

**2019**

**Safety: Addressing Impacts of the Criminal Legal System**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2019 Safety 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 Thursday, June 13, 2019.**

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. (noon) deadline on Thursday, June 13, 2019. *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

RFP Response – Safety

Attn: Leslea Bowling

*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 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 12 pages. The application includes 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. **For Collective Proposals only:** For collective proposals submitted by two or more groups and/or agencies, submit one application as described on page 3, Section I of the Guidelines and outlined on page 15, Section I of the Application. One group or agency of the collective will serve as the lead for submission and point of contact.
   1. The lead member of the collective will complete the:
      * Application Cover Sheet that includes a signature from each collective members’ Director or authorized representative.
      * Roster of the lead member’s current Board of Directors
      * Minutes from the lead member’s last three Board of Directors meetings
      * Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Lead member must have a federal tax identification number/employer identification number.
      * If lead member has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
   2. The work of all members of the collective must be reflected in the:
      * Narrative response (see Sections II & III for instructions)
      * Proposal Budget (Attachment 3)
      * Proposal Personnel Detail Budget (Attachment 4)
      * If the collective is proposing a new body of work for the collective, attach a separate start-up timeline for the work.

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

Write a narrative response to sections A – F. Answer each section completely according to the questions. Do not exceed a total of 12 pages for sections A – F combined. Applicants may want to refer to the report on the 2018 Co-Design as context for sections B - F.[[1]](#footnote-1)

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| **Narrative Questions** |
| 1. **ProPosal Design Description (30 points)** 2. As listed in Section IV of the funding Guidelines, describe the priority and focus population(s) with whom you will work. In your description, include:    * + Their assets and strengths.      + Their challenges and concerns.      + How you will engage the priority and focus population(s).      + How you will address any barriers they might experience in working with you (transportation, cultural difference, etc.).      + If you are proposing to work with people outside the identified priority population or focus populations, describe their demographics, assets, strengths, challenges, concerns, and how they are disparately impacted.    1. As listed in Section IV of the funding Guidelines, describe your systems navigation and trauma intervention activities.       * When and where (locations, times, days of week, how long, etc.) will the activities take place?       * Provide examples of how you will help the priority and focus population(s) navigate systems, such as the criminal legal system, to meet their basic needs.       * Provide examples of how you will support the priority and focus population(s) address trauma and indicate if your activities include any of the examples listed in Section IV of the funding Guidelines.    2. The desired impact of this RFP is to ensure the priority and focus population(s) have their basic needs met and their trauma addressed.       * How many of the priority and focus population(s) will the proposal engage on an annual basis for systems navigation and trauma intervention?       * What percent of those with whom you engage will have basic needs met?       * What percent of those with whom you engage will address trauma?       * How will you know when you’ve achieved the desired impact?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) with whom they will work. * Applicant demonstrates an understanding of the assets, strengths, challenges, and concerns of the priority and focus population(s). * The work of the proposal is of sufficient frequency and duration to support the desired impact. * The proposed work will be conducted in Seattle. * Applicant presents a thorough description of the proposal that includes an understanding of systems navigation and trauma intervention and how they will support the priority and focus population(s). * Applicant describes activities that demonstrate a likely success in achieving the desired impact of the priority and focus population(s) having basic needs met and addressing trauma. |
| 1. **Community best or promising practices (10 points)**   This RFP will fund systems navigation and trauma intervention activities that align with the community best or promising practices as listed in Section IV of the funding Guidelines.   1. What community best or promising practice(s) are you going to use and why? 2. How will you apply your community best or promising practice(s) to the systems navigation and trauma intervention activities you described in Section A of the Proposal Narrative?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant clearly identifies and demonstrates an understanding of the community best or promising practice(s) they will use in their proposal. * Applicant shows how their community best or promising practice(s) apply to the systems navigation and trauma intervention activities described in Section A of the Proposal Narrative. |
| 1. **Key PEOPLE AND LIVED Experience (25 points)**   This RFP defines lived experience to mean applicants demonstrate competence in crisis and trauma intervention with people harmed by the criminal legal system and embrace the lived experience of communities of color. Describe:   1. Who are the volunteers, staff, and/or supervisors responsible for completing the work of this proposal? If this is a collective proposal, describe each members’ respective volunteer, staff, and/or supervisor roles in completing the work of this proposal. 2. How are the volunteers, staff, and/or supervisors responsible for the work in the proposal able to relate to the priority and focus population(s) with whom you will engage? 3. Describe the experience and ability of the volunteers, staff, and/or supervisors responsible for the work of the proposal in providing systems navigation and trauma intervention with people harmed by the criminal legal system. 4. How do you keep key people at your organization to ensure there is continuity of services and strong relationships? 5. How does your leadership (managers, executives, and/or board of directors) reflect the priority and focus population(s) with whom you will engage? 6. If you do not have key people in place, describe your recruitment and hiring plan.   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant demonstrates sufficient staffing and adequate supervision to complete the work of this proposal. * If this is a collective proposal, each members’ volunteer, staff, and supervision role(s) for the work in this proposal are clear. * Applicant shows how the volunteers, staff, and/or supervisors responsible the work of the proposal relate to the priority and focus population(s). * Applicant thoroughly describes the experience and ability of volunteers, staff, and/or supervisors to provide systems navigation and trauma intervention with people harmed by the criminal legal system. * Applicant demonstrates the ability to retain key people who maintain continuity of services and strong relationships. * Applicant indicates how their leadership (managers, executives, and/or board of directors) reflect the priority and focus population(s). * If applicable, applicant’s recruitment and hiring plan ensures key people are quickly in place and share lived experiences with people harmed by the criminal legal system. |
| 1. **EQUITY AND EMPOWERMENT (10 points)**   This RFP defines equity as applicants being culturally relevant and demonstrating the ability to be culturally responsive to the proposed priority and focus population(s). Empowerment means applicants work to empower the people with whom they propose to engage. Empowerment may be described as building self-determination, developing leadership capacity, and centering those most impacted. Describe:   1. How do you collaborate with the individuals, families and communities harmed by the criminal legal system? 2. How do you develop leadership in people harmed by the criminal legal system? 3. How are people harmed by the criminal legal system involved in your decision making? 4. How will you honor the history, culture, families, and community of the people with whom you will work in your proposal?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant demonstrates ability to collaborate with individuals, families and communities harmed by the criminal legal system. * Applicant clearly describes how they develop leadership in people harmed by the criminal legal system. * Applicant includes people harmed by the criminal legal system in the decision making of the agency or group. * Applicant describes how they will honor the history, culture, families, and community of the people with whom they will work in their proposal. |
| 1. **Partnership and Networks (10 points)**   A theme in the community best or promising practices for this RFP is the role and use of partners and networks. All funded applicants will be required to participate in a data and learning cohort that will meet regularly. This cohort will develop partnerships and share resources to support community best or promising practices implemented by funded applicants.   1. How does the use of partners and networks enhance the systems navigation and trauma intervention activities you described in Section A of the Proposal Narrative? 2. Describe the role and use of partners and networks in the community best or promising practice(s) you described in Section B of the Proposal Narrative. 3. How will partners and networks ensure the priority and focus population(s) are not further harmed by the criminal legal system? 4. How will you partner or collaborate to shift power to the people harmed by the criminal legal system?   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant explains how partners and networks enhance their systems navigation and trauma intervention activities as described in Section A of the Proposal Narrative. * Applicant clearly articulates the role and use of partners and networks in the community best or promising practice(s) as described in Section B of the Proposal Narrative. * Applicant indicates how partners and networks will ensure the priority and focus population(s) are not further harmed by the criminal legal system. * Applicant describes how they will partner and collaborate to shift power to the people harmed by the criminal legal system. |
| 1. **DATA and fiscal management (10 points)**  |  | | --- | | * 1. Describe your experience and capacity to collect and manage data, including confidential data.      + How will you document the work of your proposal?      + How do you collect and use information from people harmed by the criminal legal system?      + What challenges do you have with data?   2. Describe your financial management system.      + How do you establish and maintain general accounting principles?      + What are your internal controls to safeguard all funds that may be awarded under the terms of this funding opportunity?      + What challenges do you experience with financial management? |   **Applicants will need to review** **the** [**HSD Agency Minimum Eligibility Requirements**](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD%20Agency%20Minimum%20Eligibility%20Requirements.pdfhttp:/www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD%20Agency%20Minimum%20Eligibility%20Requirements.pdf) **and** [**HSD Contracting Requirements**](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD%20Contracting%20Requirements.pdf) **to determine if they want to have an established agency act as fiscal sponsor.**  ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant describes data collection and management practices, including protection of confidential data. * Applicant describes how they collect, analyze, and use information from people harmed by the criminal legal system. * Applicant has a fiscal management system which maintains internal controls and follows Generally Accepted Accounting Principles (GAAP). If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor. |
| **Narrative Total = 95 points** |
| 1. **BUDGET FORMS, ATTACHMENTS 3 AND 4 (5 points)** 2. Complete a Proposal Budget and Proposal Personnel Detail Budget. Budget worksheets will not be counted towards the 12-page narrative limit. 3. List expenses in your Proposal Budget that include training funds and funds for systems navigation supports.   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Budget is realistic, accurate, and adequate for the proposal. * Proposal Budget includes training funds for key people and funds for systems navigation supports such as Orca cards, identification, work boots, etc. * Proposal Personnel Detail Budget includes living wages and benefits for key people. * If this is a collective proposal, budgeted funds for collective members are commensurate with their roles and work in the proposal. |
| **Budget Total = 5 points** |
| **Total Proposal = 100 points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered complete, your application packet must include all 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 (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposal Budget (Attachment 3).
4. A completed Proposal Personnel Detail Budget (Attachment 4).
5. Roster of your current Board of Directors.
6. Minutes from your last three Board of Directors meetings.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. You must have a federal tax identification number/employer identification number.
8. If you are submitting a collective proposal, attach a signed letter from each members’ Director or other authorized representative confirming their work within the proposal.
9. If you have 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 a new body of work, attach a separate start-up timeline for your work.
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.

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

If HSD does not already have them on file, any or all 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 RFP coordinator:

1. A copy of your 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 your most recent audit report.
3. A copy of your most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, your insurance must conform to [Master Agency Services Agreement](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD_Master_Agency_Services_Agreement_Sample.pdf) (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: Proposal Budget

Attachment 4: Proposal Personnel Detail Budget

**2019 Safety: Addressing Impacts of the Criminal Legal System RFP**

**Application Checklist**

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

**Have you….**

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

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

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

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.

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

* 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 the following:

Proposal Design Description

Community Best or Promising Practices

Key People and Lived Experience

Equity and Empowerment

Partnership and Networks

Data and Fiscal Management

**Completed the full Proposal Budget (Attachment 3)? \***

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

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

Roster of your current Board of Directors

Minutes from your last three (3) Board of Directors meetings

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If you have 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 submitting a collective proposal, have you attached a signed letter from each members’ Director or other authorized representative confirming their work within the narrative response? \***

**If you are proposing a new body of work, have you attached a start-up timeline for your work, beginning January 1, 2020? \***

**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 Thursday, June 13, 2019**. 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**

**2019 Safety: Addressing Impacts of the Criminal Legal System Request for Proposal**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Name: | | | | | |  | | | | | | | | | | | |
| 1. Applicant Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Applicant Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Applicant Type | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | | | |
| 1. Does this proposal include a new body of work? | | | | | | |  | | | | | | | | | | |
| 1. Proposal Name: | | | | | | |  | | | | | | | | | | |
| 1. Priority Population for the proposal: | | | | | | |  | | | | | | | | | | |
| 1. Focus Population(s) for the proposal: | | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | | | | | | |
| 1. # of people harmed by the criminal legal system in Seattle supported by the proposal: | | | | | | |  | | | | | | | | | | |
| 1. In which City Council District is your proposal located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | |  | | | | | | | | | | |
| 1. Is this a collective proposal?   If yes, include a signature from each collective members’ Director or authorized representative below. | | | | | | |  | | | | | | | | | | |
| 1. Partner Agency or Group   (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | 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: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2019 Safety: Addressing Impacts of the Criminal Legal System RFP**

**Proposal Budget**

**January 1, 2020 – December 31, 2020**

*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** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  | $ |
| 1300 Fringe Benefits |  |  |  |  | $ |
| 1400 Other Employee Benefits2 |  |  |  |  | $ |
| **SUBTOTAL - PERSONNEL SERVICES** | **$** | **$** | **$** | **$** | **$** |
| **2000 - 4000 - SUPPLIES, OTHER SERVICES & CHARGES** 2100 Office Supplies |  |  |  |  | $ |
| 2200 Operating Supplies3 |  |  |  |  | $ |
| 2300 Repairs & Maintenance Supplies |  |  |  |  | $ |
| 3100 Expert & Consultant Services |  |  |  |  | $ |
| 3140 Contractual Employment |  |  |  |  | $ |
| 3150 Data Processing |  |  |  |  | $ |
| 3190 Other Professional Services including collective member subcontract(s)4 |  |  |  |  | $ |
| 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 - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services including collective member subcontracts - 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. |  | | | | |

**2019 Safety: Addressing Impacts of the Criminal Legal System RFP**

**Proposal Personnel Detail Budget**

**January 1, 2020 – December 31, 2020**

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

|  |  |
| --- | --- |
| **Applicant Name:** |  |
| **Proposal 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** | **Other Fund Source** | **Total Proposal** |
|  |  | | |  |  |  |  |  |  |  |  |
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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):** | | | | | | |  |  |  |  |  |

1. <http://www.seattle.gov/Documents/Departments/HumanServices/Funding/safety/Report%20on%202018%20Co-Design.pdf> [↑](#footnote-ref-1)