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**City of Seattle**

**Human Services Department**

**2017**

**Community Connectors at Food Banks Pilot Program**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2017 Community Connectors at Food Banks Pilot Program RFQ. The RFQ Guidelines is a separate document that outlines the RFQ award process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 4:00 p.m. on Tuesday, May 23, 2017.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the **4:00 p.m. deadline on Tuesday, May 23, 2017**. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFQ will not be accepted or reviewed for funding consideration.*

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents several hours prior to the deadline in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFQ Response – 2017 Community Connections at Food Banks

Attn: Natalie Thomson

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions** |

1. Applications will be rated only on the information requested and outlined in this RFQ including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of eight (8) pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
4. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

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

Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of eight (8) pages for sections A – E combined.

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| **Narrative Questions** |
| **A. Program Description *(30 points)***   1. Describe your Community Connectors program model. At minimum, include:  * Location of food bank(s) and office, if different * Day(s) and hours of food bank operation and office hours * Accessibility * Program space (you may include up to 3 photos with captions showing where the proposed Community Connector will conduct services and activities within the food bank. Photos and captions will not count toward the 8-page limit.) * Key or unique operating features * Number of Community Connectors and their full-time equivalents (FTE)  1. Describe your plan for staff recruitment, training, supervision, and retention of the Community Connectors. Describe key criteria you will use to select the Community Connector (include a timeline for staff hire, training, and program implementation. Timeline will not count toward the 8-page limit). 2. Provide the number of unduplicated food bank clients who were served in 2016. Describe your understanding of the unique characteristics and experiences of the clients you serve such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes. 3. Describe the need for Community Connector services and the availability or lack thereof, to your food bank clients. How many unduplicated food bank clients do you anticipate the Community Connector to serve? 4. Which **focus populations** would be served and how would the Community Connectors serve them? 5. What challenges and successes have you experienced, or do you anticipate, in providing services to the focus population(s)?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant clearly describes the location, operations and accessibility of services. * Applicant has a designated space for a work station, internet access, and access to privacy for client meetings if needed. * The program plan demonstrates a clear and realistic description and timeline for launching the new service. * Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described. * Timeline is reasonable. * Applicant clearly defines the number of unduplicated clients who is anticipated to be served by Community Connectors. * Applicant demonstrates an understanding of the unique characteristics and experiences of their food bank clients.   + Applicant describes the need for Community Connectors to provide services. * Applicant clearly defines focus population(s) and how they would be served. * The program description shows a strong connection with the focus population(s) and an understanding of their strengths, needs, and concerns. |
| **B. Capacity, Experience AND Cultural Competency *(30 points)***   1. Describe your agency’s ability to implement the Community Connectors program at your food bank and at partner food banks, if proposed. 2. Provide a list of, and a brief job description for, all key personnel who will have a significant role in program coordination, service delivery and supervision. 3. Describe how the agency board, staff and volunteer composition represent the cultural, linguistic and socio-economic background of the food bank clients. 4. Describe your strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices. 5. What kind of trainings does your agency provide to support cultural competency?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant has capacity to implement a successful Community Connectors program. * The program has sufficient number of qualified staff (or partners) and supervision to deliver the services as described. * Applicant’s staff and board composition reflects the cultural and linguistic characteristics of the focus population(s). * Applicant has, or describes a clear strategy to develop, policies and procedures that demonstrate a respect and appreciation for the cultural and linguistic characteristics of the focus population(s). * Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery. |
| **C. Partnerships and Collaboration *(20 points)***   1. Recognizing some council districts may have one HSD funded food bank while others have multiple HSD funded food banks, this pilot seeks to encourage food bank partnerships when possible. Describe how your food bank will partner with other HSD funded food banks. 2. If the proposal includes partnerships with other HSD funded food banks, name the partners in this arrangement. Identify the lead agency and describe the roles and responsibilities of the various partners. Provide signed letters of intent from any food bank partner providing key program elements. (Partnership letters of intent will not be counted toward the maximum 8-page limit.) 3. Describe how the proposed project will collaborate with other agencies/programs to deliver services that support your Community Connector. For example, housing, job readiness, Apple Health, nutrition, child care, utility assistance, and other social service programs.     ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant partners with other food banks to extend reach within council geographic region or council district. * Partnership roles and responsibilities are clearly described. Applicant has submitted signed letters of intent from partners. * Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available, and provide benefit to program participants. |
| **D. Data Management *(10 points)***   1. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and producing reports? 2. Describe how you will ensure that clients complete customer satisfaction surveys. 3. Describe how you will incorporate quality assurance input into your program and ongoing services. Describe past experiences in program improvement strategies (e.g., surveys, focus groups, lessons learned, staff training, quality assurance practices, etc.)   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant demonstrates an understanding of and capacity for data management and reporting. * Applicant demonstrates ability to obtain high survey response rates. * Applicant has past experiences with program improvement. |
| **E. Budget and Leveraging *(10 points)***   * 1. Complete the Proposed Program Budget (Attachment 3) and Proposed Personnel Detail Budget (Attachment 4). Budgets should be for the full 17-month pilot period, August 1, 2017 – December 31, 2018. The costs reflected in this budget are only for the Community Connectors Pilot Program, not your total agency’s operating budget. (Budget worksheets will not be counted toward the maximum 8-page limit.) * Community Connectors is a new pilot program. HSD will allow for reasonable costs associated with program start-up such as furniture, small equipment or devices (e.g., laptops and cellphones), training opportunities, etc. Capital improvement requests to remodel an existing facility are not allowed under this RFQ. It is the policy of the City of Seattle that in general, real or personal property with a useful life in excess of one year: 1) if cost is greater than $5,000 it must be capitalized and depreciated; and 2) if cost is less than $5,000 it must be tracked. * Up to 10% of RFQ award can be used for one-time only start-up expenses (i.e. laptop, furniture). * Funding requests for Community Connector staff must reflect number of clients served, days and hours of operation and scope of services.   1. Describe how these funds will be used to support the clients served by this program.   2. 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 RFQ? Entities without such capabilities may wish to have an established agency act as fiscal agent.   3. Describe how your agency has the capability to meet program expenses in advance of reimbursement.   ***Rating Criteria – A strong application meets all the criteria listed below.***   * 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 outcomes. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFQ * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| **Total = 100 points** |
| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Roster of your agency’s current Board of Directors.
6. Minutes from your agency’s last three Board of Directors meetings.
7. 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.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration with another agency, attach a signed letter of intent from that agency’s Director or other authorized representative.

**AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the RFQ coordinator:

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

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2017 Community Connectors at Food Banks Request for Qualification**

**Application Checklist**

This optional checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

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

**Completed each section of the Narrative response?**

* Must not exceed 8 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this RFQ
* A completed narrative response addresses all of the following:

Program Design Description (30%)

* + *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. “same as previous component”).*

Capacity, Experience and Cultural Competency (30%)

Partnership and Collaboration (20%)

Data Management (10%)

Budget and Leveraging (10%)

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

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

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

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings

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

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning August 1, 2017.\***

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

**\****These documents do not count against the 8-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on Tuesday, May 23, 2017**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

**2017 Community Connectors at Food Banks RFQ**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | | | | | | |
| 1. # of clients participating in Community Connector services | | | | | | |  | | | | | | | | | | |
| 1. Focus population(s), check all that apply | | | | | | | Black/African American        American Indian/Alaskan Native        Native Hawaiian and Pacific Islander        Hispanic/Latino        Asian | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
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| **Authorized physical signature of applicant/lead agency** | | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2017 Community Connectors at Food Banks RFQ**

**Proposed Program Budget**

**August 1, 2017 – December 31, 2018**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

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

**2017 Community Connectors at Food Banks RFQ**

**Proposed Personnel Detail Budget**

**August 1, 2017 – December 31, 2018**

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

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