

**2018**

**Senior Centers**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2018 Senior Centers Request for Proposal (RFP). 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 agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, and the process for selecting successful applications.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. (noon) on Monday, July 9.**

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 Monday, July 9. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this funding opportunity 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 Proposal Response – Senior Centers

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** |

1. Applications will be rated only on the information requested and outlined in this funding opportunity, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or general 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 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 12 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.
5. Applicants requesting funding for more than one senior center location must complete a separate narrative for each site (unless the sites are considered program sub-sites for a “beyond the walls” senior center), and include related supporting documents, including separate budgets, for each site as identified in the narrative.

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| 1. **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 12 pages for sections A – E combined.

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| **Narrative Questions** |
| 1. **Program Design Description *(35%)***    1. Describe your program model and outline the key service components of the senior center. Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.       * Describe the programs and activities that will be provided under each of the five required service components.       * Identify which of these programs and activities will be new or expanded services from what your agency currently provides, and how you propose to start up and delivery these new or expanded services. Attach a start-up timeline for new services (start-up timeline does not count toward the 12-page limit).       * Identify any services that use evidence-based or evidence-informed program models.       * Provide a one-month calendar of activities as an attachment (the calendar does not count toward the 12-page limit).    2. Describe the focus population(s) and priority population(s) to be served.       * Describe how your program will recruit the focus populations and priority population listed in Section IV of the funding Guidelines and/or any other priority population(s).       * Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes.       * Describe how the demographics of current or recent program participants reflect the demographic diversity of Seattle and of the City Council District and neighborhood in which the center/program is located. Identify the number of unduplicated individuals you propose to serve in 2019 and any anticipated changes in the characteristics of your participant population.    3. Briefly describe the facility and how it is suited to the programs and activities offered.  * Outline the center’s hours and days of operation; indicate the hours per week that the center is open for “drop-in” visits. For “beyond the walls” centers, as described in funding guidelines Section IV, describe any additional site(s) at which you anticipate offering required service components. * Indicate whether the facility is rented or owned. If rented, please briefly describe the terms. * Indicate if the facility is sole purpose or shared-use. If shared with other programs, describe the arrangement and how the terms are agreed upon.   1. Describe how you will solicit and incorporate input from the priority population(s) or focus population(s) into your program and ongoing services.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the program that includes an understanding of the service components and evidence of likely success in meeting outcomes. * New or expanded services will enhance program offerings. Applicants proposing additional services which they will be providing for the first time present a clear and realistic description of each new service and how it will be started and delivered. * Applicant demonstrates the program’s alignment with high-quality program criteria including the use of evidence-based programs. * Applicant clearly defines the priority population(s) and focus population(s). * The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their unique strengths, needs, experiences, and concerns, particularly as they relate to health disparities as identified in the Application Guidelines Section III, Theory of Change. * Participant demographics reflect the diversity of the neighborhoods and City Council Districts in which the center is located or applicant presents a clear plan to recruit participants among underrepresented groups. * The facility is appropriate for the planned activities and the hours of operation meet requirements. * Applicant demonstrates a plan to incorporate input from program participants. |
| 1. **Capacity and Experience *(20%)***    1. Describe your organization’s success providing senior center programs. Include your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support.    2. Describe your plan for staff recruitment and hiring, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward the 12-page narrative limit.    3. Provide 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 and licensed social worker.    4. Describe your organization’s experience with data management – collecting, storing, and analyzing participant information and program activities. What is your technical capacity for tracking participant information and producing participant-level reports?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The description demonstrates the applicant’s experience in delivering the service for at least two years. * Applicant demonstrates successful experience adapting to changes in funds and community needs. * Applicant’s organizational infrastructure and leadership is likely to provide strong ongoing support for the service proposed. * Applicant describes processes for maintaining quality staff that matches the levels needed to run the senior center as described. * The senior center has sufficient qualified staff, partners and/or volunteers (as reflected on the personnel budget) to deliver the services as described, or a plan to recruit and hire new staff to build staff capacity in a short time. * Applicant demonstrates an understanding of and capacity for data management and participant-level reporting. |
| 1. **Partnerships and Collaboration *(15%)*** 2. Describe how the proposed project will collaborate with other agencies and programs to deliver services in a way that minimizes duplication, enhances quality, and meets racial equity goals. Include a description of coordination with other City-funded programs and services, such as the Lifelong Recreation Program, as required (see Application Guidelines, Section IV.I.). What are the benefits of partnerships for program participants? Please identify any areas that will consolidate the provision of services across agencies. 3. 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 letters of intent from any partner providing key program elements that acknowledge a partnership or an intent to partner and are signed by the partner’s director or authorized representative. Partnership letters will not be counted toward the 12-page limit. 4. Describe how you will refer participants to other programs and agencies in a proactive, seamless, and participant-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 program participants. * Applicant demonstrates awareness of and partnership with the older adult services network, including Community Living Connections. * If applicable, applicant has submitted signed letters of intent from partners. * Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner. |
| 1. **CULTURAL COMPETENCY AND RESPONSIVENESS *(15%)***    1. Describe your experience providing services to participants from historically underserved groups in terms of race and ethnicity, immigrant status, income, gender, sexual orientation, and/or English proficiency. If experience is limited, what steps will you take to provide services in a way that is equitable and culturally responsive?    2. What challenges and successes have you experienced, or do you anticipate, in providing 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 senior center 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 or responsiveness?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates understanding of cultural competence and responsiveness and describes how they are incorporated into the program and service delivery. * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority population(s) and focus population(s). * Applicant demonstrates the ability to provide culturally competent services within historically underserved communities and shows an understanding of the challenges. * Applicant’s staff composition reflects the cultural and linguistic characteristics of the priority population(s) and focus population(s). * Applicant’s board composition reflects the cultural and linguistic characteristics of the priority population(s) and focus population(s). * Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate competency, respect, and appreciation for the cultural and linguistic diversity of the priority population(s) and focus population(s). * Applicant demonstrates a commitment to ongoing training and development within the agency to promote and support culturally responsive service delivery. |
| 1. **Budget and Leveraging *(15%)***    1. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 12-page narrative limit. The costs reflected in this budget should be for the senior center only, not your total agency budget.    2. Describe how these funds will be used and identify other resources and amounts that will be used to support senior center participants.    3. Does the senior center budget reflect strong community support, in the form of in-kind volunteer hours or other local funding totaling at least 20% of the senior center program budget? If not, what is your plan to diversify your funding sources and increase community support for the program?    4. 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 funding opportunity? Entities without such capabilities may wish to have an established agency act as fiscal agent.    5. 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.***   * 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. * The proposed program is cost effective given the type, quantity, and quality of services. * Applicant identifies other funds and resources (including in-kind resources such as volunteer hours) totaling 20% or more of program budget or applicant describes a realistic plan to increase community support and funding-source diversity. * Applicant provides evidence that other funds and resources to be used for providing the services described in the proposal are sustainable. * 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 funding opportunity. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| **Total = 100 points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

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

1. A completed and signed two-page Application Cover Sheet with requested information provided for each proposed senior center (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions) for each proposed senior center.
3. A completed Proposed Program Budget (Attachment 3) for each proposed senior center.
4. A completed Proposed Personnel Detail Budget (Attachment 4) for each proposed senior center.
5. A copy of a one-month calendar of activities for each proposed senior center.
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 new service.
11. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.

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 Senior Centers Request for Proposal 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. 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** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2018 Senior Centers Request for Proposal**

**Application Checklist**

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

**Have you….**

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

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

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

* If your application identifies partner agencies that will be providing required program components, an authorized representative from each of these agencies must sign either a letter of intent or the application cover sheet.

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

* A separate narrative is required for each senior center site (unless the sites are considered program sub-sites for a “beyond the walls” senior center)
* Must not exceed 12 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 funding opportunity.
* A completed narrative response addresses all of the following:

Program Design Description (35%)

Capacity and Experience (20%)

Partnership and Collaboration (15%)

Cultural Competency (15%)

Budget and Leveraging (15%)

**Completed the full Proposed Program Budget for each senior center site (Attachment 3)?\***

**Completed the full Proposed Personnel Detail Budget for each senior center site (Attachment 4)?\***

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

A copy of a one-month calendar of activities for each proposed senior center site

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 to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning January 1, 2019?\***

**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?\***

**\****These documents do not count against the 12-page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (noon) on Monday, July 9**. 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**

**2018 Senior Centers Request for Proposal**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 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/Site Name(s) and Address(es): | | | | | | |  | | | | | | | | | | |
| 1. Priority and Focus Population(s) program(s) will serve: | | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested, by program/site: | | | | | | |  | | | | | | | | | | |
| 1. # of clients to be served, by program/site: | | | | | | |  | | | | | | | | | | |
| 1. In which City Council District is/are your program(s) located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | |  | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
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| **Authorized physical signature of applicant/lead organization** | | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2018 Senior Centers Request for Proposal**

**Proposed Program Budget**

**January 1, 2019 – December 31, 2019**

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

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Volunteer/ In-Kind1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) and In-Kind column above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

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

**2018 Senior Centers Request for Proposal**

**Proposed Personnel Detail Budget**

**January 1, 2019 – December 31, 2019**

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

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Volunteer/In-Kind** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
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|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |