



City of Seattle  
Human Services Department

**2016  
Community Health Care Facilities  
Capital Improvements  
Request for Proposal**

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**GUIDELINES**

**I. Introduction**

The Community Support and Assistance (CSA) Division of the City of Seattle Human Services Department (HSD) is seeking applications from agencies interested in developing new, or improving or expanding existing, community health care facilities to serve lower-income persons and families who are uninsured or covered under Medicaid. This Request for Proposal (RFP) is open to Federally Qualified Health Centers (FQHCs) which includes all organizations receiving grants under Section 330 of the Public Health Service Act (PHS) and FQHC Look-Alikes (organizations that meet PHS Section 330 eligibility requirements, but do not receive grant funding). Funding is available to finance capital improvements that result in an expansion of capacity and quality of services. Funds will be provided on a grant basis with requirements to maintain the assisted facility for community health care use for up to ten years. This “continuing use” commitment will be secured by either a deed of trust and/or covenant on the property.

Approximately \$2 million is available through this RFP from the following sources:

| <b>Fund Sources</b>     | <b>Request for Proposal Amount</b> |
|-------------------------|------------------------------------|
| <i>HSD General Fund</i> | \$2,000,000                        |

HSD intends to fund a maximum of 4 proposals. Initial awards will be made for the period of June 1, 2016 – June 30, 2018. This is a one-time RFP. Future funding for this purpose is neither stated nor implied.

All materials and updates to the RFP are available on [HSD’s Information for Grantees web page](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for any updates, clarifications or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this RFP or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have any questions about the Community Health Care Facilities Capital Improvement RFP, please contact:

Michael Look via email at [Michael.Look@seattle.gov](mailto:Michael.Look@seattle.gov).

## II. Timeline

|                              |   |
|------------------------------|---|
| Funding Opportunity Released | Monday, March 14, 2016  |
| *Information Session 1       | Wednesday, March 23<br>2:00 p.m. – 3:30 p.m.<br>Jefferson Community Center<br>3801 Beacon Ave S.<br>Seattle, WA 98108 |
| Last Day to Submit Questions | Wednesday, March 30, 2016 by 5:00 p.m.  |
| Application Deadline         | Monday, April 11, 2016, by 4:00 p.m.  |
| Site Visits, as applicable   | Monday, April 18 – Thursday, April 28, 2016   |
| Planned Award Notification   | Monday, May 9, 2016   |
| Contract Start Date          | Wednesday, June 1, 2016   |

\*Please contact the RFP coordinator for accommodation requests Michael Look: Michael.Look@seattle.gov.

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

## III. HSD Guiding Principles

In addition to the investment outcomes stated in this RFP, investments will reflect the Seattle Human Services Department's vision, mission and values and support the department's theory of change.

### Vision

The vision of the Seattle Human Services Department is that all basic needs in our communities are met through innovative and collaborative approaches. Greater Seattle is a place where the richness of our diversity is valued, all of our communities thrive, and people grow up and grow old with opportunity and dignity.

### Mission

The mission of the Seattle Human Services Department is to connect people with resources and solutions during times of need so we can all live, learn, work and take part in strong, healthy communities.

### Values

We accomplish our mission by adhering to core values and funding programs whose work supports them:

- **Vision** – we are future-focused, funding outcomes that create a stronger community.
- **Innovation** – we foster an environment where creativity and new approaches are valued, tested, refined and implemented.
- **Results** – we fund and administer programs that are accountable, cost-effective, and research-based, ensuring people receive high-quality services.
- **Equity** – our resources are devoted to addressing and eliminating racial, social, economic, and health disparities in our community.
- **Creative collaboration** – we share the collective wisdom of our colleagues and community to develop and implement programs.
- **Service** – we ensure the programs we support are accessible to all community members and deliver high-quality, welcoming customer service.

## IV. HSD's Commitment to Funding Culturally Responsive Services

In conjunction with the Seattle Race and Social Justice Initiative (RSJI), which is a citywide effort to end institutionalized racism and race-based inequities in Seattle, HSD has developed investment principles that reflect our commitment to funding culturally responsive services to create positive outcomes for service recipients. Agencies applying for investment will demonstrate the capacity to institute these principles through routine delivery of participant-centered and strength-based services that are culturally:

**COMPETENT**, as demonstrated by “the ability to honor, understand, and respect beliefs, lifestyles, attitudes, and behaviors demonstrated by diverse groups of people, and to diligently act on that understanding”.<sup>1</sup> It is “the ability to function effectively in the midst of cultural differences. It includes knowledge of cultural differences, awareness of one’s own cultural values, and ability to consistently function with members of other cultural groups”.<sup>2</sup>

**RESPONSIVE** to the cultural and linguistic needs of diverse populations. Agencies have the capacity to effectively serve and engage persons of diverse backgrounds. Agencies commit to practicing cultural responsiveness throughout all levels of the program, including policy, governance, staffing, and service model and delivery. Agencies make every effort to recruit and retain a work force (paid and voluntary), and policy-setting and decision-making bodies, that are reflective of the focus populations identified in the theory of change.

**RELEVANT** in addressing the cultural needs of diverse populations whose models of engagement or cultural standards differ from mainstream practices. Agencies are staffed with people who have the cultural competency to create authentic and effective relationships and provide culturally responsive services for members of specific cultural groups and/or communities of color. Commitment and experience of the agency reflects effective, mutually beneficial relationships with other organizations (such as grassroots or community-based organizations, churches, community networks, etc.) that are reflective of the populations being served.

**ACCESSIBLE** through language, location, and delivery style. Agencies have the capacity to overcome mainstream barriers and/or provide effective alternative strategies that enable residents to easily access mainstream and nontraditional programs and services.

## V. Investment Area Background & Program Requirements

The federal Affordable Care Act (ACA) brought many people into the health care system through the expansion of Medicaid and Exchange-based health insurance. Since 2013 the percentage of uninsured adults has dropped 38% in King County. This represents over 84,000 additional residents who now have health care insurance. A large portion of these individuals have incomes such that they qualify for Medicaid or receive subsidies in the Washington Health Care Exchange. This expansion has resulted in unprecedented demand for care, particularly

<sup>1</sup> Coyne, C. (2001) “Cultural Competency: Reaching Out to All Populations”. PT Magazine, pgs. 44-50.

<sup>2</sup> York, S. (2003) Roots and Wings: Affirming Culture in Early Childhood Programs. St. Paul, MN: Redleaf Press, pg. 161.

at safety-net clinics whose mission it is to serve lower-income populations including those who still remain uninsured due to a number of factors, including immigration status. These clinics are in need of funds to improve or expand their physical service environments. An investment in these primary care facilities will increase the capacity of providers to serve our most vulnerable citizens and divert non-emergency care from hospital emergency facilities.

#### **A. Expected Project Components**

These funds are to assist in financing capital improvements, new construction, major rehabilitation or major remodeling of community health care facilities. These funds are not for maintenance and repair issues. Funds may not be used to purchase equipment. Subject to contract negotiations, construction is to begin no later than December 31, 2016. Construction must be completed by June 30, 2018 unless the proposal clearly identifies a later completion date.

#### **B. Expected Investment Outcomes**

The expected outcome of these investments is the improvement of the quality and quantity of health care services to the priority population. To ensure sufficient public benefit in return for the assistance with capital improvements, the project awardee will commit to providing medical services affordable to lower-income and underinsured persons and families according to the following criteria:

- If the grant is for \$500,000 or less, five year continuing use commitment
- If the grant is for more than \$500,000, ten year continuing use commitment

#### **C. Other Regulations Applicable to the Investment Area**

- General contractors and subcontractors must be procured in an open, fair and competitive manner. Records relating to the procurement process must document the process and be made available to the City for inspection upon request.
- Agencies must affirmatively market their contracting opportunities to women and minority-owned businesses. General contractors must also engage in affirmative marketing efforts in procuring subcontractors.
- All construction contracts and subcontracts must incorporate the payment of applicable State Prevailing Wage rates.
- Receipt of funds from this RFP process in no way alters or bypasses the need of the project awardee to secure all appropriate construction or building or occupancy permits from the Seattle Department of Construction and Inspection, Seattle Fire Department, or any other applicable City permit process.

## **VI. Agency and Project Minimum Eligibility Requirements**

Applications for this RFP will be accepted from any legally constituted entities that meet the following minimum eligibility requirements:

- Applicant must meet all licensing requirements that apply to its organization. Companies must license, report and pay revenue taxes for the Washington State Business License (UBI#) and Seattle Business License, if they are required by the laws of those jurisdictions.
- Applicant must have a Federal Tax ID number/employer identification number (EIN) to facilitate payments from the City of Seattle to the provider.

- Applicant must be incorporated as a private non-profit corporation in the State of Washington and must have been granted 501(C) (3) tax exempt status by the United States Internal Revenue Service, the applicant's 501(C) (3) status must be in good standing and must not have been revoked in the previous calendar year.

OR

- If the applicant is a public corporation, commission, other legal entity or authority established pursuant to RCW 35.21.660 or RCW 35.21.730, the applicant's status as a legal entity must be in good standing and must not have been revoked in the previous calendar year.
- The facility to be constructed, improved or expanded must be within the Seattle City limits and primarily serve residents of Seattle.
- Applicant must be a Federally Qualified Health Center (FQHC) or have designated FQHC Look-Alike status.

## VII. Client Data and Program Reporting Requirements

Agencies must be able to collect and report client-level demographic and service data as stated in any resulting contract. Agencies must implement policies and procedures to ensure privacy and confidentiality of client records for both paper files and electronic databases. Client reports will be required annually during the entire continuing use period.

## VIII. Contracting Requirements

- Any contract resulting from this RFP will be between the City of Seattle, through its Human Services Department, and the applicant agency.
- Contracts may be amended to ensure that services and outcomes align with the community needs or due to availability of funding.
- Agencies will be required to comply with the Terms and Conditions of the Human Services Department Master Agency Services Agreement (MASA). These requirements shall be included in any contract awarded as a result of the RFP and are not negotiable. A copy of the MASA is available on [HSD's Information for Grantees web page](#).
- HSD will attach Exhibits and Attachments to all resulting contracts which will further specify program terms, rules, requirements, guidelines and procedures.
- Agencies will be required to maintain books, records, documents, and other evidence directly related to performance of the work in accordance with Generally Acceptable Accounting Procedures. The City of Seattle, or any of its duly authorized representatives, shall have access to such books, records and documents for inspection, audit, and copying for a period of seven (7) years after completion of work.
- Agencies must complete all required reports and billing documentation as stated herein and in any resulting contract. Reimbursement will be contingent upon receipt and approval of required reports. Additional data may be required for audit or evaluation purposes.

- All programs funded through this RFP must publicly recognize HSD’s contribution to the program.
- To secure agency compliance to provide services for the duration of the continuing use period, a deed of trust and/or regulatory covenant may be required, and may be recorded against the property being improved. Title insurance will be obtained as a part of this process. Title insurance, recording, and other costs associated with this financing transaction will be at the expense of the agency.
- Property insurance, at coverage levels and on terms acceptable to HSD, will be required on the facility for the duration of the continuing use period.
- Builder’s risk insurance, at coverage levels and on terms acceptable to HSD, will be required during the course of the capital work.
- Agencies will maintain a commercial general liability insurance policy with a minimum limit of \$1,000,000, naming the City of Seattle as insured for the duration of the facility’s required continuing use period as defined by the funding agreement and related documents.
- Agencies must have the capacity to protect and maintain all confidential information gained by reason of any resulting contract against unauthorized use, access, disclosure, modification or loss.
- Agencies must be able to collect and report data as described in Section VII.

## IX. Selection Process

This RFP is competitive. All interested parties must submit a complete application packet (as outlined in Section IV of the Application Instructions and Materials) by the deadline to be considered for funding. All completed applications turned in on or before the deadline that meet the minimum eligibility requirements (as outlined in Section VI of the Guidelines and Application) will be reviewed and individually scored by members of the rating committee.

Applications not meeting requirements of minimum eligibility or application completeness will be deemed ineligible and will be eliminated from further consideration. HSD reserves the right to seek clarification and accept or waive any nonmaterial irregularities or informalities in determining whether or not an application is eligible.

Eligible and complete applications will be rated based on the criteria for providing the required services outlined in the Guidelines and Application materials. HSD reserves the right to contact the primary contact person listed on the agency’s completed Application Cover Sheet (Attachment 2) to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with some or all applicants prior to forwarding funding recommendations to the HSD Director. Following the rating process, including interviews if any, the rating committee will forward its funding recommendations to the HSD Director for final decision regarding the award(s). Notification of investment awards will be sent to the Executive Director of the applicant agency (or similar level agency management staff indicated on the application cover sheet).

Due to the competitive nature of this RFP, beyond any scheduled information sessions offered by HSD, no individual technical assistance will be provided until the appeals process has closed. Applicants may not rely on

oral communication from HSD staff at any information session, interview, site visit or otherwise and must review all written materials and addendums related to this RFP.

HSD reserves the right to make an award(s) without further discussion of the proposal submitted. Therefore, the application should be submitted on the most favorable terms. If the application is selected for funding, applicants should be prepared to accept the proposed terms for incorporation into a contract resulting from this RFP.

HSD also reserves all rights not expressly stated in the RFP, including making no awards or awarding partial funding and negotiating with any proposer regarding the funding amount and other terms of any contract resulting from this RFP.

## X. Appeal Process

An applicant is any legal entity that has responded to a formal funding process conducted by the City of Seattle Human Services Department in soliciting applications for the provision of defined services. Applicants have the right to protest or appeal certain decisions in the award process made by HSD.

The following outlines the opportunities for applicants to appeal a decision made by HSD at two distinct points in the funding process:

1. **Minimum Eligibility Screening Appeal Process:** This process is applicable to applicants notified by HSD that their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity, and therefore will not be reviewed for funding consideration.
2. **Post-Notice of Award Appeal Process:** This process is applicable to applicants notified by HSD of the final status of their application, as determined by the HSD Director, upon the conclusion of the review and rating process.

While the grounds for appeals and deadlines differ, both processes will follow the same appeal format and content requirements and decision process, except as otherwise stated herein.

### **Minimum Eligibility Screening Appeal Process**

#### **Grounds for Appeals:**

This process applies only to applicants wishing to appeal a decision regarding failure to submit a complete application or failure to meet the minimum eligibility requirements outlined in the funding opportunity. An appeal will only be determined to have merit if the applicant proves that the application submitted was complete, did meet the minimum eligibility requirements, qualifications, and formatting standards, and that the initial determination of ineligibility was in error. No additional information or details not included in the original application will be considered.

#### **Appeals Deadlines:**

1. The Human Services Department will notify applicants in writing if their application was incomplete and/or did not meet the minimum eligibility requirements outlined in the Guidelines and Application document for the specific funding opportunity.
2. Any applicant wishing to appeal must submit a written appeal to the HSD Director within five (5) business days from the date of the written notification by HSD.

3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, an appeal based upon an application's incompleteness or failure to meet minimum eligibility requirements will not prevent HSD from moving forward with the review and rating process for other applications. HSD reserves the right to issue an interim contract for services to meet important client needs.

### **Post-Notice of Award Appeal Process**

#### **Grounds for Appeals:**

Only an appeal alleging an issue concerning the following subjects shall be considered:

- A matter of bias, discrimination or conflict of interest.
- Violation of policies or failure to adhere to guidelines or published criteria and/or procedures established in a funding opportunity.

#### **Appeals Deadlines:**

1. The Human Services Department will notify all applicants in writing of the final status of their application. For awarded applications, if appropriate, the level of funding to be allocated will be stated.
2. Any applicant wishing to appeal a decision regarding award must submit the appeal in writing to the HSD Director within ten (10) business days from the date of the written notification by HSD.
3. The HSD Director will review the written appeal and may request additional oral or written information from the appellant organization. A written decision by the HSD Director will be made within ten (10) business days of the receipt of the appeal. The HSD Director's decision is final.
4. HSD will not finalize a contract resulting from the solicitation until the appeal process has closed; however, HSD reserves the right to issue an interim contract for services to meet important client needs.

#### **Appeal Format and Content:**

A notice to HSD staff that an applicant intends to appeal does not reserve the right to an appeal. The applicant must file an appeal within the required deadline and follow the proper format. A casual inquiry, complaint or an appeal that does not provide the facts and issues, and/or does not comply with the form, content or deadline herein, will not be considered by the Department or acted upon as an appeal.

All appeals shall be in writing and state that the applicant is submitting a formal appeal. Deliveries by hand, mail or email are acceptable methods. HSD is not responsible for ensuring that an appeal is received within the appeal deadlines. If HSD does not receive the appeal by the deadline, the protest will be rejected.

Appeals must be addressed to:

Catherine Lester, Director  
Seattle Human Services Department  
700 5<sup>th</sup> Avenue, Suite 5800  
P.O. Box 34215  
Seattle, WA 98124-4125

Email: [Catherine.Lester@seattle.gov](mailto:Catherine.Lester@seattle.gov)

Include the following information and any additional information you would like considered in the appeal. Failure to provide the following information may result in rejection of the appeal if the materials are not sufficient for HSD to adequately consider the nature of the appeal:

1. Agency name, mailing address, phone number and name of individual responsible for submission of the appeal;
2. Specify the funding opportunity title;
3. State the specific action or decision you are appealing;
4. Indicate the basis for the appeal including specific facts;
5. Indicate what relief or corrective action you believe HSD should make;
6. Demonstrate that you made every reasonable effort within the funding process schedule to resolve the issue, including asking questions, attending information sessions, seeking clarification and otherwise alerting HSD to any perceived problems; and
7. Signed by the Agency's Executive Director or similar level agency management staff.

#### **Appeals Process:**

Within two (2) business days of receiving an appeal according to the appeals submission process outlined herein, the applicant will receive a receipt from the HSD Director's Office notifying the applicant of the date, time and method by which the appeal was received. If the applicant does not receive a receipt within two business days, it should be assumed that HSD did not receive the appeal and it will therefore not be considered.

The HSD Director will review the appeal. All available facts will be considered and the HSD Director shall issue a final decision. This decision shall be delivered in writing by email or mailed letter to the individual making the appeal and the Agency's Executive Director or similar level agency management staff who signed the appeal.

Each written determination of the appeal shall specify whether the HSD Director:

1. Finds the appeal lacking in merit and upholds the City action; or
2. Finds only immaterial or harmless errors in HSD's funding process and therefore rejects the appeal; or
3. Finds merit in the appeal and:
  - a. **For the Minimum Eligibility Screening Appeal Process:** proceeds with inclusion of the original application, as submitted, in the application review and rating process. (This does not guarantee an award from the funding process, but rather allows the originally rejected application to re-enter the evaluation process for funding consideration.)
  - b. **For the Post-Notice of Award Appeal Process:** states the appropriate action, which may include but is not limited to rejecting all intended awardees, making partial award, re-tabulating scores, or any other action determined by the HSD Director.

If HSD finds an appeal without merit, HSD may continue with the funding process (contract execution). Even if the appeal is determined to have merit, HSD may issue an interim contract for services to meet important client needs. Nothing herein shall diminish the authority of HSD to enter into a contract, whether an appeal action or intention to appeal has been issued or otherwise.



City of Seattle  
Human Services Department

2016  
Community Health Care Facilities  
Capital Improvements  
Request for Proposal

## APPLICATION

### Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2016 Community Health Care Facilities Capital Improvements RFP. The RFP Guidelines is a separate document that outlines the RFP award process and provides more details on the service and funding requirements.

### I. Submission Instructions & Deadline

**Completed application packets are due by 4:00 p.m. on Monday, April 11, 2016.**

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

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

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

Seattle Human Services Department  
RFP Response – Community Health Care Facilities  
Attn: Michael Look

| <i>Delivery</i>  | <i>Address Mailing Address</i>           |
|--|--|
| 700 5 <sup>th</sup> Ave., 58 <sup>th</sup> Floor<br>Seattle, WA 98104-5017 | P.O. Box 34215<br>Seattle, WA 98124-4215 |

## II. Format Instructions

- A. Applications will be rated only on the information requested and outlined in this RFP, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
- B. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
- C. The application may not exceed a total of 15 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
- D. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question.

## III. Proposal Narrative & Rating Criteria

Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 15 pages for section A – E combined.

### NARRATIVE QUESTIONS

#### A. HEALTH CARE FACILITY PROJECT DESCRIPTION (25 points)

1. Describe your current health care facility and describe why it does not meet your organization's current or anticipated future service needs of the priority population.
  - Are you lacking in capacity – by what measure?
  - Does your facility cause you to compromise on quality or standards? By what measure?
2. Describe your proposed health care facility and outline the key changes or improvements that will be made over your existing facility.
  - Describe how these facility improvements will help your program achieve the required outcomes identified in the RFP.
  - Describe how the new facility will allow your organization to meet your own service goals and the needs of the priority population.
3. Answer the following questions about your current facility:
  - Street address
  - Square footage, number of floors (If you lease or occupy a part of a building, describe only your space)
  - Age of building
  - Other capacity measures common for medical facilities
4. Answer the following questions for your new facility:
  - Are you aware if the local zoning designation allows for the capital work you are contemplating? If yes, describe the zoning designation.
  - Street address (if different from current)
  - Square footage, number of floors (If you lease or occupy a part of a building, describe only your space)
  - Other capacity measures common for medical facilities

5. Has a hazardous materials review (i.e. “Level One Review”) been done on the building / property you intend to work on? Please attach a copy to the application.
6. Have you secured the services of a licensed architect? Have architectural drawings been produced? (If yes, DO NOT submit them with this application, but we may request to see them during the course of our review of the applications.)
7. What is your timeline for bidding, construction start and completion? Have the necessary permits been secured? If not, when are they anticipated? Are there hazardous materials present that will need to be abated or addressed prior to construction?
8. Is the proposed project in leased space or applicant-owned space?
  - If the space is leased, the landlord must provide a statement approving of the proposed project (see Attachment 4).
  - If the applicant owns the property, the applicant must explicitly agree to the recording of a restrictive use covenant and/or deed of trust (as security for performance) on the property to enforce the continuing use requirement as stated in Section V.B of the RFP.

***Rating Criteria – A strong application meets all of the criteria listed below.***

- Responses indicate that the applicant has a thorough understanding of, and clear plan for, the project and that implementation of the proposed project can begin promptly.
- The proposal outlines minimal or no site control issues that may delay construction.
- The project timeline is realistic.
- There is a clear connection between the facility improvements and the services to be provided for the priority population, and / or quality improvements.

**B. CAPACITY AND EXPERIENCE (19 points)**

1. What expertise within your organization do you have to plan and manage a major capital improvement project? If you lack such expertise, what outside assistance have you procured?
2. How will services continue, and at what level, while the capital project is underway?
3. What service contingencies have you developed in the event the capital project is delayed in starting and / or completion?
4. If you are undertaking this project in conjunction with another party, please describe the relationship and roles. Who is the other party, and why were they chosen?
5. What additional staffing needs will you have to fill to make the most effective and efficient use of your new space? What is your plan to meet those needs?

***Rating Criteria – A strong application meets all of the criteria listed below.***

- Applicant describes staff experience or expertise, or has procured such expertise, to effectively manage a capital project of the size and scope contemplated.
- The applicant demonstrates a clear understanding of contingency planning, both for services and finances.
- If another party is involved in the project, there is a clear rationale for their involvement – not just their role but their capacity to fulfill their role.
- Applicant demonstrates clear understanding of, and provides a clear plan to meet, staffing requirements for new facility.

**C. SERVICE AND ASSET MANAGEMENT (17 points)**

1. What are the impacts of the proposed project on your operating and facility maintenance budgets? Please attach a five-year operating budget pro forma for the relevant programs following completion of the project and include your most recent actual budget. Include any and all debt service on the facility.

2. What are your agency's asset management plans and policies? How does the agency plan to maintain the useful life of the facility after completing the improvements proposed in this application? Will the agency maintain operating or replacement reserves for this facility?

**Rating Criteria – A strong application meets all of the criteria listed below.**

- The five-year pro forma identifies realistic costs and revenues associated with any expansion of services.
- The applicant possesses a logical, comprehensive, and financially sound asset management plan and replacement reserve policy.

**D. CULTURAL COMPETENCY (19 points)**

1. Describe your experience providing services to diverse groups, including racial and ethnic minorities, immigrants and refugees, low-income populations, and English language learners. 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 increasing 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 competence is infused through your policies, procedures and practices.
5. What kind of trainings does your agency provide to support cultural competency?

**Rating Criteria – A strong application meets all of the criteria listed below.**

- Applicant demonstrates understanding of cultural competence and describes how cultural competence is incorporated into the program and service delivery.
- Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges.
- Applicant has a proven track record of providing culturally and linguistically relevant services to diverse focus population(s) and priority community(ies).
- Applicant's staff composition reflects the cultural and linguistic characteristics of the focus population(s) and priority community(ies).
- Applicant's board composition reflects the cultural and linguistic characteristics of the focus population(s) and priority community(ies).
- Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate a respect and appreciation for the cultural and linguistic characteristics of the focus population(s) and priority community(ies).
- Applicant has demonstrated a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery.

**E. BUDGET AND LEVERAGING (20 points)**

1. Complete the Proposed Project Budget (Attachment 3; this does not count toward the 15 page narrative limit).
2. What are your financing alternatives for completing this project by your target completion date if you do not receive the full amount of funds you have requested, or if your fundraising efforts come up short? Do you have a reduced or discrete scope of work that can be successfully accomplished in the timeframe with fewer dollars? If yes, please describe that reduced scope.
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 RFP.

4. Describe how project costs were derived. Did you hire a consultant? Were the costs provided by a builder?
5. What financial contingencies have you developed in case the project is delayed in starting and / or completion?

***Rating Criteria – A strong application meets all of the criteria listed below.***

- Costs are reasonable and appropriate given the nature of the project.
- The applicant identifies a sufficient amount of other funds to be used with any funds awarded from this RFP to ensure that the project is fully funded, including necessary contingencies.
- Project cost derivation is based on sound construction estimating methodology.
- The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this RFP.

**Total = 100 points**

## IV. Completed Application Requirements

### AT APPLICATION SUBMITTAL

To be considered Complete, your application packet must include all of the following items or the application will be deemed incomplete and will not be rated:

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

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

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

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

## V. List of Attachments & Related Materials

- Attachment 1: Application Checklist  
Attachment 2: Application Cover Sheet  
Attachment 3: Proposed Project Revenue Summary  
Attachment 4: Proposed Project Budget  
Attachment 5: Statement of Site Control

## 2016 Community Health Care Facilities RFP Application Checklist

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

### HAVE YOU....

- Completed and signed the 2-page Application Cover Sheet (Attachment 2)?\***
- Completed each section of the Narrative response?**
- Must not exceed 15 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1 inch margins.
  - Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this RFP.
  - A completed narrative response addresses all of the following:
    - Program Design Description (25%)
      - *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. "same as previous component").*
    - Capacity and Experience (19%)
    - Service and Asset Management (17%)
    - Cultural Competency (19%)
    - Budget and Leveraging (20%)
- Completed the full Proposed Project Revenue Summary (Attachment 3)?\***
- Completed the full Proposed Project Budget (Attachment 4)?\***
- Completed the Statement of Site Control (Attachment 5)?\***
- Attached the following supporting documents?\***
- Roster of your current Board of Directors
  - Minutes from your agency's last three Board of Directors meetings
  - Current verification of nonprofit status or evidence of incorporation or status as a legal entity
  - If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?
- If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency's Director or other authorized representative?\***
- If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.\***

*\*These documents do not count against the 15 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on Monday, April 11, 2016**. Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle  
Human Services Department**

**2016 Community Health Care Facilities RFP  
Application Cover Sheet**

|  |                                     |  |   |
|--|-------------------------------------|--|---|
| 1. Applicant Agency:                               |                                     |  |   |
| 2. Agency Executive Director:                      |                                     |  |   |
| 3. Agency Primary Contact                          |                                     |  |   |
| Name:  |                                     |  | Title:                                    |
| Address:   |                                     |  |   |
| Email:   |                                     |  |   |
| Phone #:   |                                     |  |   |
| 4. Organization 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 Facility Name:                         |                                     |  |   |
| 9. Funding Amount Requested:                       |                                     |  |   |
| 10. Address of Proposed Facility:                  |                                     |  |   |
| 11. Partner / Co-developer Agency (if applicable): |                                     |  |   |
| Contact Name:                                      |                                     |  | Title:                                    |
| Address:   |                                     |  |   |
| Email:   |                                     |  | Phone Number:                             |
| Description of partner agency proposed activities: |                                     |  |   |

**Authorized physical signature of applicant 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: \_\_\_\_\_

**2016 Community Health Care Facilities RFP  
Proposed Project Revenue Summary**

|                               |  |
|-------------------------------|--|
| <b>Applicant Agency Name:</b> |  |
| <b>Proposed Program Name:</b> |  |

| <b>REVENUE SUMMARY</b>   |                             |              |  |                     |                 |
|--|-----------------------------|--------------|--|---------------------|-----------------|
|  |                             | <u>Total</u> |  | <u>Fund Status*</u> | <u>Comments</u> |
| <b>This Request</b>  |                             |              |  | 2                   |                 |
| <b>Other Funds -</b>   |                             |              |  |                     |                 |
|  | City - Other                |              |  |                     |                 |
|  | Other - Government          |              |  |                     |                 |
|  | County:                     |              |  |                     |                 |
|  | State                       |              |  |                     |                 |
|  | Federal:                    |              |  |                     |                 |
|  | Agency Contribution         |              |  |                     |                 |
|  | Private Foundation          |              |  |                     |                 |
|  | Charitable Donations        |              |  |                     |                 |
|  | Other**:                    |              |  |                     |                 |
|  |                             |              |  |                     |                 |
|  |                             |              |  |                     |                 |
|  |                             |              |  |                     |                 |
|  |                             |              |  |                     |                 |
|  |                             |              |  |                     |                 |
|  | <b>Subtotal Other Funds</b> |              |  |                     |                 |
| <b>Total Project Funding</b>   |                             |              |  |                     |                 |
| <p>* Please note status of funds as either (1) Committed, (2) Pending (i.e. application has been submitted) or (3) to be applied for.<br/>                     ** Attach a separate list if more space is necessary.</p> |                             |              |  |                     |                 |

**2016 Community Health Care Facilities RFP  
Proposed Project Budget**

|                                    |                                   |              |  |              |              |
|------------------------------------|-----------------------------------|--------------|--|--------------|--------------|
| <b>Applicant Agency Name:</b>      |                                   |              |  |              |              |
| <b>Proposed Project Name:</b>      |                                   |              |  |              |              |
|                                    |                                   | <b>RFP</b>   |  | <b>Other</b> | <b>Total</b> |
|                                    |                                   | <b>Funds</b> |  | <b>Funds</b> | <b>Cost</b>  |
| <b>Acquisition/Site Control</b>    |                                   |              |  |              |              |
|                                    | Land/Building Acquisition         |              |  |              |              |
|                                    | Real Estate Taxes                 |              |  |              |              |
|                                    | Title Insurance                   |              |  |              |              |
|                                    | Closing Costs                     |              |  |              |              |
|                                    | Appraisal                         |              |  |              |              |
|                                    | Relocation                        |              |  |              |              |
|                                    | Other _____                       |              |  |              |              |
|                                    | <b>Subtotal</b>                   |              |  |              |              |
| <b>Professional Services</b>       |                                   |              |  |              |              |
|                                    | Architectural Services            |              |  |              |              |
|                                    | Planning/Feasibility Studies      |              |  |              |              |
|                                    | Engineering Studies               |              |  |              |              |
|                                    | Hazardous Materials Consultant    |              |  |              |              |
|                                    | Legal Fees                        |              |  |              |              |
|                                    | Contracted Project & Const. Mgmt. |              |  |              |              |
|                                    | Dev. Consultant/Fundraising       |              |  |              |              |
|                                    | Other _____                       |              |  |              |              |
|                                    | <b>Subtotal</b>                   |              |  |              |              |
| <b>Construction/Rehabilitation</b> |                                   |              |  |              |              |
|                                    | Construction                      |              |  |              |              |
|                                    | Construction Sales Tax            |              |  |              |              |
|                                    | Hazardous Materials Abatement     |              |  |              |              |
|                                    | Permits                           |              |  |              |              |
|                                    | Construction Contingency          |              |  |              |              |
|                                    | Other _____                       |              |  |              |              |
|                                    | <b>Subtotal</b>                   |              |  |              |              |
| <b>Total Project Cost</b>          |                                   |              |  |              |              |
|                                    |                                   |              |  |              |              |
|                                    |                                   |              |  |              |              |

**2016 Community Health Care Facilities RFP  
Statement of Site Control**

|                               |  |
|-------------------------------|--|
| <b>Applicant Agency Name:</b> |  |
| <b>Proposed Program Name:</b> |  |

Describe the ownership or site control mechanism that will be in effect at the time the project is to begin and through the continuing use period. Mark the applicable box.

- Agency owns (will own) the property outright, in its own name (attach copy of Deed of Trust)
- Agency controls (will control) the property through a partnership/limited liability company (attach copy of Deed of Trust) and will own a portion of a condominium or lease from the partnership/limited liability company
- Agency has a purchase and sale agreement (attach copy of agreement)
- Agency leases (will lease) the property (attach copy of lease and provide the following certification):

IF LEASE, agency must certify with an appropriate signature that the landlord has been notified of this application for funds and that receipt of such funds may require amending the lease. The landlord shall also have been informed of the continuing use requirements.

LANDLORD'S SIGNATURE: \_\_\_\_\_

- Other: Please describe or explain: