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**City of Seattle**

**Human Services Department**

**2017**

**Dementia Adult Day Facilities**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2017 Dementia Adult Day Facilities Request for Qualification (RFQ). The RFQ Guidelines is a separate document that outlines the RFQ award process and provides more details on the service and funding requirements.

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| 1. **Submission Instructions & Deadline**
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**Completed application packets are due by 12:00 p.m. on Friday, October 6, 2017.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. deadline on Friday, October 6, 2017. *Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this RFQ 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

RFQ Response – Dementia Adult Day Facilities

Attn: Karen Winston, RFQ Coordinator

*Delivery Address Mailing Address*

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

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

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| 1. **Format Instructions**
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1. Applications will be rated only on the information requested and outlined in this RFQ, 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 minimum size 11-point font.
3. The application may not exceed a total of 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. 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**
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Write a narrative response to sections A – E. Answer each section completely according to the questions. Do not exceed a total of 12 pages for sections A – E combined.

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| **Narrative Questions** |
| 1. **Program Design Description *(30 points)***
	1. Describe your program model and outline the key service components in your program. Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.
		* Describe how these service components will help your program achieve the required outcomes and deliverables.
		* If building staff capacity to provide dementia services, include a specific timeline and training plan.
	2. Describe the focus population(s) and priority community(ies) to be served.
		* Describe how your program will recruit the focus population(s) and priority communities listed in Sections IV and VI of the funding Guidelines and any other priority community(ies) or focus population(s).
		* 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.
	3. Describe how you will solicit and incorporate input from the priority community(ies) or focus population(s) into your program and ongoing services.
	4. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant presents a thorough description of the dementia adult day service 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 community(ies) and focus population(s).
* The program description shows a strong connection with the priority community(ies) and focus population(s) and an understanding of their strengths, needs, and concerns.
* Applicant demonstrates an understanding of the unique characteristics and experiences of the priority community(ies) and focus population(s).
* Applicant demonstrates a plan to incorporate input from priority communities and focus populations.
* The program has a sufficient number of qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time.
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| 1. **Capacity and Experience *(30 points)***
	1. Describe your organization’s success providing dementia adult day services or comparable services. 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 Memory Care and Wellness Service, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.
	2. 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.
	3. 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?

***Rating Criteria – A strong application meets all of the criteria listed below.**** The program description demonstrates the applicant’s experience in delivering DSHS approved adult day services for at least two years, and (for applicants providing the Memory Care and Wellness 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 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.
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| 1. **Partnerships and Collaboration *(15 points)***
	1. Describe how the proposed project will collaborate with other agencies/programs to deliver services. What are the benefits of this effort for program participants? Please identify any areas that will consolidate the provision of services across agencies.
	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 12-page narrative limit.
	3. If the proposal includes collaborations and/or partnerships, describe how you will refer clients to other dementia adult day programs and agencies in a proactive, seamless, client-friendly manner?

***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 that describes partnership and/or collaborations.
* Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.
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| 1. **Cultural Competency *(15 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 competent services?
	2. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds?
	3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants.
	4. Describe your program’s strategy for ensuring cultural and linguistic competence is infused through your policies, procedures and practices.
	5. What kind of trainings does your agency provide to support cultural competency?

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant demonstrates understanding of cultural competence and describes how cultural competence is incorporated into the program and service delivery.
* Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority community(ies) 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 community(ies) and focus population(s).
* Applicant’s board composition reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s).
* Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate competence in, and respect and appreciation for the cultural and linguistic characteristics of the priority community(ies) and focus population(s).
* Applicant demonstrates a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery.
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| 1. **Budget and Leveraging *(10 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.
	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. 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 RFQ. Entities without such capabilities may wish to have an established agency act as fiscal agent.
	4. 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 community(ies) 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 RFQ 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 RFQ.
* The applicant demonstrates the capability to meet program expenses in advance of reimbursement.
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| **Total = 100 points** |

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| 1. **Completed Application Requirements**
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**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application 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).
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. Please include all monitoring reports for the past two years.
9. 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.
10. If you are proposing to provide a new Memory Care and Wellness Service (for your agency), attach a start-up timeline.
11. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent 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**
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Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2017 Dementia Adult Day Facilities Request for Qualification**

**Application Checklist**

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

**Have you….**

[ ]  **Completed and signed the 2-page Application Cover Sheet (Attachment 2)?\***

[ ]  **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 RFQ.
* A completed narrative response addresses all of the following:

[ ]  Program Design Description (30 points)

* + *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 points)

[ ]  Partnership and Collaboration (15 points)

[ ]  Cultural Competency (15 points)

[ ]  Budget and Leveraging (10 points)

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

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

[ ]  **Attached the following supporting documents?\***

[ ]  Copy of cover-page of DSHS Client Services Contract

[ ]  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 a new Memory Care and Wellness Service (for your agency), have you attached a start-up timeline for the service, beginning April 1, 2018?\***

[ ]  **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.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on Friday, October 6, 2017**. 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**

**2017 Dementia Adult Day Facilities Request for Qualification**

**Application Cover Sheet**

|  |  |
| --- | --- |
| 1. Applicant Agency:
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| 1. Agency Executive Director:
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| 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. Funding Amount Requested:
 |       |
| 1. # of clients to be served:
 |       |
| 1. Partner Agency (if applicable):
 |       |
|  | Contact Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       | Phone Number: |       |
|  | Description of partner agency proposed activities: |
|  |       |
|  |
| 1. Partner Agency (if applicable):
 |       |
|  | Contact Name: |       | Title: |       |
|  | Address: |       |
|  | Email: |       | Phone Number: |       |
|  | Description of partner agency proposed activities: |
|  |       |
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| **Authorized physical signature of applicant/lead agency** |
| *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: |       |
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**2017 Dementia Adult Day Facilities Request for Qualification**

**Proposed Program Budget**

**April 1, 2018 to March 31, 2019**

|  |  |
| --- | --- |
| **Applicant Agency Name:** |       |
| **Proposed Program Name:** |       |

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| --- | --- | --- |
|  | **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** |  |  |  |  |  |

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| --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: |  | 2 Other Employee Benefits - Itemize below: |
|   |  $  |  |   |  $  |
|   |  $  |  |   |  $  |
|   |  $  |  |   |  $  |
|   |  $  |  |   |  $  |
| **Total** |  **$**  |  | **Total** |  **$**  |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): |  | 4 Other Professional Services - 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. |       |

**2017 Dementia Adult Day Facilities Request for Qualification**

**Proposed Personnel Detail Budget**

**April 1, 2018 to March 31, 2019**

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| --- | --- |
| **Applicant Agency Name:** |       |
| **Proposed Program Name:** |       |

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