



# **2022 Youth and Young Adult Behavioral Health Request for Proposals (RFP)**

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**Funding Process Coordinator:**

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## Guidelines

### INTRODUCTION

The Youth and Family Empowerment (YFE) Division of the Seattle Human Services Department (HSD) is seeking applications from organizations to provide behavioral health support to young people. Eligible services through this Request for Proposals (RFP) include non-residential behavioral health support through clinical treatment and/or non-clinical, culturally specific approaches. Organizations must have documented experience:

- engaging Black, Indigenous and People of Color (BIPOC) youth and/or Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ+) youth of color;
- providing culturally appropriate behavioral health services; and
- engaging with Seattle’s young people between 8 and 24 years old.

### FUNDING INFORMATION

HSD is investing \$938,841 from the HSD General Fund. The deadline for turning in completed proposals is **Monday, May 16, 2022, 12:00 noon PT**. This RFP is competitive and open to organizations that meet the standard [HSD Agency Minimum Eligibility Requirements](#) and additional requirements outlined in *Guidelines, RFP Specific Eligibility and Contracting Requirements, pg. 5*. Initial funding will be for the period of January 1 to December 31, 2023. Contract renewal for an additional three years will depend on agency performance and HSD funding availability.

All materials and updates to the RFP are available on [HSD’s Funding Opportunities](#) webpage. HSD will not provide individual notice of changes, and agencies are responsible for regularly checking this webpage for any changes. HSD will not pay for any expense agencies may incur while preparing their applications, providing information requested by HSD, or participating in the selection process.

#### A. Number of Awards

Depending on the number of applications received, HSD intends to fund six to eight proposals. Each applicant is limited to one proposal. For collaborative programs, only the agency identified as the lead should apply. If an agency is also partnering in another application, the services provided, and budget requested should be clearly defined and not duplicative. The Funding Process Coordinator may request additional information to clarify your answers to the questions.

### TIMELINE\*

Date	Time	Activity
Monday, April 11, 2022		Funding Opportunity Released
Friday, April 15, 2022	10:30 a.m. – 12:00 noon	Information Session Join meeting <a href="#">here</a> or via <a href="#">WebEx</a> , access code: 2492 411 8343, password: qVpT3ev44uB Call +1-206-207-1700, access code: 2492 411 8343## Contact Juanita Gonzalez at <a href="mailto:juanita.gonzalez@seattle.gov">juanita.gonzalez@seattle.gov</a> if you encounter technical issues.
Tuesday, May 3, 2022	5:00 p.m. PT	Last Day to Submit Questions (via email only) Email questions to Tan Mei Teo at <a href="mailto:tan-mei.teo@seattle.gov">tan-mei.teo@seattle.gov</a>
April 15 – May 9, 2022		Technical Assistance for Applicants (by appointment only) See <i>B. Technical Assistance pg. 2</i> for more information
<b>Monday, May 16, 2022</b>	<b>12:00 noon PT</b>	Application Deadline (electronic submissions only). Use either: <ol style="list-style-type: none"> <li>1. HSD Online Submission System (<a href="http://web6.seattle.gov/hsd/rfi/index.aspx">http://web6.seattle.gov/hsd/rfi/index.aspx</a>)</li> <li>2. Email (<a href="mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov">HSD_RFP_RFQ_Email_Submissions@seattle.gov</a>)</li> </ol>

June 1 – July 8, 2022		Clarification to Narrative Responses, as applicable
Week of August 15, 2022		Planned Award Notification
January 1, 2023		New Contracts Start

\*HSD reserves the right to change any dates in the RFP timeline.

#### A. Online Information Session

HSD will offer one information session. The slide deck and a copy of the questions and answers will be made available on [HSD's Funding Opportunities webpage](#) within five business days. Any agency interested in learning more about this RFP is encouraged to attend the session and ask questions. Attendance is not required. Please email Tan Mei Teo, Funding Process Coordinator, at [tan-mei.teo@seattle.gov](mailto:tan-mei.teo@seattle.gov) if you have any questions.

#### B. Technical Assistance

New Transitions Consulting will provide help to applicants as they develop their proposals. Priority will be given to small agencies without access to professional grant writing support or who have never received funding from HSD. New Transitions Consulting may help agencies understand application and budget questions, think through proposal ideas, and review proposal drafts. They will not write proposals for applicants. Help sessions will be scheduled by appointment and will be held between April 15 to May 9, 2022. Appointments are limited and applicants are encouraged to schedule appointments as early as possible by emailing Claudia Alexandra Paras, Consultant, at [claudia.alexandra.paras@gmail.com](mailto:claudia.alexandra.paras@gmail.com).

### BACKGROUND & STRATEGY

#### A. Background

Feedback that helped inform this RFP was gathered from:

- 2021 YFE youth behavioral health needs survey
- 2022 YFE youth focus group
- three listening sessions with 17 behavioral health and youth-serving agencies
- meetings with Seattle Public Schools, Public Health Seattle & King County, King County Department of Community and Human Services and Seattle Department of Education and Early Learning; and
- local disparity data, alignment with regional funders' priorities, and from literature reviews of local and national best practices.

The following key trends were identified:

- requests for mental and behavioral health services have increased significantly during the pandemic
- younger clients are seeking services
- agencies' capacities to cope with increased treatment requests have been challenged by staffing shortages; and
- increased requests for services to address acute issues such as suicidal ideation, substance use, anxiety and rage.

The onset of COVID-19 caused disruptions to schools, work, social interactions, and health care for all people. The twin pandemics of COVID-19 and institutional racism exacerbated long-standing disparities in access to health care, especially for low-income families of color.<sup>1</sup> It worsened the already increasing suicidal trends among young people. Between October and December 2021, the rate of emergency department visits involving suicidal ideation among King County youth 10 - 19 years of age (872 per 10,000 visits) was higher compared to the same three-month period in 2019 (686 per 10,000 visits) and 2020 (807 per 10,000 visits).<sup>2</sup> Even before the pandemic, 52% of LGBTQ Seattle middle and high school students reported in the

<sup>1</sup> Office of Human Services Policy, US Department of Health and Human Services September 2021

<sup>2</sup> Washington State Department of Health Rapid Information Network (RHINO)

previous 12 months feeling so sad and hopeless for more than two weeks that they stopped doing usual activities, compared to 23% of their heterosexual peers.<sup>3</sup>

## B. Strategy

The Center for Disease Control and Prevention defines mental health as our emotional, psychological, and social well-being. It affects how we think, feel, and act.<sup>4</sup> **Behavioral health is a broader term and encompasses mental health and substance use symptoms.** For this RFP, HSD will fund the following strategy:

**This RFP is seeking to fund behavioral health support for young people** including non-residential behavioral health services for BIPOC young people with behavioral health symptoms that impact their abilities to interact or function effectively. The goal is to lessen social, emotional or behavioral issues, increase coping mechanisms, build resilience, and improve quality of life. Services must be culturally appropriate, defined from the provider perspective as having cultural awareness of one's own attitudes, beliefs, biases, and having cultural knowledge of the populations that one serves, to meet the emerging or acute behavioral health need.<sup>5</sup>

Services can be either:

- a. clinical, evidence-based treatment methods; and/or
- b. non-clinical, culturally specific approaches that contribute towards holistic mental and behavioral health and wellness.

Examples of eligible activities include, but are not limited to:

- individual therapy;
- group or family counseling;
- triage services while awaiting treatment, support or referrals;
- peer to peer support systems;
- flexible client funds: short term funds to address participants' key basic needs and financial barriers (refer to *Application, Proposal Narrative & Rating Criteria, G. Budget pg. 10* for conditions); and
- culturally appropriate, non-clinical practices (e.g. meditation, traditional medicine, healing practices, drumming circles, art or music therapy, etc.).

This RFP is not intended to fund primary prevention, case management or information and referral services for behavioral health. Such activities can be a part of the treatment or service plan but not the core service. Funded staff should be working with case managers or make referrals to ensure that such functions are met.

Services should be offered on a regular basis to support the behavioral health needs of the young people, or at a frequency deemed appropriate for the treatment plan or practice. In-person services may be offered at agency offices, community locations, or on school grounds that are convenient for young people. Services should follow current [COVID-19 safety guidelines](#). If treatments and discussions regarding behavioral health are offered virtually, they should be conducted through a secure, technology application that complies with the Health Insurance Portability and Accountability Act of 1996, or HIPAA. Adherence to client confidentiality should be held on a secure platform and with strict standards.

<sup>3</sup> Washington State Healthy Youth Survey (YHS). Average 2016 & 2018. Washington State Department of Health and Human Services.

<sup>4</sup> About Mental Health. Center for Disease Control and Prevention.

<https://www.cdc.gov/mentalhealth/learn/index.htm#:~:text=What%20is%20mental%20health%3F,others%2C%20and%20make%20healthy%20choices>

<sup>5</sup> Improving Cultural Competence: Quick Guide for Clinicians. Substance Abuse and Mental Health Services Administration. U.S. Department of Health and Human Services, 2016.

## PROGRAM REQUIREMENTS

### A. Criteria for Eligible Participants

Young people who participate in services:

1. must live within the [Seattle city limits](#) or attend schools in Seattle;
2. be between 8 and 24 years old;
3. be low income under [HUD income limits](#) (80% or less of area median income); and
4. do not need a medical diagnosis, can be Medicaid ineligible, or lack medical insurance or sufficient medical coverage.

### B. Priority Population and Focus Population

1. Priority populations are a specific demographic group, like seniors, youth, families, etc. or individuals who have a specific issue in common, like being unemployed. The priority populations for this RFP are **BIPOC young people** and **LGBTQ+ young people of color**.
2. Focus populations are specific racial and ethnic groups within the priority populations. The focus populations for this RFP are:
  - **Asian**
  - **American Indian/Alaska Native**
  - **Black/African American**
  - **Hispanic/Latino**
  - **Native Hawaiian/Pacific Islander**

Applicants may specialize in subgroups within the focus populations. Proposals that clearly describe a plan to address significant needs among other populations will also be considered. For more information regarding the data used to determine the Priority and Focus Populations, please see HSD's Results Based Accountability and Theory of Change document on the [HSD Funding Opportunity](#) webpage.

### C. Expected Performance Commitments

#### 1. Quantity

- Number of youth and young adults who:
  - a. enroll in contract-funded behavioral health services
  - b. participate in:
    - i. clinical therapy sessions, and/or group and family counseling; and/or
    - ii. non-clinical, culturally specific community-based services
  - c. participate in at least 75% of recommended behavioral health services

#### 2. Quality

- Percentage of youth and young adults:
  - a. participate in at least 75% of recommended behavioral health services
  - b. complete at least one or more recommended outcome goals

#### 3. Impact

- Percentage of youth and young adults who received behavioral health services:
  - a. feel less stressed, anxious or depressed
  - b. are new service users and report increased confidence accessing/navigating services in the future
  - c. report progress in one or more of the following areas:
 

○ individual behavior	○ trusted adult to talk to
○ family functioning	○ community attachment
○ peer relations	

#### 4. Racial Disparity Performance Measures

- Of the focus populations\*, percentage of youth and young adults who received behavioral health services:
  - a. feel less stressed, anxious or depressed
  - b. are new service users and report increased confidence accessing/navigating services in the future
  - c. report progress in one or more of the following areas:
 

○ individual behavior	○ trusted adult to talk to
○ family functioning	○ community attachment
○ peer relations	

*\*Focus populations = Asian, American Indian/Alaska Native, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander.*

#### D. Description of Key Staff and Staffing Level

Organizations should have:

1. experience operating a behavioral health program and maintaining any necessary insurance and licenses
2. staff with necessary training in providing behavioral health services. Agencies providing clinical, evidence-based therapy should ensure that services are provided by trained staff who meet the applicable state licensing or certifications requirements. If proposing alternate qualifications, explain why it is beneficial for the participants. For non-clinical services, agencies should provide information on any required licensing, certification or training, as applicable.
3. staff with the cultural and linguistic competency to work with the young people.

#### E. RFP Specific Eligibility and Contracting Requirements

In addition to the [HSD Agency Minimum Eligibility Requirements](#), organizations must also adhere to the following:

##### 1. Fiscal Sponsor

An agency using a fiscal sponsor should provide a signed letter of agreement from the sponsor and be familiar with the [HSD Fiscal Sponsor requirements](#). The listed agency primary contact will be responsible for all corresponding documents required of fiscal sponsors. The sponsorship letter will not count toward the page limit.

##### 2. Networking and Collaboration

All funded agencies will participate in a networking and agency cohort to refer, discuss programming quality and process improvements. HSD will host these meetings.

##### 3. COVID-19 Safety Guidelines

All funded agencies are expected to adhere to current, appropriate safety protocols as outlined by [Seattle-King County Public Health](#), to prevent the spread of COVID-19. These protocols may include social distancing, wearing masks, hand washing, and sanitizing surfaces. Agencies should have a plan to safely provide services remotely or revert to in-person services when safe and permissible.

## Application

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### HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFP and shall include any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application, or any private personal identifiable information that would constitute special handling or breach of confidentiality. Applications that do not follow the required format may lose points. *Late proposals will not be accepted or reviewed for funding consideration.*

Required format for written application:

- typed and formatted to letter-size (8 ½ x 11-inch) document
- use one-inch margins, single spacing, and minimum size 11-point font
- be no longer than eight pages (requested attachments will not count towards the page limit).

#### A. Completed Application Requirements

The proposal **must** include:

- A completed and signed Application Cover Sheet (Attachment 2)
- A completed Narrative Response (8-page limit)
- A completed Proposed Program Budget (Attachment 3)
- A completed Proposed Personnel Detail Budget (Attachment 4)

If you are proposing:

- New Service(s): attach a start-up timeline for each service.
- Significant Partnership/Subcontracting with another agency: attach a signed letter of commitment from that agency’s Director or other authorized representative.
- Fiscal Sponsorship: attach a signed letter of agreement from that agency’s Director or other authorized representative.

#### B. Proposal Narrative & Rating Criteria

Write a narrative response to all sections A – G. Answer each section completely according to the questions. The total score for the proposal narrative is 100 points. Do not exceed a total of eight pages. The Funding Process Coordinator may request additional information in order to clarify your answers to the questions.

Proposal Narrative	Score
A. Agency and History	15
B. Services To Be Funded	30
C. Communities To Be Served	15
D. Racial Equity	17
E. Partnerships	8
F. Data and Fiscal Management	10
G. Budget	5
<b>TOTAL</b>	<b>100</b>



<p><b>A. AGENCY AND HISTORY (15 POINTS)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<ol style="list-style-type: none"> <li>1. Tell us about your agency’s overall background and history, and the different programs that you provide. How does your behavioral health program fit into your agency’s overall program structure and connect to your agency services? (5 points)</li> <li>2. In this current time of increasing behavioral health needs, what makes your agency well-suited to provide behavioral health services? How are BIPOC young people and/or LGBTQ+ young people of color centered in your behavioral health program? (6 points)</li> <li>3. How have issues like changing city demographics or the COVID-19 pandemic impacted your program? What adaptations have you made? (4 points)</li> </ol>	<ul style="list-style-type: none"> <li>• Applicant provides adequate information on its background, history and the different types of programs it offers. It describes how other services within the agency can be linked to improve behavioral health service outcomes. (5 points)</li> <li>• Applicant has a strong history and experience of providing behavioral health services for BIPOC young people and LGBTQ+ young people of color. Its work centers on working with young people of color who have experienced behavioral health issues. (6 points)</li> <li>• Applicant has pivoted to deal with the impacts of emerging issues. Applicant demonstrates growth and ability to successfully meet the challenges in the communities it serves. (4 points)</li> </ul>
<p><b>B. SERVICES TO BE FUNDED (30 POINTS)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<ol style="list-style-type: none"> <li>1. Describe your proposed Behavioral Health Supports program and its key components. Include previous success and/or challenges in staffing, funding, changing needs in the community, etc. What is your capacity, including staff, space, tools, etc. to begin offering services in January 2023? If the services will be new, describe any related experience and a plan for rapid development of service and staff capacity to start no later than April 1, 2023. Attach a start-up timeline. The timeline will not count towards the page limit. (10 points)</li> <li>2. List when and where services will be delivered. Provide specific locations, <a href="#">Seattle neighborhoods</a>, times, days of the week, and the frequency with which services will be offered. (2 points)</li> <li>3. If COVID-19 safety protocols are in place, how will you offer services? How will it be effective? (4 points)</li> <li>4. How is your agency handling the staffing shortage for behavioral health specialists? What is your plan for staff retention to ensure the program will be adequately staffed? Include a description of the current staff you have on-board who will be responsible to provide</li> </ol>	<ul style="list-style-type: none"> <li>• Applicant presents a thorough description of their Behavioral Health Supports program and its success and/or challenges, including its capacity to provide the staffing, space and tools needed to implement the services in January 2023. If services will be new, applicant describes realistic capacity to build the program in January 2023, with services starting no later than April 1, 2023. (10 points)</li> <li>• Applicant states the frequency, timing, locations and neighborhoods where services will be held. In-person services will be conducted within Seattle city limits. (2 points)</li> <li>• Applicant describes a realistic plan to provide services to young people that are effective while observing all applicable COVID-19 safety protocols. (4 points)</li> <li>• Applicant describes a staffing plan that ensures their program will run smoothly and the plan for staff hiring and retention. Applicant includes a list of current staff who will provide the services. Staff has the applicable state licensing or certifications requirements, or alternative qualifications to meet the needs of young people. Staff receives supports and adequate supervision. (6 points)</li> <li>• Applicant provides a clear description of how their services are currently being evaluated, what plans they have in place for integrating</li> </ul>

<p>the service. What experience or qualifications do they have? What type of supervision do they receive? (6 points)</p> <p>5. How are you currently evaluating the quality of your behavioral health services? If you do not have evaluation in place, what obstacles do you face and how will you overcome them? What metrics will you use to show that you can meet the expected performance commitments listed in <i>Guidelines, Program Requirements, C. Expected Performance Commitments, pg. 4?</i> (8 points)</p>	<p>evaluation and overcoming any challenges. Applicant lists the metrics they will use to determine achievements of the performance commitments. (8 points)</p>
<p><b>C. COMMUNITIES TO BE SERVED (15 points)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<p>1. List the priority and focus populations, including the age range and the number of young people to be served. If they are not the same as the populations identified in this RFP, explain why you are prioritizing them. (2 points)</p> <p>2. Describe the characteristics and experiences of the young people who will be participating, including their strengths, challenges, home languages, and other attributes. (3 points)</p> <p>3. How will young people receive behavioral health services from your agency? (4 points)</p> <p>4. What successes and challenges have you had or anticipate having while providing culturally appropriate behavioral health services to young people? Include any strategies to encourage young people to continue to seek services and maintain supports. (6 points)</p>	<ul style="list-style-type: none"> <li>• Applicant clearly defines the priority and focus populations, including the age range and the number to be served. If they are not the same as identified in the RFP, applicant includes specific details and qualitative/quantitative data that clearly describes a significant need. (2 points)</li> <li>• Applicant describes a strong understanding of the young people who will participate in their program, including their unique characteristics, experiences, strengths, and challenges they face. (3 points)</li> <li>• Applicant describes the ways young people will receive behavioral health services. (4 points)</li> <li>• Applicant understands and is prepared for the challenges they may encounter while providing culturally appropriate behavioral health services and includes has strategies in place to maintain young people’s participation. (6 points)</li> </ul>
<p><b>D. RACIAL EQUITY (17 points)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<p>1. How do you ensure that your Behavioral Health Supports program is culturally appropriate, and designed to reduce behavioral health disparity? (5 points)</p> <p>2. What are your existing policies and practices on racial equity and inclusion, including learning opportunities, professional development, or support to staff? (6 points)</p>	<ul style="list-style-type: none"> <li>• Applicant clearly describes how they are identifying and challenging behavioral health disparities through their work. (5 points)</li> <li>• Racial equity is incorporated into their work and specific examples of existing policies and practices, learning opportunities, professional development or support that demonstrates a commitment to racial equity have been provided. (6 points)</li> </ul>

<p>3. Describe the ethnic, language and socio-economic backgrounds of your board and executive leadership and indicate how they represent the populations you are working with. (6 points)</p>	<ul style="list-style-type: none"> <li>• Applicant’s board and executive leadership reflect the cultural, language, and socio-economic characteristics of the populations to be served. (6 points)</li> </ul>
<p><b>E. PARTNERSHIPS (8 points)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<p>1. How will you partner with young people, community members, and/or other agencies? What are the benefits of this collaboration and how will it consolidate services across agencies or result in a seamless referral process? What roles do partners have in planning, implementation, or decision-making or evaluation? (5 points)</p> <p>2. How are partners compensated? How do you provide support or monitor the quality of your partners’ work? (3 points)</p> <p>3. Provide signed letters of commitment from any individual or agency that will provide significant help (defined as something crucial to the successful delivery of the service, without which your agency would not be able to provide the service). The letter(s) should describe the specific work or resource(s) they will provide and will not count towards the page limit. If your agency is also listed as a partner in another agency’s application, the services provided, and budget requested should be clearly defined and not duplicative.</p>	<ul style="list-style-type: none"> <li>• Applicant clearly describes the benefits of who and how they will partner for service consolidation and referral. Partners have a role in planning, implementation, decision-making or evaluation. (5 points)</li> <li>• Partners are compensated accordingly. Applicant describes a plan to ensure the work of partners is monitored appropriately for quality. (3 points)</li> <li>• Applicant has submitted signed letters of commitment from partners providing significant resources. If applicant is listed as a partner in another agency’s application, then the services and budget described in each application are not duplicative.</li> </ul>
<p><b>F. DATA AND FISCAL MANAGEMENT (10 points)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<p>1. How, when and what specific data do you collect data from participants? How do you store data and ensure it is kept private and secure? (3 points)</p> <p>2. What challenges have you encountered collecting and using data and how have you overcome them? Give an example of how you have used it to improve services. (3 points)</p> <p>3. Describe how your agency manages finances, including any financial systems you use. Are you financially able to provide services and then submit invoices for reimbursement? What happens when fund sources changes? (2 points)</p>	<ul style="list-style-type: none"> <li>• Applicant has experience collecting data and identifies the specific data sets and its frequency. Applicant has procedures in place to keep data private and secure. (3 points)</li> <li>• Applicant describes any challenges they have experienced collecting and managing data, and how they overcame these challenges. It also provides an example of how they have successfully used data to improve services (3 points)</li> <li>• Applicant adequately describes its revenue, financial health, and financial management system. Applicant can provide services and submit invoices for reimbursement, and cope with changes in funding support. (2 points)</li> </ul>

<p>4. How does your agency make sure General Accepted Accounting Principles are in place to safeguard any HSD funding award? If you do not have this ability, your agency may wish to have an established agency act as fiscal sponsor. Provide a signed letter of agreement from your fiscal sponsor. The letter will not count towards the page limit. (2 points)</p>	<ul style="list-style-type: none"> <li>• Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity. If applicant lacks fiscal management capabilities, a signed letter of agreement stating an appropriate fiscal sponsor is attached. (2 points)</li> </ul>
<p><b>G. BUDGET (5 points)</b></p>	<p><b>RATING CRITERIA - A strong application meets all the criteria below.</b></p>
<p>1. Complete the Proposed Program and Personnel Budget (Attachments 3 and 4) for the services you want to be funded, including any other funding source you receive for the program. Do not provide your total agency’s budget. If you are proposing flexible client funds, the amount <u>should not exceed 10% of your proposed program budget per year</u>. Budget attachments will not count toward the page limit. (2 points)</p> <p>2. Costs should reflect the level of services and the outcomes proposed. (3 points)</p>	<ul style="list-style-type: none"> <li>• Costs included are only for the services to be funded through this RFP. Flexible client funds are within the limits. (2 points)</li> <li>• Costs are reasonable based on the proposed level of services and outcomes. (3 points)</li> </ul>

### C. Application Submittal

Completed applications are due by **Monday, May 16, 2022, 12:00 noon** Pacific Time. Application packets received after this deadline will not be considered. Proposals must be submitted through the HSD Online Submission System or via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt. 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.

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 [HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov).

2. **Via Email** ([HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov))

Email attachments are limited to 30 MB. The subject heading must be titled: **2022 Youth and Young Adult Behavioral Health RFP**. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

### D. Other Documentation

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents via the HSD Online Submission System (<http://web6.seattle.gov/hsd/rfi/index.aspx>) or email ([HSD\\_RFP\\_RFQ\\_Email\\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)):

1. Current fiscal year's financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency's CFO, Finance Officer, or Board Treasurer.
2. Most recent audit report.
3. Most recent fiscal year-ending Form 990 report.
4. Current certificate of commercial liability insurance (if awarded, the agency's insurance must conform to [Master Agency Service Agreement](#) requirements at the start of the contract).
5. 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.
6. Proof of federally approved indirect rate, if applicable.

### HSD Proprietary and Confidential Information

The State of Washington's Public Records Act (Release/Disclosure of Public Records): Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states **that all materials received or created by the City of Seattle are considered public records**. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of Interest Statement](#). **Personally identifiable information entered on these materials are subject to the Washington Public Records Act and maybe subject to disclosure to a third-party requestor.**

## 2022 Youth and Young Adult Behavioral Health RFP Application Checklist

**Deadline: Monday, May 16, 2022, 12:00 noon (PT)**

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](#)?
  - 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
  - HSD 2022 Youth and Young Adult Behavioral Health RFP Results Based Accountability & Theory of Change
- Completed and signed the 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](#) and must sign the application cover sheet.
- Completed each section of the Application questions?
- Completed the full Proposed Program Budget (Attachment 3)?\*
- Completed the full Proposed Personnel Detail Budget (Attachment 4)?\*

If you are proposing

- \*New** Service(s): attach a start-up timeline for each service.
- \*Significant Partnership/Subcontracting** with another agency: attach a signed letter of commitment from that agency's Director or other authorized representative.
- \*Fiscal Sponsorship**: attach a signed letter of agreement from that agency's Director or other authorized representative.

*\*These documents do not count against the 8-page limit for the proposal narrative section.*



**2022 Youth and Young Adult Behavioral Health RFP  
Application Cover Sheet**

1. Applicant Agency:			
2. Agency Executive Director:	Email:		
3. Agency Primary Contact for this RFP (all correspondences, questions and related documents):			
Name:	Title:		
Address:			
Email:	Phone Number:		
4. Organization Type			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Other (Specify):			
5. Federal Tax ID or EIN:		6. DUNS Number:	
7. WA Business License Number:			
8. Proposed Program Name:			
9. Funding Amount Requested:			
10. Provide a high-level summary (200 words or less) of your proposal:			
Check all that apply			
11. Service focus	<input type="checkbox"/> Clinical treatment	<input type="checkbox"/> Non-clinical, culturally specific approaches	
12. Priority Population(s)	<input type="checkbox"/> BIPOC youth <input type="checkbox"/> LGBTQ+ youth of color	<input type="checkbox"/> Other:	
13. Focus Population(s)	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other:	
14. Age Range program will serve	<input type="checkbox"/> 8 – 24 years old	<input type="checkbox"/> Other:	
15. Number of young people to be served <u>each year</u> :	enrolled in program		
	participate in clinical therapy sessions, and/or group and family counseling	participate in at least 75% of program	
	participate in non-clinical culturally specific community-based services	participate in at least 75% of program	
16. Projected Performance Commitments	Youth and young adults who received behavioral health services:		
	a.           % feel less stressed, anxious or depressed		

	<p>b. % are new service users and report increased confidence accessing/navigating services in the future</p> <p>c. % report progress in one or more of the following areas:</p> <ul style="list-style-type: none"> <li><input type="radio"/> individual behavior</li> <li><input type="radio"/> family functioning</li> <li><input type="radio"/> peer relations</li> <li><input type="radio"/> trusted adult to talk to</li> <li><input type="radio"/> community attachment</li> </ul>
17. In which <a href="#">City Council District</a> is your program located?	
<p>18. Partner Agency (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</p> <p>Description of partner agency proposed activities: _____</p> <p>Signature of partner agency representative: _____ Date: __ __</p>	
<p>19. Partner Agency (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</p> <p>Description of partner agency proposed activities: _____</p> <p>Signature of partner agency representative: _____ Date: __ __</p> <p><i>Add additional sections if more than two partner agencies are applying.</i></p>	
<p>16. Fiscal Sponsor (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</p> <p><i>I have read and understood the <a href="#">HSD Fiscal Sponsor requirements</a> document and will comply with all obligations if the applicant is awarded funding.</i></p> <p>Signature of fiscal sponsor representative: _____ Date: __ __</p>	
<p><b>Authorized physical signature of applicant/lead organization</b></p> <p><i>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.</i></p> <p>Name and Title of Authorized Representative: _____</p> <p>Signature of Authorized Representative: _____ Date: _____</p>	



**2022 Youth and Young Adult Behavioral Health Request for Proposals**  
**Proposed Program Budget**  
**January 1, 2023 - December 31, 2023**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

<b>Applicant Name:</b>	
<b>Proposed Program Name:</b>	

Item	Amount by Fund Source			Total Project
	Requested HSD Funding	Other <sup>1</sup>	Other <sup>1</sup>	
<b>STAFFING</b>				
Salaries (Full- & Part-Time)				\$
Fringe Benefits				\$
<b>SUBTOTAL – STAFFING</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>SUPPLIES, OTHER SERVICES &amp; CHARGES</b>				
Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses)				\$
Operating Expenses <sup>2</sup> (includes computers, other technology expenses (not internet) and other expenses related to providing services)				\$
Rent				
Travel (includes mileage, parking)				\$
Insurance				\$
Utilities (includes electricity, internet, telephone)				\$
*Other Miscellaneous Expenses <sup>3</sup>				\$
Indirect Facilities and Administration (F & A) Costs <sup>4</sup>				\$
<b>SUBTOTAL - SUPPLIES, OTHER SERVICES &amp; CHARGES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Flexible client funds cannot exceed 10% of the proposed program budget.

<sup>1</sup> Identify specific funding sources included under the "Other" column(s) above:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>2</sup> Operating Expenses - Itemize below (Do Not Include Office Supplies):	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>3</sup> Other Miscellaneous Expenses - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>4</sup> Indirect Facilities and Administration (F & A) Costs - Itemize below:	
	\$
	\$
	\$
	\$
<b>Total</b>	<b>\$</b>

<sup>4</sup> Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user's share. Those Indirect F&A expenses include:

- General Administration
- Departmental Administration
- Operation and Maintenance
- Building and Equipment Depreciation

**Non-Capitalized Interest**

Does the agency have a federally approved rate?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, provide the rate.				

**2022 Youth and Young Adult Behavioral Health Request for Proposals  
Proposed Personnel Detail Budget  
January 1, 2023 - December 31, 2023**

Excel versions of the budget templates can be found on the application page of the [HSD Funding Opportunity Webpage](#)

<b>Applicant Agency Name:</b>	
<b>Proposed Program Name:</b>	

Agency's Full-Time Equivalent (FTE) =	hours per week			Amount by Fund Source(s)				
Position Title	Staff Name	Hourly Rate	How many hours a week this funding will pay for	Requested HSD Funding (\$)	Other Fund Source	Other Fund Source	Other Fund Source	Total Program
<b>Subtotal – Salaries &amp; Wages</b>								
<b>Personnel Benefits:</b>								
FICA								
Pensions/Retirement								
Industrial Insurance								
Health/Dental								
Unemployment Compensation								
Other Employee Benefits								
<b>Subtotal – Personnel Benefits:</b>								
<b>TOTAL PERSONNEL COSTS (SALARIES &amp; BENEFITS):</b>								