**Seattle Human Services Department**

**2021 Supportive Reentry RFP**

**Application**

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| 1. **How to Complete the Application** |

Applications will be rated only on the information requested in this RFP, including any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Applications that do not follow the required format may lose points.

Required format for written application:

* typed and formatted to letter-size (8 ½ x 11-inch) paper
* one-inch margins, single spacing, and size11-pointfont
* be no longer than5pages(requested attachments will not count towards the page limit).

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

Write a narrative response to all sections A – D.  Answer each section completely according to the questions. Do not exceed a total of 5 pages.

1. **ORGANIZATIONAL EXPERIENCE (35 points)**

1. Describe your organization’s experience providing culturally responsive\* reentry services to incarcerated or formerly incarcerated individuals. If you work with partners, what do they do? Describe the qualifications of your organization and your partners.

2. Describe the priority and focus populations your organization proposes to serve. Describe your organization’s experience working with the priority and focus populations.

***Rating Criteria - A strong application meets all the criteria below. (35 points)***

* *Applicant has experience providing culturally responsive\* reentry services for individuals. (10 points)*
* *Applicant has experience working with priority and focus populations. (10 points)*
* *Those providing the services (including partners if there are any) are qualified to do so by lived experience, work experience, education, or a combination of these factors in all areas of the organization. (15 points)*

\*For the purpose of this RFP, culturally responsive is defined as being respectful, knowledgeable, and experienced in priority and focus populations’ cultures, languages, and life experiences so that they may feel valued and successful.

1. **SERVICES (30 points)**

1. Describe the services for which you are requesting funding; in your response include the following:

* what the services are,
* where services will be offered,
* when services will be offered, and
* how participants will benefit from the services offered.

***Rating Criteria – A strong application meets all the criteria below. (30 points)***

* *Services are culturally responsive and designed to support**currently and formerly incarcerated individuals gain knowledge, skills, and support; connect or reconnect with cultural roots and supportive communities; and obtain long term, living wage employment in order to transition successfully from incarceration and into the community. (15 points)*
* *Services are provided year-round, at times that are accessible for participants. (5 points)*
* *Applicant describes a clear connection between the services offered and the benefit participants will receive. (10 points)*

1. **IMPACT (15 points)**

1. Describe how you will know if the services you provide have a positive impact on participants. In your response, include the following:

* how you will measure success and what quantitative and qualitative data you will use,
* how you will use data to improve services and make decisions, and
* how you will keep any data and personal information you collect about participants private and secure.

***Rating Criteria – A strong application meets all the criteria below. (15 points)***

* *Applicant has a method to assess if the services have a positive impact on participants. (5 points)*
* *Applicant uses data to improve services and make decisions. (5 points)*
* *Applicant has procedures in place to keep data private and secure. (5 points)*

1. **Budget and Finance (20 points)**
2. Complete the Proposed Program and Personnel Budget (Attachments 3 and 4) for the services you want to be funded. Do not provide your total agency’s budget. Costs should reflect the level of services and the outcomes proposed. Budgets will not count toward the 5-page limit.
3. Provide a description of your budget, including an explanation that justifies the line items.
4. Describe how your agency manages finances, including any financial systems you use.
5. Describe how you will ensure general accounting principles are in place to ensure your agency can safeguard funding from this award.

***Rating Criteria - A strong application meets all the criteria below.* (20 points)**

* *Costs included are only for the services to be funded through this RFP; if rental assistance is included in the budget, it is no more than 30% of the overall budget. (4 points)*
* *Costs are reasonable based on the proposed level of services and outcomes. (7 points)*
* *Applicant or fiscal sponsor describes their financial health and management systems. (5 points)*
* *Applicant can safeguard funding from this award. (4 points)*

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| 1. **Completed Application Requirements** |

1. **Application Submittal**

The proposal must include:

1. A completed and signed Application Cover Sheet (Attachment 2)
2. A completed Narrative Response (5-page limit)
3. A completed Proposed Program Budget (Attachment 3)
4. A completed Proposed Personnel Detail Budget (Attachment 4)
5. If you are proposing a subcontract with another agency, attach a signed letter of commitment from that agency’s Director or other authorized representative.
6. If you have a fiscal sponsor, attach a signed letter of agreement from that agency’s Director or other authorized representative.

Completed applications are due by Friday **November 5, 2021, 12:00 p.m. (noon), Pacific Daylight Time.** Proposals must be submitted through the HSD Online Submission System or via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

**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 Gabriela Dionisio at [gabriela.dionisio@seattle.gov](mailto:gabriela.dionisio@seattle.gov).

**2. Via Email** [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov). Email attachments are limited to 30 MB. The subject heading must be titled: 2021 Supportive Reentry 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](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd)

[Interest Statement](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd). **Personal identifiable information entered on these materials is subject to the**

**Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents via theHSD Online Submission System (<http://web6.seattle.gov/hsd/rfi/index.aspx>) or email ([HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)).

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 [Master Agency Service Agreement](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD_Master_Agency_Services_Agreement_Sample.pdf) 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.

**2021 Supportive Reentry RFP**

**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](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

HSD 2021 Supportive Reentry RFP Results Based Accountability & Theory of Change

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

**If you are proposing to subcontract with any agencies, they have completed and signed the Application Cover Sheet (Attachment 2)\***

**If you have a fiscal sponsor, they have completed and signed the Application Cover Sheet (Attachment 2)\***

**Completed each section of the Application Questions?**

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

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

**If you have a fiscal sponsor, have you attached a signed letter of agreement from that agency’s Director or other authorized representative?\***

**\****These documents do not count against the 5-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) Pacific Daylight Time on Friday** **November 5, 2021.** Application packets received after this deadline may not be considered. See Section I for submission instructions.

**Seattle Human Services Department**

**2021 Supportive Reentry RFP**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | |
| 1. Agency Executive Director Email: | | | | | |  | | | | | | | | | | |
| 1. Agency Primary Contact for this RFP: | | | | | | | | | | | | | | | | |
|  | | Name: |  | | | | | | | Title: | |  | | | | |
|  | | Address: |  | | | | | | | | | | | | | |
|  | | Email: |  | | | | | | | | Phone: | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | |
|  | | Non-Profit | | For Profit | | | Public Agency | | | | | Other (Specify): | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | 1. DUNS #: | | | |  | | |
| 1. WA Business License #: | | | | |  | | | | | | | | | | | |
| 1. Proposed Program Name: | | | | |  | | | | | | | | | | | |
| 1. Focus Population(s) program will serve (check all that apply; those checked should match who you describe serving in your application): | | | | | Black or African American  Hispanic/Latino  American Indian/Alaskan Native | | | | | | | | Pacific Islander  Other: | | | |
| 1. Funding Amount Requested: | | | | |  | | | | | | | | | | | |
| 1. # of unduplicated people your organization will serve each year: | | | | | enrolled in program | | | | | | | | completed program | | | |
| 1. Is your organization financially   able to provide services, then submit invoices for reimbursement? | | | | | Yes        No | | | | | | | | | | | |
| 1. Subcontracted agency or individual (if applicable): | | | | |  | | | | | | | | | | | |
|  | | Contact Name: | |  | | | | | | Title: | |  | | | | |
|  | | Address: | |  | | | | | | | | | | | | |
|  | | Email: | |  | | | | | | Phone: | | |  | | | |
|  | | Description of partner agency proposed activities: | | | | | | | | | | | | | | |
|  | | Signature of partner agency representative: Date: | | | | | | | | | | | | | | |
|  | |
| 15. Fiscal Sponsor (if applicable): | | | | | | | | | | | | | | | | |
|  | Contact Name: | | |  | | | | | | Title: | | |  | | | |
| Address: | | |  | | | | | |  | | |  | | | |
| Email: | | |  | | | | | | Phone: | | |  | | | |
| *I have read and understood the* [*Fiscal Sponsor Requirements*](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/HSD-Fiscal-Sponsor-Requirements_v4_2020.pdf) *document and will comply with all obligations if the applicant is awarded funding.*  Signature of fiscal sponsor representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | | | | | | | | | | | | | |
| **Authorized 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: |  |
|  | | | | | | | | |  | | | | | |  |  |

**2021 Supportive Reentry Request for Proposals**

**Proposed Program Budget**

**December 15, 2021- December 31, 2022**

*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 Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **STAFFING** Salaries (Full- & Part-Time) |  |  |  |  | $ |
| Fringe Benefits |  |  |  |  | $ |
| **SUBTOTAL – STAFFING** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  |  |  |  | $ |
| \* Operating Expenses2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) |  |  |  |  | $ |
| Rent |  |  |  |  | $ |
| Contractual Employment/Other Professional Services3 |  |  |  |  | $ |
| Travel (includes mileage, parking) |  |  |  |  | $ |
| Insurance |  |  |  |  | $ |
| Utilities (includes electric, internet, phone) |  |  |  |  | $ |
| \*Other Miscellaneous Expenses4 |  |  |  |  | $ |
| Indirect Facilities and Administration (F & A) Costs5 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

**\*Participant rental assistance cannot exceed 30% of the overall budget.**

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

|  |  |
| --- | --- |
| 5 Indirect Facilities and Administration (F & A) Costs - Itemize below: | |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total** | **$** |

5 Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

* + General Administration
  + Departmental Administration
  + Operation and Maintenance
  + Building and Equipment Depreciation
  + Non-Capitalized Interest

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

**2021 Supportive Reentry Request for Proposals**

**Proposed Personnel Detail Budget**

**December 15, 2021 - December 31, 2022**

*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 Program Name:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | hours per 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** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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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):** | | | |  |  |  |  |  |