

**2022**

**Domestic Violence Intervention Project (DVIP) Services**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2022 Domestic Violence Intervention Project (DVIP) Services RFQ. The RFQ Guidelines is a separate document that provides background on HSD’s guiding principles and results-based accountability framework, and an overview of the RFQ 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. on Monday, August 8, 2022**. Proposals must be submitted through the HSD Online Submission System or via email. No hand delivered, faxed, or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt:

1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>)  
HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an  
issue with your internet connectivity. HSD is not responsible for ensuring that applications are received  
by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher  
at [sola.plumacher@seattle.gov](mailto:sola.plumacher@seattle.gov).

2. **Via Email** (HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov)  
Email attachments are limited to 30 MB. The subject heading must be titled: 2022 DVIP Services RFQ. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will  
receive an email acknowledging receipt of their application.

**Choose either the online OR email submission method** – **not both**. If for any reason a proposal is submitted twice, the last submission received will be the one accepted for review by the rating panel.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Email Submittal: Application packets may be submitted electronically to the following address: [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)

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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 size 11-point font.
3. The application may not exceed a total of twelve (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: Proposal Narrative and Rating Criteria. 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 through E. Answer each section completely according to the questions. Do not exceed a total of twelve (12) pages for sections A through E combined.

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| **Narrative Questions** |
| 1. **Program Design Description *(20 POINTS)***    1. Describe the service(s) that your program will provide (e.g., client assessment, treatment, etc.) and why your program/organization is qualified to provide those services. Please include your organization’s adoption of best practices within domestic violence intervention (or related service) assessment and treatment. (6 points)    2. Describe your program model and outline the key service components in your program. Include plans for implementation, such as when and where (e.g., locations, times, days of week, etc.) services will be delivered and by whom. Also include how these service components will help your program achieve the required outcomes and deliverables. (4 points)    3. Describe the focus population(s) and priority population(s) to be served. (3 points)       * 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 your services will motivate populations who are resistant to behavioral change.    4. Describe how you will solicit and incorporate partnership from the priority population(s) or focus population(s) into your program and ongoing services. (3 points)    5. Describe how you will incorporate feedback from clients to inform your ongoing program design and service delivery for this strategy. (2 points)    6. 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. Job Descriptions will not count toward the 12-page narrative limit. (2 Points)   ***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. * Applicant demonstrates an ability to build upon existing service delivery systems. * Applicant demonstrates an ability to comply with program requirements. * Applicant clearly defines the priority population(s) and focus population(s) and has a clear plan to tailor services to the populations. * The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their strengths, needs, and concerns; and demonstrates an understanding of the unique characteristics and experiences of the priority population(s) and focus population(s). * Applicant demonstrates a plan to incorporate input from program participants. * The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time. |
| 1. **Capacity and Experience *(30 POINTS)*** 2. Describe your organization’s experience and success in providing domestic violence perpetrator treatment and assessment services in accordance with Washington Administrative Code Title 388, Chapter 60B. If your agency has no experience delivering the service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline. 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. (5 points) 3. Describe what previous experience working with/alongside the court and/or legal system in the past (if applicable). How is your program/organization familiar with probationary and treatment services mandated by the court? (5 points) 4. Describe your familiarity with the City of Seattle’s Domestic Violence Intervention Program (DVIP) and/or the Colorado Differentiated Treatment Model. (5 points) 5. Describe your plan for staff recruitment, 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. (5 points) 6. Please describe any programming changes that have been made to maintain safety and meet the service needs of clients and employees during the COVID-19 pandemic? Share any programming adaptations that affected both programming and staffing. (5 points) 7. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and producing reports while ensuring that personal data, also known as personal information or personally identifiable information (PII), is kept private and maintains client confidentiality? (5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The program description demonstrates the applicant’s experience in delivering domestic violence perpetrator treatment services for at least two years, OR, for applicants providing the service for the first time, the applicant presents a clear and realistic description and timeline for launching a new service. * Applicant demonstrates successful experience adapting to changes in funds and community needs. * Applicant’s has experience working with court mandated program and criminal/legal systems. * Applicant’s 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 program as described. * Applicant demonstrates an understanding of and capacity for data management and reporting, as well as the importance of maintaining the privacy and confidentiality of clients served. |
| 1. **Partnerships and Collaboration *(15 POINTS)***    1. Describe how the proposed project will collaborate with other agencies/programs to deliver additional services that have the potential to enhance treatment efficacy. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies. (5 points)    2. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit. (5 points)    3. Describe how you will cross-refer or partner with other programs and agencies to address the full needs for the client in a proactive, seamless, trauma-informed manner. (5 points)   ***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 has submitted signed letters of intent from partners. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. |
| 1. **CULTURAL HUMILITY *(20 POINTS)***    1. Describe your experience providing services to diverse groups, including racial and ethnic minorities, immigrants and refugees, low-income populations, and English language learners. If experience is limited, what steps will you take to provide culturally humble services? Please use this question to take time to describe your awareness of interlocking systems of oppression that disproportionally impact the intended service populations such as: wealth inequality, housing instability, systemic racism, sexism, ableism.. (4 points)    2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse backgrounds (e.g., BIPOC, immigrant/refugees, limited English, etc.)? (4 points)    3. Describe how the agency board and staff represents the cultural, linguistic, and socio-economic background of program participants, or partner with diverse communities. (4 points)    4. Describe your program’s strategy for ensuring cultural and linguistic sensitivity is infused through your policies, procedures, and practices. (4 points)    5. What kind of trainings does your agency provide and/or receive to support cultural humility? (4 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates understanding of cultural humility, racial justice, and describes how cultural humility and inclusivity is 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 diverse 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 characteristics 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 humble and inclusive service delivery. |
| 1. **Budget and Leveraging *(15 POINTS)***    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 service area only, not your total agency budget. (3 points)    2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program. (5 points)    3. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to 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. (4 points)    4. Describe how your agency has the capability to meet program expenses in advance of reimbursement. (3 points)   ***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. * The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence that these funds are sustainable. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to 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 (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 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 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 RFQ 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

**2022 Domestic Violence Intervention Program (DVIP) Services**

**REQUEST FOR QUALIFICATION (RFQ)**

**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 HSD** [**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 of the following:

Program Design Description (20%)

* + *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g., “same as previous component”).*

Capacity and Experience (30%)

Partnership and Collaboration (15%)

Cultural Humility (20%)

Budget and Leveraging (15%)

**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 January 1, 2023.\***

**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.*

**Completed application packets are due by Noon or 12:00 PM (Pacific Time) on Monday, August 8, 2022. 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**

**2022 Domestic Violence Intervention Program (DVIP) Services**

**REQUEST FOR QUALIFCATION (RFQ)**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicate Services Applied For (Select): | | | | | Treatment Assessment Both | | | | | | | | | | | |
| 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? | | | | | |  | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | |
| **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: |  |

**2022 Domestic Violence Intervention Program (DVIP) Services**

**Proposed Program Budget**

**FY 2023**

*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. |  | | | | |

**2022 Domestic Violence Intervention Program (DVIP) Services**

**Proposed Personnel Detail Budget**

**FY 2023**

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