving older adults, adults with disabilities, and their caregivers, including agencies serving different language/cultural groups, the health care industry, housing and transportation providers, or any other entities. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe your agency’s experience providing presentations to older adults, adults with disabilities, and their caregivers about community resources.</li> <li>3. Describe your agency’s experience providing services in the region(s) in which you are applying, and your agency’s presence in the region(s). If your agency has offices in the region(s), please include the name of the building, address, and office hours.</li> <li>4. Describe how your program will identify and engage agencies that reach the focus population(s) and priority populations listed in Section D of the Guidelines and any other priority population(s) or focus population(s), including the types of agencies.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience successfully convening a diverse group of stakeholders OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes.</li> <li>• Applicant describes experience providing presentations about community resources for older adults, adults with disabilities, and their caregivers.</li> <li>• Applicant describes a strong history of providing services in the region in which they are applying to be the region coordinator and maintains a substantial presence in that region, such as through office hours.</li> <li>• Applicant demonstrates a realistic plan to identify and engage agencies that reach priority population(s) and focus population(s)</li> <li>• <b>REQUIRED:</b> Applicant qualifies for another Community Living Connections service through this RFQ process (Y/N).</li> </ul> |
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| <b>E. OUTREACH TO CAREGIVERS</b> | <b>RATING CRITERIA</b> | <b>POINTS: 10</b> |
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| <ol style="list-style-type: none"> <li>1. Describe your experience designing and delivering outreach to caregivers -including the specific demographic population(s) you serve. Include specific examples of successes and challenges. If your agency has no experience, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>3. Describe how your program will identify focus population(s) and priority populations listed in Section D of the Guidelines and any other priority population(s) or focus population(s) for Outreach.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience designing and delivering outreach to reach caregivers OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates that they are prepared for challenges they may encounter and evidence of likely success in meeting outcomes.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> <li>• Applicant demonstrates a realistic plan to identify priority population(s) and focus population(s) for Outreach.</li> </ul> |
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| <b>F. CAREGIVER INFORMATION AND ASSISTANCE</b> | <b>RATING CRITERIA</b> | <b>POINTS: 10</b> |
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1. Describe your experience providing Information and Assistance or similar services to caregivers -including the specific demographic population(s) you serve. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.
2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.
  - a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.
3. List when and where services will be delivered, by whom and through what methods (locations, times, days of week, telephone, in person, electronic, etc.). If the service site differs from your agency’s location, provide a letter of intent from the facility.

- Applicant describes experience providing Information and Assistance or similar service to caregivers OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes.
- Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.
- Applicant states the frequency, timing, locations where services will be held. Services are provided at times, locations and methods that are accessible to proposed participants. A letter of intent is provided if the service site is not an Agency location.

| G. TCARE CAREGIVER ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POINTS: 10 |
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| <ol style="list-style-type: none"> <li>1. Describe your staff capacity and experience providing TCARE® or a similar service to your population. Please address supervision in your staff capacity description and indicate if TCARE® is a new service for your agency. If your agency has no experience delivering TCARE® or a similar service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.                     <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>3. Describe the unique challenges, if any, administering an evidence-based tool or program to your population and how you overcome barriers. If you do not have any challenges, please describe how you maintain fidelity to evidence-based tools.</li> <li>4. Describe your experience tracking budgets and verifying that a good or service has been delivered.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience and capacity to provide TCARE® or a similar service OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.</li> <li>• Applicant describes challenges and ways to overcome barriers when using an evidence-based tool. Applicant response indicates that they understand and are prepared for challenges they may encounter. If using an evidence-based tool is not challenging, applicant clearly describes how they maintain fidelity to the tool.</li> </ul> |            |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Applicant describes experience tracking budgets and verifying that a good or service has been delivered.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| <p><b>H. EMERGENCY RESPITE COORDINATION</b></p> <ol style="list-style-type: none"> <li>1. Describe your experience administering emergency respite funds or similar funds, including how you recruit participants and vendors, verify that a good or service has been delivered, and track budgets. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> </ol>                                                  | <table border="1"> <thead> <tr> <th data-bbox="930 296 1252 352">RATING CRITERIA</th> <th data-bbox="1252 296 1523 352">POINTS: 10</th> </tr> </thead> <tbody> <tr> <td data-bbox="930 352 1252 1052"> <ul style="list-style-type: none"> <li>• Applicant describes experience administering emergency respite funds or similar funds, including recruiting participants and vendors, verifying that a good or service has been delivered, and tracking budgets OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> </ul> </td> <td data-bbox="1252 352 1523 1052"></td> </tr> </tbody> </table>                                                                                                                     | RATING CRITERIA | POINTS: 10 | <ul style="list-style-type: none"> <li>• Applicant describes experience administering emergency respite funds or similar funds, including recruiting participants and vendors, verifying that a good or service has been delivered, and tracking budgets OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> </ul>                                                                                                               |  |
| RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | POINTS: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| <p><b>I. RESPITE COORDINATION</b></p> <ol style="list-style-type: none"> <li>1. Describe your experience providing respite authorization or similar service including tracking budgets, documenting and coordinating services, and communicating with agencies and participants about services. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> </ol>                                                      | <table border="1"> <thead> <tr> <th data-bbox="930 1052 1252 1108">RATING CRITERIA</th> <th data-bbox="1252 1052 1523 1108">POINTS: 10</th> </tr> </thead> <tbody> <tr> <td data-bbox="930 1108 1252 1881"> <ul style="list-style-type: none"> <li>• Applicant describes experience coordinating respite authorizations or similar service including tracking budgets, documenting, and coordinating services, and communicating with agencies and participants about services OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.</li> <li>• <b>REQUIRED:</b> Applicant qualifies for TCARE® services through this RFQ process (Y/N)</li> </ul> </td> <td data-bbox="1252 1108 1523 1881"></td> </tr> </tbody> </table> | RATING CRITERIA | POINTS: 10 | <ul style="list-style-type: none"> <li>• Applicant describes experience coordinating respite authorizations or similar service including tracking budgets, documenting, and coordinating services, and communicating with agencies and participants about services OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.</li> <li>• <b>REQUIRED:</b> Applicant qualifies for TCARE® services through this RFQ process (Y/N)</li> </ul> |  |
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| <p><b>J. CAREGIVER COUNSELING</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <table border="1"> <thead> <tr> <th data-bbox="930 1881 1252 1932">RATING CRITERIA</th> <th data-bbox="1252 1881 1523 1932">POINTS: 10</th> </tr> </thead> <tbody> <tr> <td data-bbox="930 1932 1252 1932"></td> <td data-bbox="1252 1932 1523 1932"></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RATING CRITERIA | POINTS: 10 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| <ol style="list-style-type: none"> <li>1. Describe your staff capacity and experience providing counseling to caregivers or similar service to your population. Include specific examples of successes and challenges. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> </ol>                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• Applicant describes experience and capacity providing caregiver counseling or similar services and includes specific examples of successes and challenges OR (for applicants providing the service for the first time) the Applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes, preparation for challenges they may encounter, and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> </ul>                                                                                                                                                                       |
| <b>K. CAREGIVER SUPPORT GROUPS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>RATING CRITERIA</b> <span style="float: right;"><b>POINTS: 10</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ol style="list-style-type: none"> <li>1. Describe your experience providing caregiver support groups or similar services, including specific examples of successes and challenges. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> <li>3. Where or how will your support groups be held? Please include the name and address of the facility for any in-person support groups. If the facility differs from your agency’s location, provide a letter of intent from the facility.</li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience providing caregiver support groups or similar experience including successes and challenges. Examples are provided OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes, preparation for challenges they may encounter, and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns</li> <li>• Applicant states the locations or method where services will be delivered. A letter of intent is provided if the in-person service site is not an Agency location.</li> </ul> |
| <b>L. CAREGIVER TRAINING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>RATING CRITERIA</b> <span style="float: right;"><b>POINTS: 10</b></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

1. Describe your experience providing training and instruction to groups of caregivers or similar service to your population, including examples of classes or workshops and program curriculum you followed, if applicable. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.
2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.
  - a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.
3. List the classes or workshops you intend to deliver, and your agency’s experience providing the workshops. Where or how will the training be delivered? Please include the name and address of the facility for any in-person training. If the facility differs from your agency’s location, provide a letter of intent from the facility.

- Applicant describes experience delivering training to caregivers. Examples are provided OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes.
- Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns
- Applicant states which classes or workshops they intend to deliver and their experience providing the workshops services will be held. Applicant states the locations or method where services will be delivered. A letter of intent is provided if in-person service site is not an Agency location.

| M. CAREGIVER CONSULTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | POINTS: 10 |
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| <ol style="list-style-type: none"> <li>1. Describe your agency’s experience providing consultation or individual instruction to caregivers, or similar service to your population, including examples of successes and challenges. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.</li> <li>2. Describe the populations to be served including focus population(s), priority population(s), and region(s) of King County.                             <ol style="list-style-type: none"> <li>a. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, age, ethnicity, language, and other defining attributes.</li> </ol> </li> </ol> | <ul style="list-style-type: none"> <li>• Applicant describes experience providing consultation or individual instruction to caregivers, including successes and challenges OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. Applicant response indicates evidence of likely success in meeting outcomes, preparation for challenges they may encounter, and ability to comply with program requirements.</li> <li>• Applicant defines the populations to be served, including priority population(s), focus population(s) and region(s). Applicant demonstrates a strong connection with the population(s) including an understanding of their strengths, needs, and concerns.</li> </ul> |            |

### SECTION 3: PROGRAM BUDGET AND DELIVERABLES

Complete this section if your agency is requesting funding for *any* of the specified services included in this RFQ. Points in this section are not included in Agency and Service Qualification minimum averages. Points will be considered in the funding recommendation, in combination with Agency and Service Qualification points. Your narrative response to this section cannot exceed one (1) page. Please complete Budget and Proposed Deliverables Worksheets in the Excel template provided, including Proposed Program Budget (Attachment 4), Proposed Personnel Detail Budget (Attachment 5), and Summary of Proposed Deliverables (Attachment 6). These attachments will not count toward your page limits.

Only Applicants that are qualified as an Agency, AND qualified for a service will be considered for funding. Being qualified does not guarantee that you will receive funding. Other factors in the funding recommendation include population served and service coverage, such as geographic region. If your proposal includes Care Coordination or Respite Coordination services to the general population in North King County, Seattle, and/or South King County geographic regions, please do not include those costs in your worksheets. See Guidelines Section D - Priority and Focus population and Section E – Expected Service Coverage for more information.

| A. BUDGET AND LEVERAGING RESOURCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | RATING CRITERIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | POINTS: 10 |
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| <ul style="list-style-type: none"> <li>Complete the Proposed Program Budget (Attachment 4) and Proposed Personnel Detail Budget (Attachment 5) in the excel template provided. The costs reflected in the Proposed Program Budget should be for Community Living Connections services only, not your total agency budget. Costs should reflect the level of services and the deliverables proposed. The attachments will not count toward your maximum number of pages.</li> <li>Complete the Summary of Proposed Deliverables (Attachment 6) for each service you intend to provide in the excel template provided. The Summary of Proposed Deliverables will not count toward your maximum number of pages.</li> <li>Provide a description of your budget, including how funds will be used and other resources and amounts that will be used to support the participants served by this program.</li> </ul> | <ul style="list-style-type: none"> <li>Costs included are only for the services to be funded through this RFQ.</li> <li>Applicant budget includes agency contribution, other financial or in-kind resources to support the program. Applicant includes match in personnel costs to support services to adults with disabilities under 60, if applicable.</li> <li>Costs are reasonable and appropriate given the nature of the service, the priority community(ies) and focus population(s), the proposed level of service, and the proposed deliverables.</li> <li>The proposed program is cost effective given the type, quantity, and quality of services. Applicant can leverage other funds to support program activities.</li> </ul> |            |

## COMPLETED APPLICATION REQUIREMENTS

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### Application Submittal

A proposal includes:

- A completed and signed Application Cover Sheet (Attachment 2).
- A completed Narrative Response to the Application Questions:
  - Section 1: Agency Qualification (12-page maximum, not counting requested attachments)
  - Section 2: Service Qualification (2-page maximum per service not counting requested attachments)
  - If you are requesting funding, complete Section 3: Program Budget and Deliverables (1-page maximum not counting requested attachments)
- If you are requesting funding, complete the Budget and Proposed Deliverables Worksheets in the Excel template provided.
  - Completed the full Proposed Program Budget (Attachment 4).
  - Completed the full Proposed Personnel Detail Budget (Attachment 5).
  - Completed and attached the Summary of Proposed Deliverables (Attachment 6) for each service proposed in the Excel template provided.
- If you are applying for Care Coordination, provide a redacted sample assessment and service plan.
- A start-up timeline for each new service you propose.
- Completed applications are due by **May 28, 2024, at 12:00 p.m. (noon) Pacific Time.**
- Proposals must be submitted through the HSD Online Submission System **OR** via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

*Partnerships:*

- If you are proposing a substantial partnership with another agency or individual, or service site is not an agency location, attached a signed letter of intent.

*Fiscal Sponsorship:*

- If you have a fiscal sponsor, attach a signed letter of agreement from that agency's Director or other authorized representative.

You may apply through **one** of the following methods only. Please note HSD will consider your latest submission as the final submission if there are multiple attempts in applying. Once your application has been submitted, you will receive a written confirmation:

- 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. If you encounter issues with the online submission system, please email Sola Plumacher at [sola.plumacher@seattle.gov](mailto:sola.plumacher@seattle.gov).

**OR**

- 2. 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: 2024 Community Living Connections RFQ.** 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 Interest Statement.

**Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents.

1. The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. The most recent audit report.
3. The most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to [General Terms and Conditions](#) requirements at the start of the contract).
5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
6. Proof of federally approved indirect rate, if applicable.

### **List of Attachments & Related Materials**

- Attachment 1: Application Checklist
- Attachment 2: Application Cover Sheet
- Attachment 3: Application Cover Sheet Example
- Attachment 4: Proposed Program Budget
- Attachment 5: Proposed Personnel Detail Budget
- Attachment 6: Summary of Proposed Deliverables
- Attachment 7: Summary of Proposed Deliverables Example
- Attachment 8: Cities by Region of King County

## Attachment 1 - 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](#)?**
  - HSD Agency Minimum Eligibility Requirements
  - HSD Client Data and Program Reporting Requirements
  - HSD Contracting Requirements
  - HSD Fiscal Sponsor 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
  - HSD Community Living Connections Theory of Change
- Completed and signed the Application Cover Sheet (Attachment 2)? \***
  - If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.
  - If your application names a fiscal sponsor, authorized representatives from this agency must have read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.
- Completed a narrative response for each section of the Application Questions?**
  - Section 1: Agency Qualification: must not exceed 12 pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins.
  - Section 2: Service Qualification: must not exceed 2 pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins for each proposed service.
  - If you are requesting funding Section 3: Program Budget and Deliverables: must not exceed 1 page (8 ½ x 11), single spaced, size 11 font, with 1-inch margins.
    - Page count does not include the required forms and supporting documents requested in this funding opportunity
- Attached supporting documents? \***
  - If you are requesting funding, have you completed **the Budget and Proposed Deliverables Worksheets** in the Excel template provided.
    - Have you completed the full Proposed Program Budget (Attachment 4)? \*
    - Have you completed the full Proposed Personnel Detail Budget (Attachment 5)? \*
    - Have you completed and attached the Summary of Proposed Deliverables (Attachment 6) for each service proposed? \*
  - If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service? \*
  - If you are applying for Care Coordination, have you attached a redacted sample assessment and service plan.? \*
  - If you are proposing a significant collaboration with another agency, or service site is not an agency location, have you attached a signed letter of intent from authorized representative? \*
  - If your application names a fiscal sponsor, have authorized representatives read and understood the HSD Fiscal Sponsor Requirements document? Have you attached a signed letter of agreement from that agency's Director or other authorized representative? \*

*\*These documents do not count against the page limits.*

All applications are due to the City of Seattle Human Services Department by **May 28, 2024, 12:00 p.m. (noon) Pacific Time**. See Section I for submission instructions.

Attachment 2 - Application Cover Sheet

|                                                                                                                                                          |  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--|
| 1. Applicant Agency:                                                                                                                                     |  |                 |  |
| 2. Agency Executive Director:                                                                                                                            |  |                 |  |
| 3. Agency Primary Contact:                                                                                                                               |  |                 |  |
| Name:                                                                                                                                                    |  | Title:          |  |
| Address:                                                                                                                                                 |  |                 |  |
| Email:                                                                                                                                                   |  |                 |  |
| Phone #:                                                                                                                                                 |  |                 |  |
| 4. Agency Type                                                                                                                                           |  |                 |  |
| <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify): |  |                 |  |
| 5. Federal Tax ID or EIN:                                                                                                                                |  | 6. DUNS Number: |  |
| 7. WA Business License Number:                                                                                                                           |  |                 |  |
| 8. Proposed Program Name:                                                                                                                                |  |                 |  |
| 9a. Service:                                                                                                                                             |  |                 |  |
| Focus Population(s):                                                                                                                                     |  |                 |  |
| Priority Population(s):                                                                                                                                  |  |                 |  |
| Region(s) of King County:                                                                                                                                |  |                 |  |
| Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available             |  |                 |  |
| 9b. Service:                                                                                                                                             |  |                 |  |
| Focus Population(s):                                                                                                                                     |  |                 |  |
| Priority Population(s):                                                                                                                                  |  |                 |  |
| Region(s) of King County:                                                                                                                                |  |                 |  |
| Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available             |  |                 |  |
| 9c. Service:                                                                                                                                             |  |                 |  |
| Focus Population(s):                                                                                                                                     |  |                 |  |
| Priority Population(s):                                                                                                                                  |  |                 |  |
| Region(s) of King County:                                                                                                                                |  |                 |  |
| Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available             |  |                 |  |
| 9d. Service:                                                                                                                                             |  |                 |  |
| Focus Population(s):                                                                                                                                     |  |                 |  |
| Priority Population(s):                                                                                                                                  |  |                 |  |
| Region(s) of King County:                                                                                                                                |  |                 |  |
| Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available             |  |                 |  |
| 9e. Service:                                                                                                                                             |  |                 |  |



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |        |          |  |        |               |                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------|----------|--|--------|---------------|----------------------------------------------------|--|
| Focus Population(s):<br>Priority Population(s):<br>Region(s) of King County:<br>Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available                                                                                                                                                                                                                                                                                                                                                                         |               |        |          |  |        |               |                                                    |  |
| 9f. Service:<br>Focus Population(s):<br>Priority Population(s):<br>Region(s) of King County:<br>Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available                                                                                                                                                                                                                                                                                                                                                         |               |        |          |  |        |               |                                                    |  |
| 9g. Service:<br>Focus Population(s):<br>Priority Population(s):<br>Region(s) of King County:<br>Are you requesting funding? <input type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available                                                                                                                                                                                                                                                                                                                                                         |               |        |          |  |        |               |                                                    |  |
| 9h. Partner Agency (if applicable):<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contact Name:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Email:</td> <td>Phone Number:</td> </tr> <tr> <td colspan="2">Description of partner agency proposed activities:</td> </tr> </table>                                                                                                                                                                                                                                     | Contact Name: | Title: | Address: |  | Email: | Phone Number: | Description of partner agency proposed activities: |  |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:        |        |          |  |        |               |                                                    |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |        |          |  |        |               |                                                    |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone Number: |        |          |  |        |               |                                                    |  |
| Description of partner agency proposed activities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |        |          |  |        |               |                                                    |  |
| 10. Fiscal Sponsor (if applicable):<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Contact Name:</td> <td style="width: 50%;">Title:</td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>Email:</td> <td>Phone Number:</td> </tr> </table> <p><i>I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.</i></p> Signature of Fiscal Sponsor Representative: _____ Date: _____                                                                                              | Contact Name: | Title: | Address: |  | Email: | Phone Number: |                                                    |  |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title:        |        |          |  |        |               |                                                    |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |        |          |  |        |               |                                                    |  |
| Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Phone Number: |        |          |  |        |               |                                                    |  |
| <p><b>Authorized physical signature of applicant/lead agency</b></p> <p><i>To the best of my knowledge and belief, all the 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 the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit financial documents within 4 business days of request or may forfeit awarded funds.</i></p> Name and Title of Authorized Representative: _____<br>Signature of Authorized Representative: _____ Date: _____ |               |        |          |  |        |               |                                                    |  |

Attachment 3 - Application Cover Sheet Example

|                                                                                                                                                                     |                                                        |                    |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|--------------------|
| 1. Applicant Agency:                                                                                                                                                |                                                        | <b>4 Community</b> |                    |
| 2. Agency Executive Director:                                                                                                                                       |                                                        | Edie D             |                    |
| 3. Agency Primary Contact:                                                                                                                                          |                                                        |                    |                    |
| Name:                                                                                                                                                               | Edie D                                                 | Title:             | Executive Director |
| Address:                                                                                                                                                            | 1000 Agency Street                                     |                    |                    |
| Email:                                                                                                                                                              | <a href="mailto:Dedie@Agency.org">Dedie@Agency.org</a> |                    |                    |
| Phone #:                                                                                                                                                            | (111) 111-1111                                         |                    |                    |
| 4. Agency Type                                                                                                                                                      |                                                        |                    |                    |
| <input checked="" type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify): |                                                        |                    |                    |
| 5. Federal Tax ID or EIN:                                                                                                                                           | 11-1111111                                             | 6. DUNS Number:    | 111111111          |
| 7. WA Business License Number:                                                                                                                                      | 111111111                                              |                    |                    |
| 8. Proposed Program Name:                                                                                                                                           | Community Living Connections                           |                    |                    |
| 9a. Service: Information and Assistance                                                                                                                             |                                                        |                    |                    |
| Focus Population(s): Asian, Black/ African American/African Descent, Hispanic/Latinx                                                                                |                                                        |                    |                    |
| Priority Population(s): low income                                                                                                                                  |                                                        |                    |                    |
| Region(s) of King County: South King, North King, Seattle                                                                                                           |                                                        |                    |                    |
| Are you requesting funding? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No; applying for roster or funding not currently available             |                                                        |                    |                    |
| 9b. Service: Care Coordination                                                                                                                                      |                                                        |                    |                    |
| Focus Population(s):                                                                                                                                                |                                                        |                    |                    |
| Priority Population(s): low-income, general population                                                                                                              |                                                        |                    |                    |
| Region(s) of King County: South King, North King, Seattle                                                                                                           |                                                        |                    |                    |
| Are you requesting funding? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No; applying for roster or funding not currently available             |                                                        |                    |                    |
| 10. Partner Agency (if applicable):                                                                                                                                 |                                                        |                    |                    |
| Contact Name:                                                                                                                                                       | Title:                                                 |                    |                    |
| Address:                                                                                                                                                            |                                                        |                    |                    |
| Email:                                                                                                                                                              | Phone Number:                                          |                    |                    |
| Description of partner agency proposed activities:                                                                                                                  |                                                        |                    |                    |
| 11. Fiscal Sponsor (if applicable):                                                                                                                                 |                                                        |                    |                    |
| Contact Name:                                                                                                                                                       | Title:                                                 |                    |                    |
| Address:                                                                                                                                                            |                                                        |                    |                    |
| Email:                                                                                                                                                              | Phone Number:                                          |                    |                    |
| <i>I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.</i>                |                                                        |                    |                    |

Signature of Fiscal Sponsor Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorized physical signature of applicant/lead agency**

*To the best of my knowledge and belief, all the 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 the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit financial documents within 4 business days of request or may forfeit awarded funds.*

Name and Title of Authorized Representative: Edie D, Executive Director

Signature of Authorized Representative: *Edie D* Date: 5/11/2024

**Attachment 4 - Proposed Program Budget  
January 1, 2025 - December 31, 2025**

An Excel version of the Proposed Program Budget template can be found on the application page of the [HSD Funding Opportunity Webpage](#). Please complete this attachment in the Excel template provided.

| <b>Applicant Agency Name:</b>                                                                                                                   |                                                                                  |                                                   |                    |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------|--------------------|--------------------|---------------|
| <b>Proposed Program Name:</b>                                                                                                                   |                                                                                  |                                                   |                    |                    |               |
|                                                                                                                                                 | <b>Amount by Fund Source</b>                                                     |                                                   |                    |                    |               |
| Item                                                                                                                                            | Requested HSD Funding for Services for Older Adults and Adults with Disabilities | Requested HSD Funding for Services for Caregivers | Other <sup>1</sup> | Other <sup>1</sup> | Total Program |
| <b>PERSONNEL SERVICES</b>                                                                                                                       |                                                                                  |                                                   |                    |                    |               |
| Salaries (Full- & Part-Time)                                                                                                                    | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Fringe Benefits                                                                                                                                 | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Other Employee Benefits <sup>2</sup>                                                                                                            |                                                                                  |                                                   |                    |                    |               |
| <b>SUBTOTAL - PERSONNEL SERVICES</b>                                                                                                            | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| <b>SUPPLIES, OTHER SERVICES &amp; CHARGES</b>                                                                                                   |                                                                                  |                                                   |                    |                    |               |
| Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses)                            | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Operating Supplies <sup>3</sup> (includes computers, other technology expenses (not internet) and other expenses related to providing services) | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Rent                                                                                                                                            | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Contractual Employment/Other Professional Services <sup>4</sup>                                                                                 | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Travel (includes mileage, parking)                                                                                                              | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Insurance                                                                                                                                       | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Utilities (includes electric, internet, phone)                                                                                                  | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Other Miscellaneous Expenses <sup>5</sup>                                                                                                       | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| Administrative/Indirect Costs <sup>6</sup>                                                                                                      | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| <b>SUBTOTAL - SUPPLIES, OTHER SERVICES &amp; CHARGES</b>                                                                                        | \$                                                                               | \$                                                | \$                 | \$                 | \$            |
| <b>TOTAL EXPENDITURES</b>                                                                                                                       | \$                                                                               | \$                                                | \$                 | \$                 | \$            |

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

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>2</sup> Other Employee Benefits - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

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

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>4</sup> Other Professional Services - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>5</sup> Other Miscellaneous Expenses - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>6</sup> Administrative Costs/Indirect Costs - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>6</sup> Administrative Costs/Indirect Costs: Human Services Department policy places a ten percent (10%) cap on reimbursement for federally funded contracts 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, provide the rate.                       |                          |     |                          |    |

**Attachment 5 - Proposed Personnel Detail Budget  
January 1, 2025 - December 31, 2025**

An Excel version of the Proposed Personnel Detail Budget template can be found on the application page of the [HSD Funding Opportunity Webpage](#). Please complete this attachment in the Excel template provided.

|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          |                      |
|---------------------------------------------------------|-------------------|--------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------|--------------------------|----------------------|
| <b>Applicant Agency Name:</b>                           |                   |                    |                                                        |                                                                                         |                                                          |                          |                          |                      |
| <b>Proposed Program Name:</b>                           |                   |                    |                                                        |                                                                                         |                                                          |                          |                          |                      |
| <b>Agency's Full-Time Equivalent (FTE) =</b>            |                   | <b>hours/week</b>  | <b>Amount by Fund Source(s)</b>                        |                                                                                         |                                                          |                          |                          |                      |
| <b>Position Title</b>                                   | <b>Staff Name</b> | <b>Hourly Rate</b> | <b>How many hours a week this funding will pay for</b> | <b>Requested HSD Funding for Services for Older Adults and Adults with Disabilities</b> | <b>Requested HSD Funding for Services for Caregivers</b> | <b>Other Fund Source</b> | <b>Other Fund Source</b> | <b>Total Program</b> |
|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
|                                                         |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Subtotal – Salaries &amp; Wages</b>                  |                   |                    |                                                        | \$                                                                                      | \$                                                       | \$                       | \$                       | \$                   |
| <b>Personnel Benefits:</b>                              |                   |                    |                                                        |                                                                                         |                                                          |                          |                          |                      |
| <b>FICA</b>                                             |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Pensions/Retirement</b>                              |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Industrial Insurance</b>                             |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Health/Dental</b>                                    |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Unemployment Compensation</b>                        |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Other Employee Benefits</b>                          |                   |                    |                                                        |                                                                                         |                                                          |                          |                          | \$                   |
| <b>Subtotal – Personnel Benefits:</b>                   |                   |                    |                                                        | \$                                                                                      | \$                                                       | \$                       | \$                       | \$                   |
| <b>TOTAL PERSONNEL COSTS (SALARIES &amp; BENEFITS):</b> |                   |                    |                                                        | \$                                                                                      | \$                                                       | \$                       | \$                       | \$                   |

**Attachment 6 - Summary of Proposed Deliverables  
January 1, 2025 - December 31, 2025**

*An Excel version of the Summary of Proposed Deliverables template can be found on the application page of the [HSD Funding Opportunity Webpage](#). Please complete this attachment in the Excel template provided.*

Instructions: Complete a Summary of Proposed Deliverables tab for each service you intend to provide. If you are applying for Outreach or Region Coordination, please complete the information requested in those respective tables. If you are applying for another Community Living Connections service: 1) Input the service and how many individuals you intend to serve with that service (an unduplicated count) 2) Then, fill out what percent of people you intend to serve in the categories listed below and specify which region of King County they reside.

|                                                |                |                   |                  |                   |
|------------------------------------------------|----------------|-------------------|------------------|-------------------|
| <b>Agency:</b>                                 |                |                   |                  |                   |
| <b>Service:</b>                                |                |                   |                  |                   |
| <b>Unduplicated Count:</b>                     |                |                   |                  |                   |
| <b>Category</b>                                | <b>Seattle</b> | <b>North King</b> | <b>East King</b> | <b>South King</b> |
| <b>Race/Ethnicity:</b>                         |                |                   |                  |                   |
| Asian                                          |                |                   |                  |                   |
| Black/African American/African Descent         |                |                   |                  |                   |
| Hawaiian Native/Pacific Islander               |                |                   |                  |                   |
| Hispanic/Latinx                                |                |                   |                  |                   |
| Native American/Alaskan Native                 |                |                   |                  |                   |
| Other Focus Population (please specify):       |                |                   |                  |                   |
| White                                          |                |                   |                  |                   |
| <b>Priority Populations:</b>                   |                |                   |                  |                   |
| Economic need                                  |                |                   |                  |                   |
| Geographic isolation                           |                |                   |                  |                   |
| Physical, mental, sensory disabilities         |                |                   |                  |                   |
| Cultural or social isolation                   |                |                   |                  |                   |
| At risk for institutional placement            |                |                   |                  |                   |
| Language Barriers (please specify languages):  |                |                   |                  |                   |
|                                                |                |                   |                  |                   |
|                                                |                |                   |                  |                   |
|                                                |                |                   |                  |                   |
| Other Priority Population(s) (please specify): |                |                   |                  |                   |
|                                                |                |                   |                  |                   |
|                                                |                |                   |                  |                   |

| OUTREACH                                                |                        |                                                |
|---------------------------------------------------------|------------------------|------------------------------------------------|
| <b>Service:</b>                                         |                        |                                                |
| <b>Category</b>                                         | <b># of Activities</b> | <b># of People Reached (may be duplicated)</b> |
| Dissemination of Publications                           |                        |                                                |
| Group Presentations                                     |                        |                                                |
| Publicity/Media Campaigns                               |                        |                                                |
| Other (please specify):                                 |                        |                                                |
| Focus Populations:                                      |                        |                                                |
| Asian                                                   |                        |                                                |
| Black/African American/African Descent                  |                        |                                                |
| Hawaiian Native/Pacific Islander                        |                        |                                                |
| Hispanic/Latinx                                         |                        |                                                |
| Native American/Alaskan Native                          |                        |                                                |
| Other Focus or Priority Population(s) (please specify): |                        |                                                |

| REGION COORDINATION                                     |                                                           |                           |
|---------------------------------------------------------|-----------------------------------------------------------|---------------------------|
| <b>Region:</b>                                          |                                                           |                           |
| # of Agencies reached                                   |                                                           |                           |
| Types of Agencies reached                               |                                                           |                           |
| # of Outreach Events:                                   |                                                           |                           |
| # of Presentations:                                     |                                                           |                           |
| <b>Category</b>                                         | <b># Activities (e.g. Outreach Events, Presentations)</b> | <b># Agencies reached</b> |
| Focus Populations:                                      |                                                           |                           |
| Asian                                                   |                                                           |                           |
| Black/African American/ African Descent                 |                                                           |                           |
| Hawaiian Native/Pacific Islander                        |                                                           |                           |
| Hispanic/Latinx                                         |                                                           |                           |
| Native American/Alaskan Native                          |                                                           |                           |
| Other Focus or Priority Population(s) (please specify): |                                                           |                           |



Attachment 7 - Summary of Proposed Deliverables Example

|                                                |                                   |                   |                  |                   |
|------------------------------------------------|-----------------------------------|-------------------|------------------|-------------------|
| <b>Agency:</b>                                 | <b>4 Community</b>                |                   |                  |                   |
| <b>Service:</b>                                | <b>Information and Assistance</b> |                   |                  |                   |
| <b>Unduplicated Count:</b>                     | <b>500</b>                        |                   |                  |                   |
| <b>Category</b>                                | <b>Seattle</b>                    | <b>North King</b> | <b>East King</b> | <b>South King</b> |
| <b>Race/Ethnicity:</b>                         |                                   |                   |                  |                   |
| Asian                                          | <b>5%</b>                         |                   |                  | <b>7%</b>         |
| Black/African American/African Descent         | <b>20%</b>                        |                   |                  | <b>40%</b>        |
| Hawaiian Native/Pacific Islander               |                                   |                   |                  |                   |
| Hispanic/Latinx                                | <b>3%</b>                         |                   |                  | <b>5%</b>         |
| Native American/Alaskan Native                 |                                   |                   |                  |                   |
| Other Focus Population (please specify):       |                                   |                   |                  |                   |
| White                                          | <b>7%</b>                         |                   |                  | <b>12%</b>        |
| <b>Priority Populations:</b>                   |                                   |                   |                  |                   |
| Economic need                                  | <b>45%</b>                        |                   |                  | <b>45%</b>        |
| Geographic isolation                           |                                   |                   |                  |                   |
| Physical, mental, sensory disabilities         |                                   |                   |                  |                   |
| Cultural or social isolation                   |                                   |                   |                  |                   |
| At risk for institutional placement            |                                   |                   |                  |                   |
| Language Barriers (please specify languages):  |                                   |                   |                  |                   |
| <b>Spanish</b>                                 | <b>1%</b>                         |                   |                  | <b>3%</b>         |
| <b>Cantonese</b>                               | <b>2%</b>                         |                   |                  | <b>3%</b>         |
| <b>Mandarin</b>                                | <b>2%</b>                         |                   |                  | <b>3%</b>         |
| Other Priority Population(s) (please specify): |                                   |                   |                  |                   |
|                                                |                                   |                   |                  |                   |
|                                                |                                   |                   |                  |                   |

Attachment 8 - Cities by Region of King County

| Region               | Cities                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| North Region/Seattle | <ul style="list-style-type: none"> <li>• Bothell</li> <li>• Cottage Lake</li> <li>• Kenmore</li> <li>• Lake Forest Park</li> <li>• Seattle</li> <li>• Shoreline</li> <li>• Woodinville</li> </ul>                                                                                                                                                                                    |
| East Region          | <ul style="list-style-type: none"> <li>• Bellevue</li> <li>• Beaux Arts</li> <li>• Carnation</li> <li>• Duvall</li> <li>• Issaquah</li> <li>• Kirkland</li> <li>• Medina</li> <li>• Mercer Island</li> <li>• Newcastle</li> <li>• North Bend</li> <li>• Redmond</li> <li>• Sammamish</li> <li>• Skykomish</li> <li>• Snoqualmie</li> </ul>                                           |
| South Region         | <ul style="list-style-type: none"> <li>• Auburn</li> <li>• Black Diamond</li> <li>• Burien</li> <li>• Covington</li> <li>• Des Moines</li> <li>• Enumclaw</li> <li>• Federal Way</li> <li>• Kent</li> <li>• Maple Valley</li> <li>• Normandy Park</li> <li>• Renton</li> <li>• Sea Tac</li> <li>• Tukwila</li> <li>• White Center/Boulevard Park</li> <li>• Vashon Island</li> </ul> |