2022 FARM TO TABLE SUPPORT SERVICES
REQUEST FOR PROPOSALS (RFP)

APPLICATION

**HOW TO COMPLETE THE APPLICATION**

Applications will be rated only on the information requested in this RFP and shall include 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. *Late proposals will not be accepted or reviewed for funding consideration.*

Required format for written application:

* Typed and formatted to letter-size (8 ½ x 11-inch) paper
* One-inch margins, single spacing, and size 11-point font
* Do not exceed a total of five (5) pages for each component. If you are applying for both Component 1 and Component 2 answer each section completely not exceeding ten (10) pages (5 pages per section) in total. Requested attachments will not count towards the page limit.

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

**Applicants may apply to Component 1- Nutrition Education, Component 2- Farm to Family Food Bags, or both. Respond to all questions.**

Answer each section completely according to the questions. A total of five (5) pages per each section, or (10) pages if you are applying to both strategies 1 and 2. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the agency will meet **all** rating criteria. Funding recommendations will also be based on applicant geographic coverage to ensure services are provided throughout Seattle in neighborhoods where focus populations are served.

**Component 1- Nutrition Education (5 pages limit):**

1. ***PROGRAM DESCRIPTION***

**In the 2022-2023 school year, the Farm to Table Program will be in approximately 50 Seattle Preschool Programs, geographically dispersed across the city, serving approximately 2,000 children ages 3 – 5 years old.**

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| --- | --- | --- |
| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 30** |
| 1. Describe your proposed nutrition education program including types of classes, trainings, materials, curriculum, locations, (see Attachment 5 for Seattle neighborhoods by Council District. Seattle Preschool Program [here](http://www.seattle.gov/education/for-parents/child-care-and-preschool/seattle-preschool-program)), and by whom services will be delivered. Describe if this is a new program for your organization or an existing program. Describe any food safety protocols your organization may follow.
2. Describe how your program has been affected by COVID-19 and what adjustments it’s made in response. If it’s a new program, describe how your program will adjust to COVID-19.
3. Describe your understanding of the unique characteristics and experiences of preschool children and families and focus population(s) such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes.
4. Describe the roles and responsibilities of your program including collaborations and/or partnerships. Please provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit. If you will not be in partnership with other agencies, how will you ensure that your service delivery is inclusive and meets diverse customer needs?
 | * Applicant presents a thorough description of the new and/or existing program, as well as an understanding of the service components and food safety protocols. Applicant outlines geographic distribution of intended services. **(10 points)**
* Applicant describes how COVID-19 affected operations, or will affect operations if a new program, and adjustments made. **(5 points)**
* Applicant demonstrates an understanding of the unique characteristics of preschool children and families and focus population(s). **(5 points)**
* Applicant describes effective partnerships and collaborations to enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. If no partnerships are planned, applicant demonstrates the ability to meet diverse customer needs in inclusive ways. **(10 points)**
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1. ***PROMOTES FOOD EQUITY AND COMMUNITY-CENTERED PROGRAMMING***

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| --- | --- | --- |
| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 30** |
| 1. How will you reduce food insecurity and racial and health disparities for preschool children and their families?
2. Why are food justice and food access vital to your organization and the work you do?
3. How will you ensure equity if virtual education options are offered?
4. Describe how preschool families will inform the design, delivery, and evaluation of the program.
 | * Applicant describes how the program will reduce food insecurity, and racial and health disparities. **(10 points)**
* Applicant describes the program’s food justice and food access work and how it will help preschool children and their families. **(10 points)**
* Applicant demonstrates understanding of technological equity. **(5 points)**
* Applicant describes how preschool families are and/or will be involved in developing, delivering, and evaluating the program. **(5 points)**
 |

1. ***CAPACITY AND EXPERIENCE***

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| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 25** |
| 1. Describe your program’s success providing nutrition education to the focus population identified in the RFP. If your organization has no experience delivering these services, describe any related experience and a plan for development of service capacity, and attach a start-up timeline. Timeline will not be counted toward the maximum page limit.
2. Describe the key staff and/or volunteer positions for this program who have the primary responsibility for ensuring program implementation. Describe your plan to staff these positions if you do not yet have the staff/volunteers in place. Please provide brief position descriptions. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not be counted toward the maximum page limit.
3. Describe how staff/volunteers in these positions possess the cultural and linguistic competency to work with the focus population identified in this RFP.
4. 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?
 | * The program description demonstrates the applicant’s experience in delivering nutrition education services for at least two years to the focus population identified in the RFP, OR for applicants providing these services for the first time the applicant presents a clear and realistic description and timeline for launching a new service. **(10 points)**
* Applicant describes processes to maintain or hire quality staff/volunteers that match the levels needed to run the program as described. **(5 points)**
* Applicant describes how staff/volunteers possess the cultural and linguistic competency to work with the focus population served. **(5 points)**
* Applicant demonstrates an understanding of and capacity for data management and reporting. **(5 points)**
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1. ***BUDGET AND LEVERAGING***

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| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 15** |
| 1. Describe how RFP funds will be used and identify other resources, including additional funding, that will be used to support the clients served by this program.
2. Describe your organization’s ability to address changes in funding, staffing, community needs, or board or leadership support. Describe your organization’s ability to continue services if funding no longer becomes available from HSD’s Youth and Family Empowerment Division.
3. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count towards the page limit. The costs reflected in this budget should be for the intended program only, not your total organization budget.
 | * Applicant identifies other resources to be used for this program and confirms that these funds are sustainable. **(5 points)**
* Applicant demonstrates ability to adapt to changes in funds and community needs. **(5 points)**
* Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes. **(5 points)**
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**COMPONENT 1 -TOTAL POINTS: 100**

**Component 2- Farm to Family Food Bags (5-page limit):**

1. ***PROGRAM DESCRIPTION***

**In the 2022-2023 school year, the Farm to Table Program will be in approximately 50 Seattle Preschool Programs geographically dispersed across the city, serving approximately 2,000 children ages 3 – 5 years old.**

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| --- | --- | --- |
| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 30** |
| 1. Describe your program’s proposed food bag delivery service including number of bags, service area (see Attachment 5 for Seattle neighborhoods by Council District. Seattle Preschool Program information [here)](http://www.seattle.gov/education/for-parents/child-care-and-preschool/seattle-preschool-program), frequency, by whom services will be provided, and any food safety protocols your organization follows.
2. Describe if you own or support a farm owned and operated by BIPOC, immigrant and refugee, and/or women. Also describe farm size, farm crops, sourcing, packaging, delivery, pesticide controls, and food safety protocols. See Attachment 5 for Seattle neighborhoods by Council District to describe the geographic distribution of intended services.
3. Describe how your program/farm has been affected by COVID-19 and what adjustments it’s made in response. If it’s a new program/farm, describe how you will adjust to COVID-19.
4. Describe your understanding of the unique characteristics and experiences of preschool children and families and focus population(s) such as strengths, needs, concerns, geographic region, age, ethnicity, language and/or other defining attributes.
5. Describe the roles and responsibilities if your program includes collaborations and/or partnerships. Please provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit. If you will not be in partnership with other agencies/farms, how will you ensure that your service delivery is inclusive and meets diverse customer needs?
 | * Applicant presents a thorough description of the new and/or existing program, as well as an understanding of the service components. Applicant outlines geographic distribution of intended services. **(5 points)**
* Applicant presents a thorough description of who owns it and/or how the applicant supports farms operated by BIPOC, immigrant and refugee, and/or women. A thorough description on farm crops, sourcing, packing, delivery, pesticide controls, and food safety protocols is described. Applicant outlines a geographic distribution of intended services. **(5 points)**
* Applicant describes how COVID-19 affected operations or will affect operations if a new program/farm, and adjustments made. **(5 points)**
* Applicant demonstrates an understanding of the unique characteristics of preschool children and families and focus population(s). **(5 points)**
* Applicant describes effective partnerships and collaborations to enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. If no partnerships are planned, applicant demonstrates the ability to meet diverse customer needs in inclusive ways. **(10 points)**
 |

1. ***PROMOTES FOOD EQUITY AND COMMUNITY-CENTERED PROGRAMMING***

|  |  |  |
| --- | --- | --- |
| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 30** |
| 1. How will your program or farm reduce food insecurity, and racial and health disparities for preschool children and their families?
2. Why are food justice and food access vital to your organization/farm and the work you do?
3. Describe the role food and agriculture play in our region’s economy.
4. Describe how preschool families will inform the design, delivery, and evaluation of the program.
 | * Applicant describes how the program/farm will reduce food insecurity, and racial and health disparities. **(10 points)**
* Applicant describes the program’s food justice and food access work and how it will help preschool children and their families. **(7 points)**
* Applicant describes the role food and agriculture play in our economy. **(7 points)**
* Applicant describes how the preschool families are/will be involved in developing, delivering, and evaluating the program. **(6 points)**
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1. ***CAPACITY AND EXPERIENCE***

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| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 25** |

|  |  |
| --- | --- |
| 1. Describe your program or farm’s success delivering food bags to the focus populations identified in the RFP. If your organization/farm has no experience delivering these services, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline. Timeline will not be counted toward the maximum page limit.
2. Describe the key staff and/or volunteer positions for this program who have the primary responsibility for ensuring program implementation. Describe your plan to staff these positions if you do not yet have the staff/volunteers in place. Please provide brief position descriptions. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not be counted toward the maximum page limit.
3. Describe how staff/volunteers in these positions possess the cultural and linguistic competency to work with the focus population identified in this RFP.
4. Describe your organization or farm’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?
 | * The program or farm’s description demonstrates the applicant’s experience in delivering food bags services for at least two years to the focus population identified in the RFP, OR for applicants providing these services for the first time the applicant presents a clear and realistic description and timeline for launching a new service. **(10 points)**
* Applicant describes processes to maintain or hire quality staff/volunteers that match the levels needed to run the program as described. **(5 points)**
* Applicant describes how staff/volunteers possess the cultural and linguistic competency to work with the focus population served. **(5 points)**
* Applicant demonstrates an understanding of and capacity for data management and reporting. **(5 points)**
 |

1. ***BUDGET AND LEVERAGING***

|  |  |  |
| --- | --- | --- |
| **QUESTIONS:**  |  | **RATING CRITERIA POINTS: 15** |
| 1. Describe how RFP funds will be used and identify other resources, including additional funding, that will be used to support the clients served by this program.
2. Describe your organization or farm’s ability to address changes in funding, staffing, community needs, or board or leadership support. Describe your organization or farm’s ability to continue services if funding no longer becomes available from HSD.
3. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count towards the page limit. The costs reflected in this budget should be for the intended program only, not your total organization budget.
 | * Applicant identifies other resources to be used for this program and confirms that these funds are sustainable. **(5 points)**
* Applicant demonstrates ability to adapt to changes in funds and community needs. **(5 points)**
* Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes. **(5 points)**
 |

**COMPONENT 2 -TOTAL POINTS: 100**

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 five (5) pages per program component (1 or 2), or a total of ten (10) pages if applying for both sections.
* A completed Proposed Program Budget (Attachment 3).
* A completed Proposed Personnel Detail Budget (Attachment 4).
* If you are proposing to provide any new (for your organization) services, attach a start-up timeline for each service.
* Signed partnership letters and/or collaboration letters of intent.
* Completed applications are due by **May 3, 2022, at 4:00 p.m.** 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.

*Subcontracting:*

* If you are proposing a subcontract with another organization, attach a signed letter of commitment from that organization’s Director or other authorized representative. The letter should clearly state 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 organization’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 Gabriela Dionisio at gabriela.dionisio@seattle.gov.
2. **Via Email** **HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov****.**  Email attachments are limited to 30 MB. **The subject heading must be titled: 2022 Farm to Table 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](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 the HSD Online Submission System (<http://web6.seattle.gov/hsd/rfi/index.aspx>) or email (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 organization’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 organization’s insurance must conform to [Master Organization Service Agreement](https://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 organization 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: Neighborhoods in Seattle by Council Districts

**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](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 Fiscal Sponsor Requirements

[ ]  HSD Funding Opportunity Selection Process

[ ]  HSD Appeal Process

[ ]  HSD Commitment to Funding Culturally Responsive Services

[ ]  HSD Guiding Principles, [Sweetened Beverage Tax Guiding Principles](https://www.seattle.gov/Documents/Departments/SweetenedBeverageTaxCommAdvisoryBoard/BoardActions/Values_BudgetPrinciples_MeetingAgreements_2020Update_clean.pdf), and [Farm to Table Guiding Principles](https://www.farmtotableseattle.org/mission-and-vision)

[ ]  HSD Master Agency Services Agreement Sample

[ ]  HSD 2022 Farm to Table Support Services RFP 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 organization 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 5 pages or 10 pages if applying to both program components (8 ½ x 11), single spaced, 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 funding opportunity.

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

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

[ ]  **If you are proposing to provide any new services (for your organization), have you attached a start-**

**up timeline for each service, beginning 1/1/2023. \***

[ ]  **If you are proposing a significant collaboration with another organization, have you attached a**

**signed letter of intent from that organization’s Director or other authorized representative? \***

**\****These documents do not count against the 5-page limit or 10-page limit (if applying for both program components) for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on May 3, 2022**.

Application packets received after this deadline will **not** be considered. See Section I for submission instructions.

**Attachment 2 - Application Cover Sheet**

|  |  |
| --- | --- |
| 1. Applicant Agency:
 |  |
| 1. Agency Executive Director:
 |       |
| 1. Agency Primary Contact for this RFP:
 |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       |
|  | Phone #: |       |
| 1. Agency 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. Focus Population(s) program will serve (check all that apply; those checked should match who you describe serving in your application:
 | [ ]  American/Indian Alaskan Native[ ]  Asian [ ]  Black/African American [ ]  Hispanic/Latinx [ ]  Native Hawaiian/Pacific Islander [ ]  Other: |
| 1. Funding Amount Requested:
 |       |
| 1. Would your agency like funding if your full request isn’t available? If so, what is the minimum amount?
 |       |
| 1. # of unduplicated children your agency will serve each year:
 |       Enrolled in program  |
| 1. In which City Council District is your program located? (See Attachment 5)
 |       |
| 1. Provide a high- level (200 words or less) program description:

      |
| 1. Partner Agency (if applicable):

Contact Name:       Title:      Address:      Email:       Phone Number:      Description of partner agency proposed activities:      |
| 1. Fiscal Sponsor (if applicable):

Contact Name:       Title:      Address:       Email:       Phone Number:      *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*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.* Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |