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City of Seattle

Jenny A. Durkan, Mayor

Human Services Department

Catherine L. Lester, Director

**YOUTH AND FAMILY EMPOWERMENT (YFE)**

**OPPORTUNITY FUND**

**Amendment 5/2/18**

**REQUEST FOR PROPOSAL**

1. **Introduction**

**Statement of Purpose**: The Youth and Family Empowerment (YFE) Division of the Seattle Human Services Department (HSD) is pleased to announce the YFE Opportunity Fund Request for Proposal (RFP). Approximately $280,000 is available from City of Seattle’s General Fund. This RFP will fund small grants to support agencies that work with youth and young adults of color from the ages of 12 through 24. Project budget requests may not exceed $20,000. HSD intends to fund 10-14 projects.

The focus populations for this RFP are youth and young adults who identify as either American Indian/Alaskan Native or Black/African American, are not currently enrolled or attending school, and are not working.

These focus populations align with HSD’s commitment to address racial disparities1; YFE’s impact area that all youth will successfully transition to adulthood; and the City’s *Our Best* initiative which aims to improve outcomes for young Black men in Seattle, with a focus on education, health, employment, safety, and connections with caring adults.

**Elements of a Successful Project**:

* Community-initiated.
* Engages Seattle youth and young adults of color from 12 through 24 years of age. Preference will be given to projects that engage the focus populations.
* Takes place within Seattle city limits.
* Focuses on education, employment, safety, health, and positive connections.
* Designed and led by volunteers or staff that reflect the cultures and languages of the participants.

Successful applications will result in contracts beginning **on or after August 1, 2018 and ending by December 31, 2018**. Projects should clearly start and end within this contract period.

If you have any questions about the YFE Opportunity Fund RFP, please contact the RFP Coordinator, Deborah Kuznitz, via email at [Deborah.Kuznitz@Seattle.gov](mailto:Deborah.Kuznitz@Seattle.gov).

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| --- |
| 1. **Timeline** |

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| --- | --- |
| Funding Opportunity Released | Monday, April 30, 2018 |
| \*Information Session | Tuesday, May 8, 2018  5:30 pm – 7:30 pm  2100 Building, 2100 24th Avenue S, Seattle, 98144 |
| \*Help Session 1 | Monday, May 14, 2018  4:00 pm – 7:00 pm  Rainier Beach Community Center, Art Room  8825 Rainier Avenue S. |
| \*Help Session 2  To reserve a 30-minute appointment, please contact 206-615-0744. Please indicate if you need interpretation or an accommodation. | Thursday, May 17, 2018  2:00 pm – 6:00 pm  Douglass-Truth Seattle Public Library  2300 E. Yesler Way |
| Last Day to Submit Questions | Tuesday, May 22, 2018 by 12:00 p.m. (noon) |
| Application Deadline | Friday, June 1, 2018 by 12:00 p.m. (noon) |
| Planned Award Notification | Tuesday, July 3, 2018 |
| Contract Start Date | Wednesday, August 1, 2018 |

**\*Please contact Deborah Kuznitz, Funding Process Coordinator for accommodation requests at** [**Deborah.Kuznitz@seattle.gov**](mailto:Deborah.Kuznitz@seattle.gov) **or 206.233.7090.**

HSD reserves the right to change any dates in the Request for Proposal timeline.

1. **Eligibility Requirements**

* Seattle neighborhood-based groups, community-based organizations, and/or grassroots organizations that actively engage youth and/or young adults of color ages 12 through 24.
* Organizations that have an operating budget of $750,000 or less or have not been funded by HSD in the past. Preference is given to organizations that have an operating budget of $750,000 or less.
* All applicants, or their fiscal agent, must meet all licensing requirements that apply to its organization: Federal Tax number/employer identification number (EIN), Washington State Business License (UBI#), Seattle Business License, and 501(C)(3).
* All contracting organizations will be required to submit a W-9 and meet insurance requirements that include naming the City as an additional insured and must be able to provide proof of commercial general liability insurance up to $1,000,000.
* All contracting organizations must agree to, and sign, the Master Agency Services Agreement found [here](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities).

**Who should not apply?**

* Governmental agencies, political groups, universities, hospitals, or news organizations.
* Organizations that are unable to acquire the proper licensing and/or insurance requirements to contract with the City.
* Organizations that are unable to adhere to the Master Agency Services Agreement.

1. **Selection Process**

This Request for Proposal is competitive. Applications are due **Friday, June 1, at 12:00 p.m., Noon.** **Late applications will not be accepted.**

An application must include responses to all questions and give all the information requested to be considered. Each section (i.e. A, B, C) should be typed or word processed on a letter-sized (8 1/2 x 11-inch) sheet. Please use one-inch margins, single spacing and minimum size 11-point font and follow the specific page requirements per section as noted below.

1. **Application Cover Sheet** (Attachment 2)
2. **Proposed Project and Personnel Budget Sheets** (Attachments 3 and 4)
3. **Project Proposal** (4 pages maximum for narrative). Any pdf picture copies as attachment, the budget forms and the cover sheet are not part of the 4-page limit.

Application packets must be received in person, by mail, or electronic submission. No faxed or emailed proposals will be accepted.

* Electronic Submittal: Applications 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 can be hand-delivered or mailed (and received by noon, Friday, June 1, 2018) to:

Seattle Human Services Department

YFE Opportunity Fund, Request for Proposal

Attn: Deborah Kuznitz

|  |  |
| --- | --- |
| *Delivery Address:* | *Mailing Address:* |
| 700 Fifth Avenue, 58th floor | P.O. Box 34215 |
| Seattle, WA 98104-5017 | Seattle, WA 98124-4215 |

1. **Application Information and Help Sessions**

Applicants are encouraged to attend the **Information Session** to be held on **Tuesday, May 8, from 5:30 p.m. – 7:30 p.m. at the 2100 Building, 2100 24th Avenue S, Seattle 98144** to get an overview of the application, ask questions, and learn more about the process for review, approval, and contracting.

There will also be two Help Sessions designed to provide additional assistance with the application. The first one will be led and facilitated by the Non-Profit Assistance Center and will take place on Monday, May 14th from 4:00 p.m.- 7:00 p.m. at Rainier Beach Community Center, Art Room, 8824 Rainier Avenue S., Seattle, 98118. This session will start with a group discussion and provide tips on writing a strong proposal and will answer specific questions about the RFP. Following the group session, NAC staff will also meet individually with applicants who would like specific help on the proposal. If you need interpretation or accommodation, please contact [Nasrin.Afrouz@Seattle.gov](mailto:Nasrin.Afrouz@Seattle.gov) or call (206) 615-0744.

The second Help Session will take place on Thursday, May 17th, from 2:00 p.m.- 6:00 p.m. at Douglass-Truth Branch, Seattle Public Library, 2300 E. Yesler Way, Seattle, 98122. This session will be individualized support to answer questions on the RFP. To schedule a 30-minute appointment, please contact [Nasrin.Afrouz@Seattle.gov](mailto:Nasrin.Afrouz@Seattle.gov) or call (206) 615-0744. Please indicate if you need interpretation or an accommodation. Applicants should only plan on attending one of the Help Sessions.

Attendance at the Information Session or Help Sessions is not mandatory for funding consideration, but highly encouraged.

**VI. Application**

NOTE: Please read this full application before you begin. You may want to gather resources in advance. Organize your application according to the section headings that follow. 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.

**Application Components**

1. **Project Description (50 points), limit to two pages:**

Describe your proposed project and your experience working with youth and young adults of color from 12 through 24 years of age. Include the following in your response:

1. Who: Describe the demographics, strengths, and challenges of the youth and/or young adults that will be the focus of your project and why you are focusing on them. If you are focusing on a specific population (e.g. racial, ethnic, or LGBTQ), describe how your project will meet their needs.
2. What is the project you are proposing and what are the activities that will be implemented?
3. When, how often, and how long will project activities be provided?
4. Wherewillthe activities take place and how will youth and/or young adults get to the project location(s)? Optional: include picture(s) of the location(s), which can include interior and exterior. These pictures can be pdf copies and are not counted in the 4-page narrative limit.
5. Howwill this project benefit the focus populations (described in Section I.)? How will the community be involved in developing and/or delivering the project?

***Rating Criteria*** ***– A strong application meets all of the elements listed below:***

* The youth and/or young adults being served in the project are clearly identified. The purpose for serving them is fully explained. Any needs identified for the population are addressed.
* The project and activities are clearly outlined, with estimated dates of programming, frequency, and length of sessions.
* The project locations are accessible for youth to get to and are safe and appropriate for the activities proposed. The location(s) are within the City of Seattle limits.
* The benefits to the focus populations is explained and appear reasonable. The community will be and/or is involved in developing and/or delivering the project.

1. **Capacity, Experience, and Timeline (25 points), limit to one page:**
2. Who are the key people involved that will have primary responsibility for ensuring that the project moves forward? If the staff/volunteers have been selected already, please include their names and titles. If you do not have the staff/volunteers in place yet, please only include titles. Describe their project responsibilities, qualifications/experience working with the population, and estimated hours they will contribute to the entire project.
3. Timeline for project and staff hiring: It is expected that projects will be able to begin on or near August 1, 2018. Projects may begin after this date but must be completed no later than December 31, 2018. Please include a timeline for planning and implementation of the project. For staff/volunteers not yet hired/selected, include in the narrative how you will be able to be fully staffed and implementing the project by the stated timeline.
4. Please describe how will you ensure staff and/or volunteers are supported/trained properly to support the populations being served.
5. Do the staff/volunteers reflect the cultures and languages of the participants? If not, describe how you will make sure that staff/volunteers are able to provide culturally competent services to the project participants?

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

* The key people involved (staff and/or volunteers) are in place (hired or secured) by the time the project begins and clearly demonstrate the experience and/or qualifications needed to implement the project.
* The number of hours estimated for start up and implementation for each staff is well considered. The amount of time predicted for the project is appropriate.
* Any training or support is clearly described and included.
* The staff/volunteers who design and will lead the project reflect the cultures and languages of the participants. If not, there is an established plan on how culturally competent services will be provided to the participants.

1. **Expected Performance Commitments (15 points), limit to one page:**

The result of the projects funded through this RFP is that all youth in Seattle successfully transition to adulthood. HSD anticipates the projects funded will have a specific focus towards making positive impact for the focus populations and/or the specific populations described in Section A above.

Please identify the quantity, quality, and impact measure(s) your project will focus on and how you will measure the outcomes. Below are examples that could be used depending on your specific project:

1. Quantity:

* # of youth and/or young adults participating in the project

1. Quality:

* Staff and/or volunteers reflect the population served (i.e. language, race, ethnicity, sexual orientation, gender, etc.).
* Services are tailored to the specific needs of the youth and young adults being served and incorporate participant feedback.

1. Impact: These demonstrate impact measures to show how your project has impacted the participants from the beginning of the project to the end of the project:

* % of participants who are either in school or are working
* % of participants connected to school or their community
* % of participants who report positive peer, partner, and/or family relationships
* % of youth and/or young adults completing the project
* % of participants … (Proposed impact measure based on population served and project objectives).

***Rating Criteria: A strong application meets all the criteria listed below:***

Effectively describes how you will measure Quantity, Quality, and Impact. Examples include sign in sheets and attendance records; demographic data for staff/volunteers; pre-and post-surveys, anecdotal information, evaluations etc.

1. **Budget and Leveraging (10 points):**

Complete the Proposed Project and Personnel Budgets (Attachments 3 and 4). The costs reflected in this budget should be only for the project covered in this RFP. The budget worksheets will not count toward the four-page per narrative limit.

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

* Costs appear to be reasonable and appropriate given the nature of the project, the populations to be served, the proposed level of service, and the impacts.
* The proposed project appears to be cost effective given the type, quantity, and quality of services.
* The applicant identifies other funds and/or in-kind resources used for the project described in their application, as well as any funds they receive from this RFP.

**Fiscal Sponsor Information (if applicable)**

(Note: Your organization may be the fiscal sponsor for your project if it meets the eligibility requirements)

Fiscal Sponsor:

Organization Name:

|  |  |
| --- | --- |
| Fiscal Sponsor Address: | City, State Zip: |
| Federal Tax I.D. Number |  |
| Fiscal Sponsor  Contact Name: | Fiscal Sponsor  Contact Title: |
| Fiscal Sponsor  Signer’s Name: | Fiscal Sponsor  Signer’s Title: |
| Project Sponsor  Signer’s Name: | Project Sponsor  Signer’s Title: |

**YFE Opportunity Fund**

**2018 Application Checklist**

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

**Have you….**

**Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Project Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

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

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

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

* Must not exceed 4 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, such as pdf copies of photos of the project location, requested in this funding opportunity.
* A completed narrative response addresses each of the following (total =100 points):

Project Description (50 points)

Capacity and Experience (25 points)

Performance Commitment (15 points)

Budget and Leveraging (10 points)

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

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

**\****These documents do not count against the 4-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (noon) on Friday, June 1, 2018**. Application packets received after this deadline will not be considered. See Section IV. for submission instructions.

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**City of Seattle**

**Human Services Department**

**2018 YFE Opportunity Fund**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | |  | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | |
|  | Name: |  | | | | | | Title: | |  | |
|  | Address: |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | |
|  | Non-Profit | |  | | | |  | | Other (Specify): | | |
| 1. Federal Tax ID or EIN: | | | |  | | | | 1. DUNS Number: | | |  |
| 1. WA Business License Number: | | | | | |  | | | | | |
| 1. Proposed Project Name: | | | | | |  | | | | | |
| 1. Population(s) project will serve: | | | | | |  | | | | | |
| 1. Funding Amount Requested: | | | | | |  | | | | | |
| 1. # of clients to be served: | | | | | |  | | | | | |
| 1. Address where the activities/project will take place. | | | | | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Partner Agency (if applicable): | | |  | | | | | | | |
|  | Contact Name: |  | | | | Title: |  | | | |
|  | Address: |  | | | | | | | | |
|  | Email: |  | | | | Phone Number: | |  | | |
|  | Description of partner agency proposed activities: | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | |  | | | | | | | |
|  | Contact Name: |  | | | | Title: |  | | | |
|  | Address: |  | | | | | | | | |
|  | Email: |  | | | | Phone Number: | |  | | |
|  | Description of partner agency proposed activities: | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | |
|  |
| **Authorized physical signature of applicant/lead organization** | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | |  | | | | | |
| Signature of Authorized Representative: | | | |  | | | | | Date: |  |
|  | | | | |  | | | |  |  |

**2018 YFE Opportunity Fund**

**Proposed Project Budget**

**August 1, 2018-December 31, 2018**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Project 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. |  | | | | |

**2018 YFE Opportunity Fund**

**Proposed Personnel Detail Budget**

**August 1, 2018 - December 31, 2018**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Project 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 Project** |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
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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):** | | | | | | |  |  |  |  |  |