

**2020 Reentry/Rerooting Indigenous Community Healing**

**Request for Proposals (RFP)**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2020 Reentry/Rerooting Indigenous Community Healing RFP. The RFP Guidelines is a separate document that provides 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**
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**Completed application packets are due by 4:00 p.m. on ~~Tuesday, March 31, 2020.~~ Tuesday, April 14, 2020.**

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 ~~Tuesday, March 31, 2020~~ Tuesday, April 14, 2020.

 *Late 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 – Reentry/Rerooting Indigenous Community Healing

Attn: Jules Posadas

*~~Delivery Address~~*

~~700 5~~~~th~~ ~~Ave., 58~~~~th~~ ~~Floor~~

~~Seattle, WA 98104-5017~~

*Mailing Address*

P.O. Box 34215

Seattle, WA 98124-4215

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| 1. **Proposal Narrative & Rating Criteria**
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The Reentry/Rerooting Indigenous Community Healing RFP proposal consists of the following sections and questions. Applicants should write a narrative response to sections A – C. Ensure that each response fully responds to the prompt.

The application narrative may not exceed a total of ~~four (4)~~ six (6) pages and 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.

If your agency is proposing a new body of work, please attach a separate start-up timeline. This will not count towards the ~~four (4)~~ six (6) pages narrative limit.

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| **Narrative Questions**  |
| 1. **ORGANIZATION/COALITION OVErVIEW *(35 points)***
	1. Describe your organization’s mission, history, and major accomplishments and how it centers on Native/Indigenous communities.
	2. What are the communities most directly impacted by the issues your organization addresses? How are those communities involved in the leadership of your organization, and how does your organization remain accountable to those communities?
	3. Describe your organization’s leadership body.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Effectively describes a mission, history, and major accomplishments centered on Native/Indigenous communities.
* Identifies Native/Indigenous peoples most directly impacted by mass incarceration and most involved in the organization/coalition leadership structure; and describes the ways the organization is accountable to those communities.
* Identifies Native/Indigenous and/or formerly incarcerated individuals in the leadership body.
 |
| 1. **RACE and SOCIAL Justice *(30 points)***
	1. How does your organization work to rebuild communities and reclaim culturally-relevant Native/Indigenous practices to address the impact of colonization, genocide, and systemic racism?
	2. How does the work described in this proposal connect to the criminalization of people’s lives based on their Native/Indigenous identity along with other identities related to race, poverty, gender, or disability?
	3. Describe the commitment by leadership, relevant staff, and volunteers to participate in a training regarding decolonizing strategies and dismantling oppressive systems.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Effectively describes ways the applicant focuses on culturally-relevant Native/Indigenous practices as a way of building community and building a stronger connection to culture for individuals currently incarcerated, returning from incarceration, or living with criminal history.
* Effectively describes a connection between the proposed model and criminalization based on Native/Indigenous identity, along with other identities related to race, poverty, gender, or disability.
* Expresses a commitment to register and participate in training within a year of the award start date.
 |
| 1. **PROPOSAL description *(25 points)***
2. What is your overall agency or program goals, objectives, and strategies for this upcoming year?
3. How will you sustain accountable relationships with Native/Indigenous individuals currently inside of prison and jails and/or living with criminal history?
4. How does your work build power in Native/Indigenous communities and support healing from the legacy of oppression and systemic racism?
5. Briefly describe the key people and any collaborative partnerships that will provide the work of the proposal.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Identifies the overall agency or program goals, objectives, and strategies that focus on culturally-relevant Native/Indigenous practices and serving Native/Indigenous peoples currently incarcerated, returning from incarceration, or living with criminal history.
* Effectively describes ways the applicant sustains accountable relationships with Native/Indigenous individuals currently inside of prison and jails and/or living with criminal history.
* Effectively describe ways the applicant will build power and support healing for Native/Indigenous peoples.
* Key people and collaborative partnerships have lived experience of incarceration; strong connection to Native/Indigenous communities; and knowledge of Native/Indigenous healing practices and traditions.
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| 1. **Budget *(10 points)***
	1. Please describe how your proposal will be implemented within the grant period and complete:
	* Attachment 3 (Proposed Program Budget)
	* Attachment 4 (Proposed Personnel Budget)

***Rating Criteria – A strong application meets all of the criteria listed below.**** The budget is specific and reasonable, and all items strongly align with the proposal.
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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 or the application may be deemed incomplete and may not be rated:

1. A completed and signed Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections I & II 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. If your organization does not have a Board of Directors, please submit a roster of your comparable management or leadership team individuals. Rosters should include first and last names, and any Board or leadership team title and/or role they hold (e.g. Treasurer, Chair, etc.)
6. Minutes from your agency’s last three Board of Directors meetings. If you do not have Board of Directors meetings, please include comparable management or leadership team meeting minutes that demonstrate the overall fiscal health, stability, and solvency of your agency.
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 your agency is proposing new body of work please attached a separate start-up timeline.

**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**
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Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2020 Reentry/Rerooting Indigenous Community Healing**

**Request for Proposal (RFP)**

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)**?**

[ ]  Proprietary and Confidential Information

[ ]  HSD Agency Minimum Eligibility Requirements

[ ]  HSD Client Data and Program Reporting Requirements

[ ]  HSD Contracting Requirements

[ ]  HSD Fiscal Sponsor 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.
* If your application names a fiscal sponsor, authorized representatives from this agency must have read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.

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

* Must not exceed ~~4 pages~~ 6 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:

[ ]  Organization/Coalition Overview (35 Points)

[ ]  Race and Social Justice (30 Points)

[ ]  Proposal Description (25 Points)

[ ]  Budget (10 Points)

[ ]  **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 or comparable roster as outlined in Section IV of the

 application.

[ ]  Minutes from your agency’s last three Board of Directors meetings or comparable minutes as outlined in Section IV of the application.

[ ]  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 Wednesday, July 1, 2020.**

**\****These documents do not count against the ~~4~~ 6-page limit for the RFP narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on ~~Tuesday, March 31, 2020~~** **Tuesday, April 14, 2020**. 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**

**2020 Reentry/Rerooting Indigenous Community Healing 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. In which City Council District is your program 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: Add additional sections if more than two partner agencies are applying. |
|  |
| 16. Fiscal Sponsor (if applicable):       |
|  | Contact Name: |       | Title: |       |
| Address: |       |  |  |
| Email: |       | Phone Number: |       |
| *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*Signature of fiscal sponsor representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |
| **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: |       |
|  |  |  |  |

**2020 Reentry/Rerooting Indigenous Community Healing**

**Proposed 6-Month Program Budget**

Out of the $250,000 available for this funding, approximately **$50,000** is allocated for the first 6 months from July 1, 2020 - December 31, 2020. Provide a proposed 6-month program budget using a $50,000 allocated amount.

*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 Organization Name:** |       |
| **Proposal Name:** |       |

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| --- | --- | --- |
|  | **Amount by Fund Source** |  |
| **Item** | **One Year 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** |  **$**  |  **$**  |  **$**  |  **$**  |  **$**  |
| **TOTAL EXPENDITURES** |  **$**  |  **$**  |  **$**  |  **$**  |  **$**  |

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| 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. |       |

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**2020 Reentry/Rerooting Indigenous Community Healing**

**Proposed 6-Month Personnel Detail Budget**

Out of the $250,000 available for this funding, approximately $50,000 is allocated for the first 6 months from July 1, 2020 - December 31, 2020. Provide a proposed 6-month program budget using the $50,000 allocated amount.

|  |  |
| --- | --- |
| **Applicant Name:** |       |
| **Proposal Name:** |       |

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| --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =****hours/week** | **Amount by Fund Source(s)** |
| **Position Title** | **Staff Name** | **FTE** | **# of Hours Employed** | **Hourly Rate** | **One Year 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):** |  |  |  |  |  |