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**City of Seattle**

**Human Services Department**

**2017**

**Community Shuttles for Seniors and People with Disabilities**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2017 Community Shuttles for Seniors and People with Disabilities Request for Qualification. The Request for Qualification Guidelines is a separate document that outlines the Request for Qualification award process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline**
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**Completed application packets are due by 12:00 p.m. on Friday, March 31, 2017.**

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 12:00 p.m. deadline on Friday, March 31. *Late or incomplete proposals 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

Request for Qualification Response – Community Shuttles

Attn: Jon Morrison Winters

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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| 1. **Format Instructions**
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1. Applications will be rated only on the information requested and outlined in this Request for Qualification, 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.
2. 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.
3. 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.
4. 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.

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| 1. **Proposal Narrative & Rating Criteria**
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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 sections A – E combined.

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| **Narrative Questions** |
| 1. **Implementation plan *(20 points)***
	1. Describe your plan to implement the service described in Section VI of the Funding Guidelines, including required service components. Implementation plan must include the following elements:
		* A transition schedule that that aligns with the implementation timeline (Attachment 5). If applicable, transition schedule should describe the transition from the current provider. If new staff/drivers will be hired to perform the service, be sure to include this in the transition schedule. Include any planned use of sub-contractors or partnerships.
		* Description of client satisfaction survey and any other methods you will use to solicit and use input from the priority communities or focus populations.
		* A plan for staffing the proposed program. Staffing plan should include a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery, including program manager/coordinator who will have primary responsibility for this program. Also include the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward the 15-page narrative limit.
		* A technology plan that describes the technology to be utilized in scheduling/dispatching trips and method and ability to communicate with drivers when transporting passengers. Technology plan may include the use of Trapeze scheduling software and other technology provided by King County Metro as described in Section VI of the funding guidelines.
		* A facilities plan that describes the facilities you will use to implement this service, including location of bus base/barn, call center, and administrative offices.
	2. Describe the focus population(s) and priority community(ies) to be served.
		* Describe how your program will serve the focus populations and priority communities listed in Sections IV and VI of the funding Guidelines and any other priority community(ies) or focus population(s). Include a description of inclusive marketing and/or outreach activities.
		* Describe your understanding of the unique characteristics and experiences of these populations as they relate to transportation access and personal mobility.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant presents a thorough implementation plan that demonstrates an understanding of the service components and evidence of likely success in meeting outcomes.
* Implementation plan includes all components: transition schedule, client survey description, staffing plan, technology plan, facilities plan.
* Transition schedule is realistic and will allow service to continue uninterrupted.
* The program has a sufficient number of qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time; and applicant describes processes for maintaining quality staff that matches the levels needed to run the program as described.
* Applicant’s facilities and technology plans are sufficient to provide the service, maintain safety and security, and retain customer and employee satisfaction.
* Applicant demonstrates an ability to maintain fidelity to existing “Hyde Shuttle” service model including required service components.
* Applicant clearly defines the priority communities and focus populations.
* Applicant demonstrates an understanding of the transportation challenges of the priority communities and focus populations and includes a clear description of outreach activities and/or inclusive marketing.
* Applicant demonstrates a plan to incorporate input from clients, including the use of a client survey.
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| 1. **Capacity and Experience *(35 points)***
	1. Describe your organization’s success providing demand-response transportation service for seniors and people with disabilities or comparable services. This description should include:
		* Your experience providing safe and client-focused transportation services. Describe your agency’s safety record and policies, driver safety training, and quality assurance processes.
		* Your experience using leased or loaned vehicles, including complying with a vehicle maintenance plan and partnering with vehicle owner.
	2. Describe your organization’s experience serving the priority communities and focus populations. How does serving the priority communities and focus populations align with your mission?
	3. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and producing reports?
	4. Describe your experience managing federally-funded contracts for transportation and/or other services.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant demonstrates a high level of experience in delivering special needs transportation in a safe, reliable, and client-focused manner.
* Applicant has implemented policies and procedures for driver qualifications, training, and screening.
* Applicant has a high level of experience managing federally-funded transportation contracts.
* Applicant demonstrates an understanding of and capacity for data management and reporting.
* Applicant demonstrates ability to develop and implement vehicle maintenance plan in partnership with King County Metro.
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| 1. **Partnerships and service coordination *(10 points)***
	1. Describe how the proposed project will coordinate or collaborate with other agencies/programs to deliver services, including social services other than transportation. What are the benefits of this effort for clients? If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of intent from any formal partner providing key program elements. Partnership letters will not be counted toward the maximum page limit.
	2. Describe how you will coordinate with and refer clients to other programs and agencies, including other transportation providers, in a proactive, seamless, client-friendly manner.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to clients.
* If formal partnerships are proposed, applicant has submitted signed letters of intent from partners.
* Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.
* Applicant shows awareness of and willingness to participate on special needs transportation coordinating bodies such as the King County Mobility Coalition and/or Puget Sound Regional Council Special Needs Transportation Committee.
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| 1. **Cultural Competency *(10 points)***
2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds, including the priority communities and focus populations identified in Sections IV and VI of the funding Guidelines and any other priority community(ies) or focus population(s)?
3. Describe how the agency leadership, board (if applicable) 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, (e.g. cultural competency trainings).
5. Attach your plan to ensure that the service is accessible to immigrants, refugees and people with limited English proficiency. Include a description of bilingual and culturally-appropriate marketing strategies. This required attachment will not count toward the 15-page limit and may refer to inclusive marketing and outreach activities addressed in your implementation plan.

***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 priority community(ies) and focus population(s).
* Applicant’s staff, leadership, and board (if applicable) composition demonstrates a commitment to non-discrimination and reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s).
* 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 priority community(ies) and focus population(s), including a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery.
* Applicant demonstrates understanding of the challenges of providing transportation services to immigrants, refugees, and limited English proficiency populations and has developed a plan to address these challenges.
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| 1. **Budget and Leveraging *(25 points)***
	1. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 15-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget. *All expenses listed on the Proposed Program Budget form (Attachment 3), are subject to approval by City of Seattle HSD and our grant funders.* Only costs directly supporting the proposed program are to be included in the program budget, and costs must be necessary and reasonable in amount in order to successfully operate the service. All aspects of program budgets are subject to approval by HSD prior to start of service.
	2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.
	3. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to manage all funds that may be awarded under the terms of this Request for Qualification?
	4. Describe how your agency has the capability to meet program expenses in advance of reimbursement.

***Rating Criteria – A strong application meets all of the criteria listed below.**** The proposed implementation is cost competitive.
* Costs are reasonable and appropriate given the nature of the service, the priority community(ies) and focus population(s), the proposed level of service, and the proposed outcomes.
* The applicant identifies other funds to be used with any funds awarded from this Request for Qualification for providing the services described in the proposal, and provides evidence that these funds are sustainable.
* The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to manage all funds that may be awarded under the terms of this Request for Qualification.
* The applicant demonstrates satisfactory financial condition and the capability to meet program expenses in advance of reimbursement.
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| **Total = 100 points** |

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| 1. **Completed Application Requirements**
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**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items:

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 Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. A plan to ensure that this service is accessible to immigrants, refugees and people with limited English proficiency, including a description of bilingual and culturally-appropriate marketing strategies.
6. If applicable, a roster of your agency’s current Board of Directors.
7. If applicable, minutes from your agency’s last three Board of Directors meetings.
8. As applicable, appropriate documentation verifying your tax/legal status. Examples include current verification of nonprofit status, evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
9. Your business license.
10. 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.

**AFTER APPLICATION SUBMITTAL**

If HSD does not already have them on file, any or all of the following documents may be requested during the selection process after applications have been submitted. Agencies have four (4) business days from the date of written request to provide requested documents to the Request for Qualification 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. If applicable, a copy of the agency’s most recent audit report.
3. If applicable, a copy of the agency’s most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency’s insurance must conform to MASA requirements at the start of the contract.

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| 1. **List of Attachments & Related Materials**
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Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

Attachment 5: Service Transition/Implementation Schedule

Attachment 6: Federal Transit Authority Required Clauses

Attachment 7: Federal Certification: Restrictions on Lobbying and Debarment and Suspension

**2017 Community Shuttles Request for Qualification**

**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, 4, and 7) and supporting documents requested in this Request for Qualification.
* A completed narrative response addresses all of the following:

[ ]  Implementation Plan (20%)

* + *Required elements of Implementation Plan include transition schedule, client survey description, staffing plan, technology plan, facilities plan*

[ ]  Capacity and Experience (35%)

[ ]  Partnership and Service Coordination (10%)

[ ]  Cultural Competency (10%)

[ ]  Budget and Leveraging (25%)

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

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

[ ]  **Signed and attached the Federal Certifications – including both Certification and Restrictions on Lobbying AND Government-wide Debarment and Suspension (Attachment 7)?\***

[ ]  **Attached the following supporting documents?\***

[ ]  A plan to ensure that this service is accessible to immigrants, refugees and people with limited English proficiency, including a description of bilingual and culturally-appropriate marketing strategies.

[ ]  A business license

[ ]  If applicable, a roster of your current Board of Directors

[ ]  If applicable, minutes from your agency’s last three Board of Directors meetings

[ ]  If applicable, 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?

**\****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 **12:00 p.m. on Friday, March 31.** Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

**2017 Community Shuttles Request for Qualification**

**Application Cover Sheet**

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| 1. Applicant Agency:
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| 1. Agency Executive Director:
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| 1. Agency Primary Contact
 |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       |
|  | Phone #: |       |
| 1. Organization 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. Funding Amount Requested:
 |       |
| 1. # of clients to be served:
 |       |
| 1. Partner Agency (if applicable):
 |       |
|  | Contact Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       | Phone Number: |       |
|  | Description of partner agency proposed activities: |
|  |       |
|  |
| 1. Partner Agency (if applicable):
 |       |
|  | Contact Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       | Phone Number: |       |
|  | Description of partner agency proposed activities: |
|  |       |
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| **Authorized physical 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: |       |
|  |  |  |  |