

**2019**

**Older Adult Community Transportation**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the City of Seattle Human Services Department (HSD) 2019 Older Adult Community Transportation 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 4:00 p.m. on Wednesday, February 20, 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 4:00 p.m. deadline on Wednesday, February 20, 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 – Older Adult Community Transportation

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 other documents. 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 14 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** |

Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 14 pages for sections A – E combined.

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| **Narrative Questions** |
| 1. **proposed solution *(30%)***    1. Describe your proposed community transportation program(s). Program description should address the following:       1. The anticipated number of unduplicated clients served and the anticipated number of one-way trips to be performed annually.       2. How will the proposed program(s) improve access to health services and/or healthy food for older adults in King County?       3. How will you address the required service components listed in the RFP Guidelines Section IV. E.?       4. In the event you are unable to meet the demand, what criteria will you use to prioritize trips?       5. How you will innovate in the delivery of transportation services?       6. How will you improve the transportation experience for program clients?       7. How will you use travel training and/or other mobility management strategies to improve the mobility of transportation clients?       8. When and where (locations, times, days of the week) will services be directly delivered by the agency or by your partner(s)? Include a description of your service area in King County.    2. How will you meet the needs of current clients of HSD-funded transportation services (described in RFP Guidelines Section IV.B.) while expanding services to better meet the needs of the priority and focus populations?    3. If your proposal includes a new service, please include a description of the process you will use to launch the new service and attach a timeline. The startup timeline does not count toward the 14-page narrative limit.    4. 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. If the proposal includes transportation services provided by volunteers, a volunteer recruiter should be budgeted for at least 1.0 FTE or provide an explanation for how you will recruit volunteers to prevent service denials. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward the 14-page narrative limit.   ***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. Program description addresses the required service components and shows how the program excels in quantity (number of trips provided), quality (improved client experience), and impact (meets the goals expressed in RFP guidelines).   + Description proposes innovative (new) strategy(ies) and/or demonstrates commitment to continuous improvement in current transportation strategies that will improve client service and experience.   + Proposed service is flexible enough to meet the diverse transportation needs of older adults in King County.   + Program will serve a large geographic area, either directly or through partnerships/coordination. * Applicant proposes how they will meet the needs of current clients of HSD-funded transportation services and identifies system enhancements that will expand service to new clients, specifically from the priority and focus populations identified in the RFP. * If a new service is proposed, a clear description of the process used to launch the new service and a realistic startup timeline is included, with service scheduled to begin no later than September 1, 2019 (start date after July 1, 2019 is subject to approval). * Descriptions of staff and personnel budget indicate that the program will have sufficient staff resources to deliver the program and services as described. If volunteers will be used, the personnel budget includes at least 1.0 FTE volunteer recruiter, or provides an explanation for how the applicant will recruit sufficient volunteers to prevent service denials. |
| 1. **COMMITMENT TO EQUITY *(20%)***    1. List the name, race, ethnicity, and gender of each member of your board of directors. (This information can also be provided on the Board Roster, a required attachment that does not count toward the 14-page narrative limit.) Describe how the agency board and senior leadership staff represent the cultural, linguistic and socio-economic background of your clients and the priority and focus populations identified in the RFP.    2. What policies, procedures, or guidelines have you established to ensure that services are delivered equitably?    3. What is your understanding of transportation equity?    4. Describe your experience serving the priority and focus populations identified in the RFP Guidelines, Sections III and IV. Include a profile of your current client base identifying percentages of individuals served according to their race, ethnicity, age, and gender. If you do not currently record client demographics, you may use estimates.    5. If particular communities are underserved in your client base, how will your program serve more clients from these communities?    6. Describe how you will solicit and incorporate input from the priority and focus populations for this RFP into your program and ongoing services.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant’s board of directors and senior leadership staff composition demonstrates a commitment to equity and reflects the cultural, linguistic, and socio-economic characteristics of your clients and the priority and focus populations identified in the RFP. * Applicant agency has developed policies, procedures and/or guidelines that demonstrate a commitment to delivering services equitably, beyond minimum legal standards and common industry standards. * Agency understanding of and/or commitment to equity is clearly relevant to the transportation mission and/or implementation of transportation programs. * Applicant is currently serving priority and focus populations identified in the RFP. * Applicant has a clear and realistic plan to serve more clients from underserved communities, particularly the priority and focus populations identified in the RFP. * Applicant has a plan to solicit and incorporate input from priority and focus populations identified in the RFP that is clear and likely to be effective. |
| 1. **Experience and commitment to safety *(20%)***    1. Describe your organization’s experience providing transportation and/or other services to older adults. Include the number of years you have provided these services and the scope of services, including number of unduplicated clients, by program, for 2016, 2017, and 2018.    2. Describe the processes and procedures you use to manage agency performance, collect and safely store client data, including client demographics, and report to your agency leadership and/or your current funders.    3. How have you demonstrated a commitment to safety in your transportation programs or other programs serving older adults and/or other vulnerable populations? Include a description of relevant policies and procedures that you follow to ensure the safety of your clients.    4. What safety concerns/issues have you identified in the past 24 months and how have you addressed them?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Agency’s experience includes at least three years of delivering transportation services to older adults at a scope and scale commensurate with the proposal. * Agency has adopted data-driven or data-informed performance management practices and is able to collect, safely store, and accurately report data related to client demographics and use of the service, as well as trip data, to HSD. * Applicant cites agency policies and procedures that demonstrate a commitment to client safety. * Applicant cites specific examples of safety concerns/issues that have been identified and successfully mitigated in the past 24 months. |
| 1. **Budget and Leveraging *(20%)***    1. Please describe in detail how HSD funds will be used. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 14-page narrative limit. The costs reflected in this budget should be for the proposed program(s) only, not your entire agency budget or trips provided with other funding.    2. Identify, through this narrative and/or your budget worksheet, all other resources and funding amounts that will be used to support the trips provided by the proposed program(s). If your programs are supported by multiple funders, delineate clearly between each fund source. Explain which expenses are covered by each fund source and how each fund source will be sustained over time.    3. Based on your proposal, what is the total cost of the service per unduplicated client and the total cost per one-way trip? What percentage of this cost will be covered with these funds?    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 applicant identifies other resources and funds, in addition to HSD funds, for the services described in the proposal and provides evidence these funds are sustainable. * The proposed program is cost effective given the type, quantity, and quality of services. Cost per trip is sufficiently competitive and appropriately scaled to prevent reduction of service from the 2017 baseline. * 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. |
| 1. **Partnerships and Coordination *(10%)***    1. Describe how your current practices ensure your services are coordinated with other transportation providers and human services providers and how your proposed program will partner/coordinate with other agencies/providers.    2. What partnerships are crucial to the success of your transportation program(s)? Explain the roles and responsibilities of these partners and provide signed letters of intent. Partnership letters will not be counted towards the 14-page narrative limit. (General letters of support will not be considered.) Include how your agency will leverage partner funding to support your program(s), as applicable.    3. Describe the processes and procedures you follow to refer clients to other transportation programs and agencies in a proactive, seamless, client-friendly manner.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes current coordination practices that enhance service quality, minimize duplication, enhance available resources, and provide benefit to program participants; and describes coordination practices to be implemented as part of the proposed program. * Applicant proposes effective partnerships with other agencies and explains how these partnerships are crucial to the success of their program(s). * Applicant has submitted signed letters of intent from partners to explain the role of the respective partners, including partner funding as applicable. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. |
| **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 (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. Roster of your agency’s current Board of Directors.
6. Minutes from your agency’s last three Board of Directors meetings.
7. 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.
8. 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.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontract with another organization, attach a signed letter of intent or collaboration from that organization’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 RFP 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

**2019 Older Adult Community Transportation 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 14 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:

Proposed Solution (30%)

Commitment to Equity (20%)

Experience and Commitment to Safety (20%)

Budget and Leveraging (20%)

Partnerships and Coordination (10%)

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

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

**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 to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning July 1, 2019 (or, if necessary and subject to approval, as late as September 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 14-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 Wednesday, February 20, 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 Older Adult Community Transportation RFP**

**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 Name: | | | | | | |  | | | | | | | | | | |
| 1. Priority Population(s) program will serve: | | | | | | |  | | | | | | | | | | |
| 1. Focus Population(s) program will serve: | | | | | | |  | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date:  (signature not required if signed letter of intent is included in application) | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date:  (signature not required if signed letter of intent is included in application) | | | | | | | | | | | | | | | | |
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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 Older Adult Community Transportation RFP**

**Proposed Program Budget**

**July 1, 2019 – June 30, 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 - 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) 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. |  | | | | |

**2019 Older Adult Community Transportation RFP**

**Proposed Personnel Detail Budget**

**July 1, 2019 – June 30, 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:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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):** | | | | | | |  |  |  |  |  |