



Seattle
Human Services

2024

**Kinship Caregiver Support Services
Request for Proposal**

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Funding Process Coordinators:

Karen Winston, RFP Coordinator via email at karen.winston@seattle.gov
Andrea Yip, ADS Planning Manager via email at andrea.yip@seattle.gov

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 supporting kinship caregivers so they may reduce physical and emotional stress due to caregiving so they can successfully age in their community. This Request for Proposal (RFP) is competitive and open to any legally constituted entities meeting [HSD Agency Minimum Eligibility Requirements](#) and any additional requirements outlined in these guidelines.

This RFP combines three related programs for kinship caregivers – the King County Kinship Navigator, the King County Kinship Collaboration Coordinator, and Kinship Caregiver Support Program services: Outreach/Recruitment; Support Groups; Training; and Information & Referral/Support Services.

Approximately \$274,000 is available through this Request for Proposal from State Kinship Navigator and Older Americans Act Title III-E funding. Seattle General Funds may be allocated when 2024 budgets are finalized.

All materials and updates to the RFP 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 contract period of January 1, 2025, through December 31, 2025. While it is the City's intention to renew agreements resulting from this funding opportunity on an annual basis through the 2028 program year, future funding will be contingent upon performance and funding availability.

NUMBER OF AWARDS

HSD intends to award one proposal for the Kinship Collaboration Coordinator, up to two proposals for the Kinship Navigator, and up to three proposals for the Kinship Caregiver Support Program.

If you have any questions about the Kinship Caregiver Support Services RFP, or would like to request an accommodation, please contact Funding Process Coordinator:

Karen Winston, RFP Coordinator via email at karen.winston@seattle.gov

Andrea Yip, ADS Planning Manager via email at andrea.yip@seattle.gov

TIMELINE*

Date	Time	Activity
February 5, 2024		Funding Opportunity Released
February 14, 2024	10:00 a.m.	Information Session – Virtual Zoom: https://tinyurl.com/yms5u73t Call-in number: +12532158782 Email Karen.Winston@seattle.gov for technical assistance
March 1, 2024	5:00 p.m.	Last Day to Submit Questions (via email only) Karen.Winston@seattle.gov
March 15, 2024	12:00 p.m.	Applications Deadline (electronic submissions only) 1. HSD Online Submission System: http://web6.seattle.gov/hsd/rfi/index.aspx 2. Email: HSD_RFP_RFQ_Email_Submissions@seattle.gov
May 3, 2024	TBD	Conduct interviews to address clarifying questions (virtual)
June 24, 2024		Planned Award Notification
January 1, 2025		New Contracts Start

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

Information Sessions

HSD will offer one virtual information session, which will be recorded and made available on [HSD's Funding Opportunities webpage](#). Any agency interested in learning more about this RFP is encouraged to attend the session and ask questions. Attendance is not required.

Clarifying Questions

All applications will be interviewed as needed, for clarification of written responses. Interviews may be scheduled on Friday, May 3, 2024, conducted virtually, and may be recorded. Interview schedule may be subject to change. Interviews will be conducted for clarification purposes only and not scored independently from the written proposal.

INVESTMENT AREA BACKGROUND AND PROGRAM REQUIREMENTS**A. Overview of Investment Area**

Kinship care includes relatives caring for children age 18 or younger, on a dependency order within the child welfare system, as well as relatives caring for children not formally involved with the public welfare system. In 2019, approximately 2.5 million U.S. grandparents were responsible for their grandchildren's needs.¹ Across a wide body of research, it has been found that kinship caregivers provide critical continuity and connectedness for children who cannot remain with their parents.²

About half of the grandparents who are responsible for their grandchildren are 60 and over, according to census data. Kinship caregivers, mostly grandparents, often struggle with the challenges of parenting a second family.³ Kinship caregivers tend to be older and have lower incomes, poorer health, and less education than non-kin foster parents.⁴ In addition, research findings indicate that family resources, social support, and physical health affected psychological distress in grandmothers raising grandchildren.

¹ 2019 American Community Survey.

² Geen, Rob. (2004). The Evolution of Kinship Care Policy and Practice. *Future of Children*, 14(1), 131-149.

³ WA. Kinship Care Oversight Committee Report, 2012.

⁴ Kinship Care in Washington State. DSHS: Washington State Department of Children, Youth, and Families, September 2020.

Grandmothers who reported fewer resources, less social support, and poorer physical health tended to experience higher levels of psychological distress.⁵ Thus, kinship caregivers face more challenges as foster parents than non-kin caregivers. The links between payment and licensure, and the haphazard evolution of licensing policies and practices, complicate efforts to provide fair compensation for kin caregivers. Kinship caregivers receive less supervision and fewer services than non-kin caregivers, thus kin may not receive the support they need to nurture and protect the children in their care, even though their needs for support may be greater.

B. Service/Program Model

HSD will invest in three programs for kinship caregivers – the King County Kinship Navigator, the King County Kinship Collaboration Coordinator, and Kinship Caregiver Support Program (KCSP): Outreach/Recruitment; Support Groups; Training; and Information & Referral/Support Services.

Kinship Navigator

The Kinship Navigator provides outreach and information about available resources and services to **kinship caregivers aged 18 and up who are caring for a family member's child**. In addition, the Kinship Navigator provides assistance level services include opening and maintaining a client file, screening for and referring to the needed service, advocacy to obtain the needed service, and follow-up to determine if the referral was completed and the outcome satisfactory for caregivers who need additional support.

Caregivers will be able to schedule in-person visits with the Kinship Navigator and Kinship staff at office locations to best meet the needs of caregivers and provide easy access to kinship services. If a caregiver has transportation or mobility issues that prevent them from coming to a service location, services can be provided by phone, paperwork can be faxed or mailed, and home visits can be arranged if necessary.

The Kinship Navigator is the primary referral source to the Kinship Caregiver Support Program supplemental funds. These funds are available to kinship caregivers once annually to meet emergent needs and allow them to continue in their caregiving role. The Kinship Navigator works with caregivers to identify resources for unmet needs. If a referral to the Kinship Supplemental funds is appropriate, the Kinship Navigator will facilitate the screening and application process with the caregiver. NOTE: supplemental funds are not part of this RFP process. For more information and guidelines on the Kinship Caregiver Support Program, refer to the State of Washington Department of Social and Health Services website:

<https://www.dshs.wa.gov/altsa/home-and-community-services-kinship-care/kinship-care>.

Required service component for **the Navigator program** include:

- Information giving on available services and resources
- Direct assistance-level services, including access to the KCSP supplemental funds
- Coordination with other agencies for client services
- Outreach to individual kinship caregivers
- Maintain up-to-date resource information

Kinship Collaboration Coordinator

The coordinator plays a vital role in bringing together Kinship Caregivers, service providers and partner agencies with a unified goal of creating comprehensive and coordinated Kinship Services, as well as advocacy and community education to support informal Kinship Caregivers. The Kinship Collaboration Coordinator will be responsible for:

⁵ [Child Abuse & Neglect](#), 2000 Mar; 24(3):311-21; Psychological distress in grandmother kinship care providers: the role of resources, social support, and physical health (Kelley SJ, Whitley D, Sipe TA, Yorker BC).

1. Identifying and developing potential partnerships and relationships with community organizations and resources.
2. Conducting outreach and educational activities for Kinship Caregiver Support Groups and agencies.
3. Staffing and facilitating the monthly King County Kinship Collaboration (KCKC) full group and Steering Committee meetings.
4. Developing an annual KCKC work plan.
5. Coordinating kinship events and advocacy efforts.
6. Conducting outreach activities to create awareness and provide information on kinship resources and services through community fairs, kinship events, KCKC meetings, Kinship Caregiver Support Groups, and other service organizations.

Required service components for the **Collaboration Coordinator**:

- Outreach, training, and support to other agencies on kinship services and for partnership development
- Facilitation of KCKC meetings
- Coordinating KCKC events and advocacy efforts
- Planning/coordinating events for kinship caregivers
- Outreach/support/training to kinship support groups

Kinship Caregiver Support Program

The Kinship Caregiver Support Program (KCSP) provides supportive services to **kinship caregivers age 55 and up who are caring for a family member's child**. Kinship caregivers in King County represent a diverse population. KCSP services will be provided in a culturally appropriate manner with a support group and other activities tailored to fit the interests and needs of the focus population. Programs will be available in the geographic areas in which caregivers reside so that services are easily accessible. KCSP providers will also facilitate screening, applications, and referrals to the KCSP supplemental funds.

- Outreach and Recruitment

To reach isolated kinship caregivers, outreach activities may include recruitment/outreach via the program brochure, door-to-door outreach, engaging ethnic and religious leaders through involvement in community groups, provide presentations to other groups and partner agencies that work with older adults, agency monthly newsletters, social service agencies, faith-based organizations and schools. Outreach also includes participating in and supporting the King County Kinship Caregiver Collaborative regional efforts, and other coalitions for cross agency referral and media campaign opportunities.

- Group Services

Group services include kinship caregiver support group meetings and other activities designed to meet the needs of the focus population. The group meetings and/or outside events should emphasize respite, relaxation, education and peer mentoring for kinship caregivers. Specialized sessions are based on the identified needs and should be developed in partnership with kinship caregivers.

- Access/Information & Assistance

Kinship caregivers will receive information and referral services as well as assistance with accessing resources e.g., financial assistance for basic resources or emergent needs, energy assistance, shelter, medical and mental health services, legal assistance, and other family support needs. Individual case coordination may also be provided to caregivers. Follow up activities will be completed to ensure that caregiver's needs are met or that services have been accessed.

- Training

Training, such as the “Kinship Resource Specialist Training” module or other relevant training, may be provided for agency staff who work with caregivers or for kinship caregivers.

Required service components for the **Kinship Caregiver Support Program**:

- Outreach and recruitment
- Group Services
- Access/Information & Assistance
- Case Coordination
- Training

C. Participant Eligibility Criteria

The overarching goal of these programs is to reduce the physical and emotional stress experienced by kinship caregivers. Another goal is to stabilize and support the living situations of kinship caregivers and the children in their care, to ensure they are raised in a safe, nurturing family environment.

Eligible participants must be:

- Someone who is providing informal (versus formal) kinship care for another family member’s child or children aged 18 or younger.
- Kinship Navigator Program: caregivers ages 18 and older.
- Kinship Caregiver Support Program: caregivers ages 55 and older.
- King County resident.

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

Persons eligible to receive funding from KCSP include a grandparent (or step grandparent) or other adult relative who is:

1. Raising a child(ren), age 18 or younger child*; and
2. Related by blood or marriage to the child(ren); and
3. Living with the child(ren) in Washington State; and
4. The primary caregiver of the child(ren) because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child(ren); and
5. The parent(s) is consistently absent from the home
6. Raising the child(ren) either with a legal relationship, such as legal custody, adoption or informally; and
7. At risk of not being able to continue kinship caregiving without additional financial support services.
8. Communities of color, including immigrants/refugees.

*Unless the youth who is older than 18 and attends high school and has documentation to verify school enrollment.

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 populations for this investment opportunity are:

- Black/African American
- American Indian/Alaska Native
- Hispanic/Latinx

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 Performance Commitments

Quantity, quality, and impact measures may include, but are not limited to:

Kinship Navigator

Quantity

- # of unduplicated caregiver clients served (collected in GetCare)
- # of access assistance contacts made (collected in GetCare)
- # of hours for case coordination (collected in GetCare)
- # of supplemental services received (collected in GetCare)
- # of outreach activities completed (collected via survey)
- # of surveys completed (required but not collected in GetCare)

Quality

- # of clients surveyed reporting good to excellent service (collected via survey)

Impact

- # and % of clients report positive impact because of service (collected via survey)

Kinship Collaboration Coordinator

Quantity

- # of kinship events/meetings coordinated with the KCKC and kinship support groups (required but not collected in GetCare)
- # of outreach activities for kinship caregiver support groups and agencies (required but not collected in GetCare)

Quality

- # of new partnerships established with community organizations (required but not collected in GetCare)

Impact

- # of caregivers that continue to provide for the children in their care (collected via survey)

Kinship Caregiver Support Program

Quantity

- # of unduplicated caregivers served (collected in GetCare)
- # of support group hours (collected in GetCare)
- # of access assistance contacts made (collected in GetCare)
- # of hours for case coordination (collected in GetCare)
- # of outreach activities (required but not collected in GetCare)
- # of trainings (required but not collected in GetCare)
- # of surveys completed (required but not collected in GetCare)

Quality

- # of clients surveyed reporting good to excellent service (collected via survey)

Impact

- # of clients reporting positive impact because of services (collected via survey)

F. Description of Key Staff and Staffing Level

Kinship Navigators

The Kinship Navigators help caregivers access the Kinship Caregiver Support Services, which provides assistance with urgent needs such as food, clothing, transportation, household items, school and youth activities, and one-time help with rent or utilities to prevent eviction or utility shut offs. The Kinship Navigators work with kinship caregivers to inform them and the local community about available resources. The Navigators provide encouragement, support and helps facilitate the participation of caregivers in services and programs that will assist in maintaining the children in their care and homes.

Kinship Collaborator

This position is responsible for project oversight, including recruitment and coordination of the Collaboration's membership groups, development of a network of kinship support groups and services to kinship caregivers; working with the KCKC Collaboration members to develop and secure kinship resources; leading advocacy efforts, and providing leadership to build and maintain the health and sustainability of the Collaboration.

Kinship Caregiver Support Program

Kinship Caregiver Support Program staff provides a wide array of activities as described in Section B Program/Service model. There should be a sufficient number of qualified staff to effectively perform the activities proposed.

G. Kinship Caregiver Support Services Specific Eligibility, Data, and Contracting Requirements:

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

1. DATA COLLECTION AND EVALUATION:

- All data must be entered into GetCare, a state data system used by all Area Agencies on Aging in Washington to track and report services funded by OAA and other sources.
- Applicants must be able to collect and report [participant-level data](#) as required under the Older Americans Act Performance System (OAAPS).

2. FISCAL SPONSOR:

If you have a fiscal sponsor, provide a signed letter of agreement from the sponsor. The letter will not count toward the ten (10) page limit. The HSD fiscal sponsor requirements can be found here: <https://seattle.gov/documents/Departments/HumanServices/Funding/NOFA/HSD-Fiscal-Sponsor-Requirements.pdf>

3. OTHER REGULATIONS APPLICABLE TO THE INVESTMENT AREA

Funding for these programs is provided by the Washington State Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) and the City of Seattle. Agencies awarded a contract through this RFP will be required to comply with the program rules, regulations, policies, and procedures promulgated by DSHS and the City as communicated by HSD/ADS to the awarded contractor.

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 KINSHIP CAREGIVER SUPPORT SERVICES RFP APPLICATION

HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFP and may include any clarifying information requested by HSD. 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. Applications that do not follow the required format may lose points. **Complete application packets are due by Friday, March 15 by 12:00 p.m.**

Required format for written application:

- Typed and formatted to letter-size (8 ½ x 11-inch) document.
- One-inch margins, single spacing, and size 11-point font.
- Be no longer than 10 pages (requested attachments will not count towards the page limit).

When submitting documents, name them as following:

Document Type	Document Name
Narrative Response	Narrative
Attachment 2: Application Cover Sheet	Cover Sheet
Attachment 3: Proposal Budget	*Proposal Budget
Attachment 4: Proposal Personnel Detail Budget	*Personnel Detail Budget
Attachment 5: Summary of Proposal Deliverables	*Summary of Proposal Deliverables
Letter of agreement from fiscal sponsor (If applicable)	Letter of Agreement
Start-up timeline	Start-up timeline

*Submit the Proposal Budget and Personnel Detail Budget in excel.

The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and Results-Based Accountability framework, and an overview of the RFP 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

Please complete sections A through D with narrative responses that fully answer each question. Do not exceed a total of ten (10) pages for sections A – D combined. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the applicant will meet **all** rating criteria.

APPLICATION QUESTIONS

A. PROGRAM DESCRIPTION	RATING CRITERIA	POINTS: 35
<p>Provide a separate response to Section A for each program you are applying to (i.e., Navigator, Kinship Support Program Services, Collaboration Coordinator). Each service component proposed will receive a separate score for Section A.</p> <ol style="list-style-type: none"> 1. Describe your program model and outline the key service components, including required service components as specified in Section B Service/Program Model. Include when and where (locations, times, days of week, etc.) services will be delivered and by whom. <ol style="list-style-type: none"> a. Describe how these service components will help your program achieve the required outcomes and deliverables. b. Complete the Summary of Proposal Deliverables (Attachment 5 – This does not count toward the narrative page limit). 2. Describe the focus population(s) and priority population(s) to be served. <ol style="list-style-type: none"> a. Describe how your program will recruit the focus population(s) and priority populations listed in Section D of the funding Guidelines and any other priority population(s) or focus population(s). b. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes. 3. Describe how you will solicit and incorporate input from the priority population(s) or focus population(s) into your program and ongoing services. 4. 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. 	<ul style="list-style-type: none"> • Applicant presents a thorough description of the program that includes an understanding of the service components and evidence of likely success in meeting outcomes. • Applicant demonstrates an ability to comply with program requirements. • Applicant completes the summary of proposal deliverables and will serve the priority and focus populations. More points will be given to agencies serving the focus population. • Applicant clearly defines the priority population(s) and focus population(s). • The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their strengths, needs, and concerns. • Applicant demonstrates an understanding of the unique characteristics and experiences of the priority population(s) and focus population(s). • Applicant demonstrates a plan to incorporate input from program participants. • The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time. 	

B. CAPACITY AND EXPERIENCE	RATING CRITERIA	POINTS: 30
<ol style="list-style-type: none"> 1. Describe your organization’s success providing Kinship Caregiver Services or comparable services. Include your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support. 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 your plan for staff recruitment, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget 	<ul style="list-style-type: none"> • The program description demonstrates the applicant’s experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. • Applicant demonstrates successful experience adapting to changes in funds and community needs. 	

<p>(Attachment 4) Budget worksheets will not count toward the 10-page narrative limit).</p> <p>3. 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?</p>	<ul style="list-style-type: none"> • Applicant’s leadership is likely to provide strong ongoing support for the service proposed. • Applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described. • Applicant demonstrates an understanding of and capacity for data management and reporting. • Applicant has personnel capacity to perform data requirements, e.g., GetCare database.
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C. PARTNERSHIPS AND COLLABORATIONS	RATING CRITERIA	POINTS: 15
<ol style="list-style-type: none"> 1. Describe how the proposed project will collaborate with other agencies/programs to deliver services. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies. 2. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit. 3. Describe how you will refer clients to other Kinship Caregiver programs and agencies in a proactive, seamless, client-friendly manner. 	<ul style="list-style-type: none"> • Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. • Applicant has submitted signed letters of intent from partners. • Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. 	

D. CULTURALLY RESPONSIVE SERVICES	RATING CRITERIA	POINTS: 20
<ol style="list-style-type: none"> 1. Describe your experience providing services to diverse groups, including Black, indigenous, and people of color, immigrants and refugees, low-income populations, limited English speakers, and LGBTQ+ communities. If experience is limited, what steps will you take to provide culturally competent services? 2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds? 3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants. 4. Describe your program’s strategy for ensuring cultural and linguistic responsive services are infused through your policies, procedures and practices. 5. What kind of trainings does your agency provide to support culturally responsive services? 	<ul style="list-style-type: none"> • Applicant demonstrates understanding of cultural competence and describes how culturally responsive services are incorporated into the program and service delivery. • Applicant has a proven track record of providing culturally and linguistically responsive services to diverse priority population(s) and focus population(s). • Applicant demonstrates the ability to provide culturally responsive services within diverse communities and shows an understanding of the challenges. • Applicant’s staff composition reflects the cultural and linguistic characteristics of the priority population(s) and focus population(s). 	

	<ul style="list-style-type: none"> • Applicant’s board composition reflects the cultural and linguistic characteristics of the priority population(s) and focus population(s). • Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate humility, respect, and appreciation for the cultural and linguistic characteristics of the priority population(s) and focus population(s). • Applicant demonstrates a commitment to ongoing training and development within the agency to promote and support culturally responsive service delivery.
TOTAL	100 POINTS

E. BUDGET AND LEVERAGING	RATING CRITERIA	POINTS: Not Scored
<ol style="list-style-type: none"> 1. Complete the Proposed Program Budget (Attachment 3) Budget worksheets will not count toward the 10-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget. 2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program. 3. 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. 4. Describe how your agency has the capability to meet program expenses in advance of reimbursement. 	<ul style="list-style-type: none"> • Additional information requested but not scored 	

All applications will be interviewed as needed, for clarification of written responses. Interviews will be scheduled and will be conducted virtually and may be recorded. Interview schedule may be subject to change. Interviews will be conducted for clarification purposes only and not scored independently from the written proposal.

COMPLETED APPLICATION REQUIREMENTS

Application Submittal

The proposal **must** include:

- A completed and signed Application Cover Sheet (Attachment 2).
- A completed Narrative Response that is a maximum of ten (10) pages, not counting the budget and other documents.
- A completed Proposal Budget (Attachment 3), in Excel.
- A completed Proposal Personnel Detail Budget (Attachment 4), in Excel.
- A completed Summary of Proposal Deliverables (Attachment 5).
- Letter of agreement from fiscal sponsor. (If applicable)
- Completed applications are due by **March 15, 2024, by 12:00 p.m.**
- 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.

Subcontracting:

- If you are proposing a subcontract with another agency, attach a signed letter of commitment or Memorandum of Agreement (MOA) from that agency's Director or other authorized representative. The letter should clearly state the subcontractor's responsibilities and expectations, as well as in the narrative responses.

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.

OR

- 2. Via Email HSD_RFP_RFQ_Email_Submissions@seattle.gov.** Email attachments are limited to 30 MB. **The subject heading must be titled:** 2024 Kinship Caregiver Support Services RFP. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

HSD Proprietary and Confidential Information

The State of Washington's Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic

correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the Confidentiality and Conflict of 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 the 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: Proposed Program Budget
- Attachment 4: Proposed Personnel Detail Budget
- Attachment 5: Summary of Proposal Deliverables

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 name of process 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 each section of the Application Questions?**
Must not exceed 10 pages (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.
- If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.**
- Completed the full Proposal Budget (Attachment 3)? ***
- Completed the full Proposal Personnel Detail Budget (attachment 4)? ***
- Completed the full Summary of Proposal Deliverables (attachment 5)? ***
- If you are proposing a subcontract with another agency, attach a signed letter of commitment or Memorandum of Agreement (MOA) from that agency's director or other authorized representative.***
- 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 10-page limit.*

All applications are due to the City of Seattle Human Services Department by **March 15, 2024, by 12:00 p.m.** Application packets received after this deadline will **not** be considered. 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:			
9. Focus Population(s) program will serve (check all that apply; those checked should match who you describe serving in your application):		<input type="checkbox"/> American/Indian Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other:	
10. Funding Amount Requested:			
11. Deliverables			
12. Provide a high- level (200 words or less) program description:			
13. Partner Agency (if applicable):			
Contact Name:		Title:	
Address:			
Email:		Phone Number:	
Description of partner agency proposed activities:			
14. 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: _____

Signature of Authorized Representative: _____ Date: _____

**Attachment 3 - Proposal Budget
January 1, 2025-December 31, 2025**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

Applicant Agency Name:					
Proposed Program Name:					
	Amount by Fund Source				
Item	Requested HSD Funding	Other¹	Other¹	Other¹	Total Program
PERSONNEL SERVICES					
Salaries (Full- & Part-Time)	\$	\$	\$	\$	\$
Fringe Benefits	\$	\$	\$	\$	\$
Other Employee Benefits ²					
SUBTOTAL - PERSONNEL SERVICES	\$	\$	\$	\$	\$
SUPPLIES, OTHER SERVICES & CHARGES					
Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses)	\$	\$	\$	\$	\$
Operating Supplies ³ (includes computers, other technology expenses (not internet) and other expenses related to providing services)	\$	\$	\$	\$	\$
Rent	\$	\$	\$	\$	\$
Contractual Employment/Other Professional Services ⁴	\$	\$	\$	\$	\$
Travel (includes mileage, parking)	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$
Utilities (includes electric, internet, phone)	\$	\$	\$	\$	\$
Other Miscellaneous Expenses ⁵	\$	\$	\$	\$	\$
Administration/Indirect Costs ⁶	\$	\$	\$	\$	\$
SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES	\$	\$	\$	\$	\$
TOTAL EXPENDITURES	\$	\$	\$	\$	\$

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

	\$
	\$
	\$
	\$
Total	\$

² Other Employee Benefits - Itemize below:

	\$
	\$
	\$
	\$
Total	\$

³ Operating Supplies - Itemize below (Do Not Include Office Supplies):

	\$
	\$
	\$
	\$
Total	\$

⁴ Other Professional Services - Itemize below:

	\$
	\$
	\$
	\$
Total	\$

⁵ Other Miscellaneous Expenses - Itemize below:

	\$
	\$
	\$
	\$
Total	\$

⁶ Administrative Costs/Indirect Costs - Itemize below:

	\$
	\$
	\$
	\$
Total	\$

⁶Administrative 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 4 - Proposal Personnel Detail Budget
January 1, 2025-December 31, 2025**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

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

**Attachment 5 - Summary of Proposal Deliverables
January 1, 2025-December 31, 2025**

Proposal Deliverables: For each program your agency is applying for, please list the number of participants to be served and measures that will be achieved (see Guidelines Section E, "Expected Performance Commitments").

Program	Performance Measures	Example
Kinship Navigator	<ul style="list-style-type: none"> • Number of unduplicated caregiver clients served (Collected in GetCare) • Number of access assistance contacts made (Collected in GetCare) • Number of hours for case coordination (Collected in GetCare) • Number of supplemental services received (Collected in GetCare) • Number of outreach activities completed (Required but not collected in GetCare) • Number of surveys completed (Required but not collected in GetCare) 	<ul style="list-style-type: none"> • Caregiver clients – 25 • Access assistance – 12 • Case coord. hours – 30 • Supplemental services – 20 • Outreach activities – 4 • Surveys completed - 55
Kinship Collaboration Coordinator	<ul style="list-style-type: none"> • Number of kinship events/meetings coordinated with the KCKC and kinship support groups (Required but not collected in GetCare) • Number of outreach activities for kinship caregiver support groups and agencies (Required but not collected in GetCare) 	<ul style="list-style-type: none"> • Kinship events/meetings – 2 • Activities/support grps. – 2
Kinship Caregiver Support Program	<ul style="list-style-type: none"> • Number of unduplicated caregivers served (Collected in GetCare) • Number of support group hours (Collected in GetCare) • Number of access assistance contacts made (Collected in GetCare) • Number of hours for case coordination (Collected in GetCare) • Number of outreach activities (Required but not collected in GetCare) • Number of trainings (Required but not collected in GetCare) 	Caregivers served – 15 Support groups – 2 Access assistance – 10 Case coord. hours – 20 Outreach activities – 2 Trainings – 1

Proposed Program	Performance Measures	Numbers Served
Kinship Navigator		
Kinship Collaboration Coordinator		
Kinship Caregiver Support Program		

Populations Served: Provide demographic information for the participants your program will serve from the priority community and focus populations.

Total Number of All Unduplicated Participants:

Focus Populations	% of Total Participants Served
African American	
Alaska Native/American Indian	
Hispanic/Latino	

