

**2018**

**Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2018 Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services Request for Proposal (RFP). The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and results-based accountability framework, and an overview of the RFP program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on: agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services and; the process for selecting successful applications.

**Technical Assistance**

HSD has partnered with the Nonprofit Assistance Center (NAC) to provide technical assistance for this RFP. These 30 min technical assistance sessions are intended for grassroots, community-based organizations who may not be as familiar with the City of Seattle’s funding processes or any organization requesting/needing additional grant writing assistance.

NAC will not write the application for applicants but can provide other assistance in the form of clarifying application and budget questions, thinking through proposal development ideas, and reviewing draft proposals. See Section II of the guidelines for more information about appointment dates and times.

|  |
| --- |
| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 p.m. (noon) on Friday, June 29.**

Application packets must be received in person or by using HSD’s on-line submission system. Faxed or e-mailed proposals will not be accepted. HSD reserves the right to contact the primary contact person listed on the agency’s completed Application Cover Sheet to clarify application contents. HSD also reserves the right to schedule and conduct interviews and/or site visits with some or all applicants prior to forwarding funding recommendations to the HSD Director.

**Proposals must be received, and date/time stamped by the 12:00 p.m. deadline on Friday, June 29, 2018. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this funding opportunity will not be accepted or reviewed for funding consideration.***

Applicants must make arrangements to ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents **several hours prior to the deadline** in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response – Gender-based Violence Survivor Services

Attn: Jenn Ozawa

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

|  |
| --- |
| 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 using one-inch margins, single spacing, on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please and minimum size 11-point font.
3. The application core narrative may not exceed a total of four (4) pages. Each strategy specific narrative should not exceed six (6) pages per strategy. Pages which exceed the page limit will not be included in the rating. Attachments required by HSD do not count toward the total page limit.
4. Organize your application according to the section headings that follow in Section III: Proposal Narrative & 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.

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

The application consists of core narrative questions that each organization must complete. There are also strategy specific narrative questions for the three service strategies this RFP will fund. Organizations must also complete the strategy specific narrative questions for each strategy they wish to receive funding to implement. Applicants applying for more than one program within the same strategy, must also complete a separate service strategy narrative for each (e.g. multiple shelter or housing programs) Applicants may apply for one, two, or all three strategies.

**Core Narrative Questions**

Write a core narrative response to sections A – C. Answer each section completely. Do not exceed a total of four (4) pages for sections A – C combined. Each organization must answer these core narrative questions once.

|  |
| --- |
| **Core Narrative Questions** |
| 1. **Population NEEDs *(15 POINTS)***    1. As listed in Section IV of the funding guidelines, define the priority population(s) and focus population(s) you are intending to serve.  * Describe the type(s) of gender-based violence (domestic violence, sexual assault and/or commercial sexual exploitation) and experiences of the specific population(s) you intend to serve. * Identify their strengths, assets, challenges, and concerns. * If the population to be served is not listed as a focus population for this RFP, describe the significant need this population has that you intend to address, and how they are disparately impacted. * Describe how you will reach your priority and focus population(s), and how will you address any barriers that might prevent them from accessing your services (barriers could include language, transportation, geographic region, or any other defining attributes).   1. Describe how you will refer clients to other GBV programs and agencies in a proactive, seamless, survivor-centered manner. Provide specific examples.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The population description shows a strong understanding of the population(s) the applicant will serve, and an understanding of their unique characteristics, experiences, strengths, needs, and concerns. * Populations to be served are from the priority and/or focus populations listed in the Guidelines. If the applicant intends to serve populations not listed as priority or focus for this RFP, they have provided specific details and qualitative or quantitative data clearly describing a significant need and disparate impact. * Applicant provides realistic, logical, and specific examples of how they will implement a collaborative, seamless, survivor-centered GBV survivor service delivery system. |
| 1. **Cultural competency *(15 points)***    1. Describe your organization’s experience providing culturally and linguistically relevant services to the populations you propose serving.  * Describe (1) how the needs of the priority and focus populations are unique and (2) your organization’s experience meeting those needs. Using specific examples, describe how you will meet those needs. If your organization’s experience with this priority and/or focus population is limited, what steps will you take to provide culturally and linguistically competent services?   1. Describe how your organization’s staff, volunteers and board members represent the cultural, linguistic, and socioeconomic background of the survivors in the priority and focus populations who will be receiving services from your organization.   2. Describe how your organization makes sure the cultures and languages of the survivors you serve are present in the design and delivery of your services. Provide specific examples.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has a demonstrated the ability to provide culturally and linguistically relevant services to diverse priority and focus populations or has a logical plan in place to begin offering culturally and linguistically relevant services. * Applicant understands why there is a need for priority and focus populations in this RFP. * Applicant’s staff, volunteers and Board of Directors reflect the cultural and linguistic characteristics of the priority and focus populations. * Applicant demonstrates the use of client input and provides specific examples of how this information informs their program design and delivery of services. |
| 1. **data and financial management *(10 POINTS)***    1. Collecting, storing, analyzing, and reporting client and program data every month will be a requirement for all organizations. Describe your organization’s experience with data management of confidential information.  * What is your technical capacity for tracking client and program information and producing reports? * Who will be responsible for collecting data, entering it into the database, and submitting the data every month to HSD?   1. Describe your organization’s financial management system. * How does your organization 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 through this RFP?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates an understanding of and capacity for confidential data management and reporting. * The applicant has demonstrated fiscal capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded through this RFP, or has identified a fiscal agent who can do so. |
| **Total = 40 points** |

**Mobile Flexible Advocacy, Shelter and Housing, and Therapeutic Service Strategy Narrative Questions**

If your organization is requesting funding for more than one strategy available through this RFP, fill-in a separate service strategy profile and complete a separate narrative response to sections A – D for each strategy and/or program. Answer each section completely. Do not exceed a total of six (6) pages for sections A – D combined for each strategy and/or program.

|  |
| --- |
| **service strategy Profile** |
| **Check all that apply:**  **Strategy: Select which strategy you are applying for:**  Mobile Flexible Advocacy  Emergency Shelter  Housing  Therapeutic Services  **Location: Select the area where your services will be delivered:**  North Seattle  South Seattle  Central Seattle  West Seattle  **Please also identify your program location’s** [**Council District**](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Gender-based Violence Type: Select which form(s) of gender-based violence you intend to address:**  Domestic Violence  Sexual Assault  Commercial Sexual Exploitation  **Population: Select the focus and priority population(s) you intend to serve through this strategy:**  American Indian/Alaska Native  Asian  Black/African American Hispanic/Latino  Native Hawaiian or other Pacific Islander  Immigrant  Refugee  People living with a disability  Youth under 18 years old  LGBTQ  **Numbers Served: How many survivors do you plan to serve annually?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **service strategy Narrative questions** | |
| 1. **Program Design Description *(20 POINTS)***    1. Describe your program model and outline the proposed activities in your GBV Mobile Flexible Advocacy, Shelter/Housing, or Therapeutic service strategy described in the Guidelines Section IV.       * Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.       * Include the anticipated number of clients to be served annually.       * Describe how these proposed activities will help your program achieve the required outcomes.       * Indicate which, if any, of the proposed activities are new for your organization.    2. 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 towards the 6-page service strategy narrative.    3. Describe the focus population(s) and priority population(s) to be served through this strategy.       * Describe how your program will recruit the focus population(s) and priority populations listed in Sections IV of the funding Guidelines.    4. Describe how you will incorporate feedback from the focus and priority populations to inform your ongoing program design and service delivery for this strategy.    5. Describe how your program model and service components will contribute to enhance partnerships that will move towards a more coordinated regional response to support survivors of GBV.   ***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. * 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. * Applicant clearly defines the priority population(s) and focus population(s) and has a clear plan to engage these populations. * Applicant demonstrates a plan to incorporate input from program participants. * Applicant demonstrates an ability to build upon and connect with the existing service delivery systems, to move towards a more coordinated regional response to GBV. | |
| 1. **Capacity and Experience *(15 POINTS)***    1. Describe your organization’s success providing the service strategy you are requesting funding to implement.  * 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. * If your agency has no experience delivering the strategy, describe any related experience and a plan for rapid development of service capacity. If you will be offering new services, attach a startup timeline (this timeline will not count towards the 6-page narrative limit).   1. Describe your plan for staff recruitment, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4) per strategy. Budget worksheets will not count toward the 6-page strategy specific narrative limit. * Describe your organization’s capacity to ensure flexible client assistance will be delivered quickly and administered, monitored and tracked appropriately.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The examples and description demonstrate the applicant’s experience in delivering the service, OR (for applicants providing the strategy 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 leadership is likely to provide strong ongoing support for the strategy proposed. * Applicant describes processes for maintaining quality, trained staff that matches the levels needed to run the program as described. * Applicant demonstrates the ability to administer, monitor, track and safeguard client assistance funds. | |
| 1. **Partnerships and Collaboration *(15 POINTS)***    1. Describe how the proposed program collaborates with other agencies/programs to deliver a survivor-driven, culturally relevant network of GBV services.  * Please identify any areas that will strengthen partnerships and move toward a coordinated regional response to GBV. What are the benefits of this effort for survivors?   1. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. * Explain the roles and responsibilities of the various partners. Provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit. * How will the budget and decision-making tasks be equitable for both your organization and the partnering organization?   1. If your strategy does not address all forms of GBV or supportive survivor services to ensure that services provided are survivor-centered, describe how you will refer clients to other GBV programs and agencies in a proactive, seamless, survivor-centered manner.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes effective partnerships and collaborations that enhance service quality, co-advocacy, culturally relevant services, increased referrals, available resources, addresses GBV needs, and moves toward a coordinated regional response to GBV. * Applicant has submitted signed letters of intent from partners. * Applicant describes a budget and decision-making division that supports a fair, equitable and/or reasonable partnership. * Applicant describes how clients will be referred to and referred from other programs and agencies in a proactive, culturally responsive, seamless, survivor-centered manner. | |
| 1. **Budget and Leveraging *(10 POINTS)***    1. Complete the Proposed Program Budget (Attachment 3). The costs reflected in this budget should be for each strategy, not your total agency budget or combined strategies. (Budget worksheets will not count toward the 6-page limit).    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.    3. Identify the minimum amount of funding necessary to implement and deliver the strategy described.    4. HSD reimburses organizations a month after services have been delivered. Describe how your agency has the capability to meet program expenses in advance of reimbursement.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes. * The applicant identifies other funds to be used with any funds awarded from this RFP for providing the services described in the proposal and provides evidence that these funds are sustainable. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. | |
| **Total = 60 points** | |

|  |
| --- |
| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered complete, your application packet must include all the following items, or the application will be deemed incomplete and will 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). This includes the core narrative questions and the applicable narrative questions completed separately for each service strategy.
3. A completed Proposed Program Budget for each service strategy (Attachment 3).
4. A completed Proposed Personnel Detail Budget for each strategy (Attachment 4).
5. Roster of your agency’s current Board of Directors. (Add as attachment.)
6. Minutes from your agency’s last three Board of Directors meetings. (Add as attachment.)
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. (Add as attachment.)
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. (Add as attachment.)
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service. (Add as attachment.)
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. (Add as attachment.)

**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 Master Agency Service Agreement (MASA) requirements at the start of the contract.

|  |
| --- |
| 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

**2018 Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services RFP**

**Application Checklist**

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

**Have you….**

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

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

**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 Core Narrative response and Strategy Specific Narrative response(s)?**

* Core Narrative must not exceed 4 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
* A Service Strategy specific narrative response **for each strategy** you are requesting funding to implement. Each Strategy Narrative response must not exceed 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 Core Narrative response addresses all the following:

Populations (15 pts)

Cultural Competency (15 pts)

Data and Financial Management (10 pts)

* A completed Service Strategy Narrative response for each strategy you are requesting funding to implement, must address all the following:

Program Design (20 pts)

Capacity and Experience (15 pts)

Partnerships and Collaboration (15 pts)

Budget and Leveraging (10 pts)

**Included the full Proposed Program Budget(s) (Attachment 3) for each strategy you are requesting funding**

**to implement? \***

**Included the full Proposed Personnel Detail Budget(s) (Attachment 4) for each strategy you are requesting**

**funding to implement? \***

**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, 2019?\***

**If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative?\***

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

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (noon) on Friday, June 29, 2018**. Application packets received after this deadline will not be considered. See Section I for submission instructions.

****

**City of Seattle**

**Human Services Department**

**2018 Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services**

**Request for Proposal**

**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: | | | | | | | | | | | | | | | | |
|  |
| **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: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2018 Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services Request for Proposal**

**Proposed Program Budget**

**January 1, 2019 – December 31, 2019**

*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) *(Where? Not found. To be established?)*

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Strategy:** |  |
| **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. |  | | | | |

**2018 Gender-based Violence Survivor Services: Advocacy, Shelter/Housing, and Therapeutic Services Request for Proposal**

**Proposed Personnel Detail Budget**

**January 1, 2019 – December 31, 2019**

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