



**2020 Geographic Specific - Delridge, Georgetown, South Park -  
Food Bank Services  
Request for Proposal**



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**2020 Geographic Specific - Delridge, Georgetown, South Park -  
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**GUIDELINES**

**I. Introduction**

The Youth and Family Empowerment Division (YFE) of the Seattle Human Services Department (HSD) is seeking applications from agencies to provide food to low-income individuals and families in Delridge, Georgetown, and South Park neighborhoods of Seattle. This Request for Proposal (RFP) is competitive and open to any legally constituted entities that meet the standard [HSD Agency Minimum Eligibility Requirements](#) and the additional requirements outlined in Section IV of the Guidelines.

This Food Bank Services RFP is focused on investing in **Geographic Specific Food Bank Services** to low-income individuals and families in Delridge, Georgetown, and South Park neighborhoods including, but not limited to:

1. Basic food bank operations;
2. Home delivery of food, meal programs, weekend hunger or backpack programs, nutrition education, and social service navigation assistance (e.g. Community Connectors or similar that assist individuals and families to attain self-sufficiency) provided in or by food banks.

Approximately \$111,686 is available in 2020 through this RFP from the following sources:

| <b>Fund Sources</b>           | <b>RFP Amount</b> |
|-------------------------------|-------------------|
| <i>Sweetened Beverage Tax</i> | \$111,686         |
| <b>Total</b>                  | <b>\$111,686</b>  |

Initial awards will be made for the period of July 1, 2020 to December 31, 2020. In subsequent years, \$223,372 is available to support year-round work for a contract period of January - December. While it is the City's intention to renew agreements resulting from this funding opportunity on an annual basis through the 2023 program year, future funding will be contingent upon performance and funding availability.

HSD seeks to contract with a diverse group of providers to help ensure the result of its Geographic Specific Food Bank Services investment is that **all people living in Seattle can meet their basic needs**.

All materials and updates to the RFP are available on [HSD's Funding Opportunities webpage](#). HSD will not provide individual notice of changes, and applicants are responsible for regularly checking the web page for updates, clarifications, or amendments.

HSD will have no responsibility or obligation to pay any costs incurred by any applicant in preparing a response to this funding opportunity or in complying with any subsequent request by HSD for information or participation throughout the evaluation and selection process.

If you have questions about the 2020 Geographic Specific -Delridge, Georgetown, South Park - Food Bank Services RFP, please contact:

Amaury Avalos at [amaury.avalos@seattle.gov](mailto:amaury.avalos@seattle.gov) or (206) 386-1561.

## II. Timeline

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

|  |   |
|--|---|
| <b>Funding Opportunity Released</b>  | <b>Tuesday, February 18, 2020</b>   |
| <b>Information Session</b><br><br>RSVP for Information Session and request accommodation (if needed) to: Nasrin Afrouz at <a href="mailto:nasrin.afrouz@seattle.gov">nasrin.afrouz@seattle.gov</a> | <b>Friday, February 28, 2020</b><br><b>10:30 a.m. – 12:00 p.m.</b><br><br><b>Southwest Meeting Room</b><br><b>Southwest Library</b><br><b>9010 35th Ave SW, Seattle, WA 98126</b> |
| Last Day to Submit Questions   | Monday, March 9, 2020 by 12:00 p.m., Noon   |
| <b>Application Deadline</b>  | <b>Tuesday, March 24, 2020 by 12:00 p.m., Noon</b>  |
| Interviews, as applicable  | Wednesday, May 6, 2020  |
| Planned Award Notification   | Friday, June 19, 2020   |
| Contract Start Date  | Wednesday, July 1, 2020   |

## III. HSD’s Results-Based Accountability Framework & Theory of Change

HSD developed a results-driven investment strategy modeled after Results-Based Accountability (RBA)<sup>1</sup>. RBA helps HSD move from ideas to action and ensure that the department’s work is making a difference in the lives of vulnerable people. This framework also helps ensure that HSD is a highly functional, accountable organization that is leading the way toward addressing community disparities.

The RBA Framework helps HSD to:

- **DEFINE** results for the department’s investments
- **ALIGN** the department’s financial resources to the results
- **EVALUATE** result progress to ensure return on investment

HSD developed a **Theory of Change** for funding processes to ensure that data informs our investments – particularly around addressing disparities – and shows the logical link between the desired results, indicators of success, racial equity goals based on disparity data, strategies for achieving the desired results, and performance measures.

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<sup>1</sup> Friedman, M. (2005) Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities: FPSI Publishing

In 2018, HSD, as directed by [Ordinance 125474](#), began identifying gender disparity data and included gender equity goals in funding processes. See below for the Theory of Change that informs this funding process.

All investments resulting from this funding opportunity will demonstrate alignment with HSD’s Theory of Change towards achieving the desired result that: **all people living in Seattle are able to meet their basic needs.**

### Theory of Change for 2020 Geographic Specific Food Bank Services RFP

|  |  |  |
|--|--|--|
| <b>Population Accountability</b>               | <b>Priority Population</b>   | Low-income Seattle residents   |
|  | <b>Desired Result(s)</b>   | All people living in Seattle are able to meet their basic needs.<br><br>All Seattle residents have self-determined access to healthy, affordable, culturally appropriate food that meets their nutritional needs.  |
|  | <b>Indicators</b><br><i>How we know the desired result is achieved. Describes the well-being of the population.</i>          | % of people experiencing food insecurity<br>% of people living in poverty  |
| <b>Racial Equity Population Accountability</b> | <b>Racial Disparity Indicator Data</b><br><i>Data depicting socioeconomic disparities between racial/ethnic populations.</i> | <b>Food Insecurity:</b> Native Hawaiian/Pacific Islander, Black/African American, and Hispanic/Latinx are most likely to experience food insecurity in Seattle. <sup>2</sup><br><br><b>Poverty:</b> American Indian/Alaska Native, Black/African American, and Hispanic/Latinx most likely to experience poverty in Seattle. <sup>3</sup>  |
|  | <b>Focus Population</b><br><i>The race/ethnic groups within the priority population who show the highest disparities.</i>    | <ul style="list-style-type: none"> <li>• American Indian/Alaska Native</li> <li>• Black/African American</li> <li>• Native Hawaiian/Pacific Islander</li> <li>• Hispanic/Latinx</li> </ul>   |
|  | <b>Population-Level Racial Equity Goal(s)</b><br><i>What we want members of the focus population to achieve.</i>             | % of Native Hawaiian/Pacific Islander, Black/African American, and Hispanic/Latinx experiencing food insecurity<br><br>% of American Indian/Alaska Native, Black/African American, and Hispanic/Latinx experiencing poverty  |
| <b>Program Accountability</b>                  | <b>Strategies</b><br><i>What we think works to improve the wellbeing of the population.</i>                                  | <b>Food Bank Services Strategy</b> includes, but is not limited to: <ul style="list-style-type: none"> <li>• Basic Food Bank Operations</li> <li>• Additional Food Bank Services <ul style="list-style-type: none"> <li>○ Home delivery of food</li> <li>○ Meal programs (serving clients under 60 years of age)</li> <li>○ Weekend hunger (e.g. backpack programs)</li> <li>○ Nutrition education</li> <li>○ Social service navigation assistance at food programs</li> </ul> </li> </ul> |

<sup>2</sup> Washington State Behavioral Risk Factor Surveillance System (BRFSS). Date range(s): Average 2009-2013

<sup>3</sup> U.S. Census Bureau, American Community Survey (ACS). Date range(s): Average 2011-2015

|  |   |  |
|--|---|--|
|  | <p><b>Performance Measures</b><br/><i>How well a program, agency, or service is doing.</i></p>  | <p>Service-dependent quantity, quality, and impact measures include but are not limited to:</p> <p><b>Quantity</b></p> <ul style="list-style-type: none"> <li>• Pounds of food distributed</li> <li>• # of food bank visits</li> <li>• # of meals served</li> <li>• # of home food deliveries</li> <li>• # of unduplicated individuals served</li> <li>• # of food bags and weekend backpacks distributed</li> <li>• # of food banks and meal programs served</li> <li>• # of assessments and applications to food and nutrition and/or affordability services</li> <li>• # of nutrition education sessions</li> </ul> <p><b>Quality</b></p> <ul style="list-style-type: none"> <li>• % of healthy, culturally appropriate food distributed</li> <li>• % of those who need services and are connected to benefit programs</li> </ul> <p><b>Impact</b></p> <ul style="list-style-type: none"> <li>• % of people reporting reduced hunger</li> <li>• % of people reporting increased access to healthy, culturally appropriate food</li> <li>• % of people reporting increased fruit and vegetable consumption</li> <li>• % of people reporting basic needs are met or improved after enrolling in one or more of the following programs: <ul style="list-style-type: none"> <li>○ Food</li> <li>○ Housing</li> <li>○ Utilities</li> <li>○ Childcare</li> <li>○ GED/Post-secondary education</li> <li>○ Employment or job training</li> <li>○ Health care</li> <li>○ Transportation</li> </ul> </li> </ul> |
|  | <p><b>Racial Equity Performance Measures</b><br/><i>How well a program, agency, or service is doing to address racial disparities</i></p> | <ul style="list-style-type: none"> <li>• % of focus population* reporting reduced hunger</li> <li>• % of focus population* reporting increased access to healthy, culturally appropriate food</li> <li>• % of focus population* reporting increased fruit and vegetable consumption</li> <li>• % of focus population* reporting enrollment into one or more programs to meet basic needs</li> </ul> <p>*Focus population = American Indian/Alaska Native, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latinx</p>  |

## IV. Investment Area Background & Program Requirements

### A. Overview of Investment Area

In 2017, the Seattle City Council passed the Sweetened Beverage Tax Ordinance [125324](#), which states:

“In King County, an estimated 271,380 people, or ten percent of households, cannot afford enough healthy food for their families, and nearly half of these households are not eligible for Supplemental Nutrition Assistance Program (SNAP) benefits, commonly referred to as ‘food stamps’...”

“...the ‘food security gap’ affects many people who are not eligible for SNAP benefits but struggle to afford healthy food, particularly as the cost of living in Seattle continues to increase...”

“...the City of Seattle’s *Equity and Environment Agenda* identifies addressing the lack of access to healthy, affordable food as a major priority for communities in Seattle.”

The need for healthy, affordable food was also supported by feedback gleaned from more than 25 community engagement listening circles conducted by HSD in 2017. Participants discussed the impact of discrimination on their lives and offered input related to safety, food and nutrition, and supporting families. The community input informed four different funding processes, including this Food Bank Services RFP. The need for **healthy and affordable food** was a consistent priority identified in listening circles.

In Seattle, about 13% of adults reported experiencing food insecurity. Seattle families with children experienced even higher rates of food insecurity, from 22% of families with young children (Best Starts for Kids Survey) to 51% of low-income families with children (Seattle Shopping and Wellness Survey). While estimates vary across data sources, there were consistent patterns showing, people of color, lower-income populations, and those who identified as lesbian, gay, or bisexual more commonly reported experiences of food insecurity when compared to the data gathered on other populations. Participation in the Supplemental Nutrition Assistance Program/Basic Food continued to rise among older adults. Not until 300% of the Federal Poverty Level (FPL) do we see food insecurity begin to drop to a low level for Seattle adults. For Seattle adults of color, it is at 400% of the FPL. In 2017, about 13,400 Seattle residents experienced food insecurity, yet their incomes were too high to qualify for food assistance benefits. The estimate of those experiencing food insecurity would be higher if the count included people who were receiving benefits.<sup>4</sup>

This **Geographic Specific Food Bank Services RFP** addresses the needs of communities located in the corridor around the Duwamish waterway. In the [2019 Healthy Food Availability & Food Bank Network Report](#), the study identified that people with longer travel times to fresh food lived in areas by water such as the Duwamish waterway, including Delridge, Georgetown, and South Park.<sup>5</sup>

### B. Service/Program Model

This Food Bank Services RFP is focused on investing in **Geographic Specific Food Bank Services** to low-income individuals and families in Delridge, Georgetown, and South Park neighborhoods including, but not limited to:

1. Basic food bank operations;
2. Home delivery of food, meal programs, weekend hunger or backpack programs, nutrition education, and social service navigation assistance (e.g. Community Connectors or similar that assist individuals and families to attain self-sufficiency) provided in or by food banks.

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<sup>4</sup> Healthy Food Availability & Food Bank Network Report, Scheduled Release, April 2019

<sup>5</sup> Healthy Food Availability & Food Bank Network Report, February 2019

### C. Program Criteria for Eligible Clients

Clients who receive services funded by this RFP must live within the city of Seattle and be low income (below 400% of the Federal Poverty Level (FPL)).

### D. Priority Population and Focus Population

#### 1. Priority Populations

*Priority Populations* are identified as a group (or groups) comprising a specific demographic (seniors, youth, families, etc.) or having a specific issue in common (behavioral health, violence-involved, etc.). The *Priority Population* for this investment opportunity is **low-income Seattle residents**.

#### 2. Focus Populations

*Focus Populations* are identified as specific racial or ethnic groups within the priority population and with data showing the highest disparities in the investment area. Given the most recent data, *Focus Populations* for this investment opportunity are individuals and communities who identify as:

- **American Indian/Alaska Native**
- **Black/African American**
- **Native Hawaiian/Pacific Islander**
- **Hispanic/Latinx**

*Priority and focus populations* for this funding are based on HSD's Results Based Accountability (RBA) framework and ensures the department's investments are dedicated to addressing disparities in the population. Applicants should demonstrate their intention and plan to address the disparities associated with the *Priority and Focus Populations*. Proposals that clearly describe a plan to address significant needs among other populations will also be considered.

### E. Expected Service Components

#### 1. Food Bank Services

Including, but not limited to:

- *Food banks* that offer food and non-food items including mobile food bank services.
- *Home delivery offered by food banks* of grocery bags and/or meals to homebound individuals with medical or mobility challenges
- *Meal programs* that provide home-cooked, balanced meals to hungry persons under the age of 60 and are safely prepared in a community kitchen to be served in a congregate setting offered in, or by, food banks.
- *Weekend hunger programs* that deliver food, food bags, and/or backpacks to schools for low-income students to take home over the weekend offered in, or by, food banks.
- *Social service navigation assistance* offered at food bank and meal program locations that connect clients with social services not offered on site.

### F. Expected Performance Commitments

Service-dependent quantity, quality, and impact measures may include, but are not limited to:

#### 1. Quantity

- Pounds of food distributed
- # of food bank visits
- # of meals served



- # of home food deliveries
- # of unduplicated individuals served
- # of food bags and weekend backpacks distributed
- # of food banks and meal programs served
- # of assessments and applications to food and nutrition and/or affordability services
- # of nutrition education sessions

## 2. Quality

- % of healthy, culturally appropriate food distributed
- % of those who need services and are connected to benefit programs

## 3. Impact

- % of people reporting reduced hunger
- % of people reporting increased access to healthy, culturally appropriate food
- % of people reporting increased fruit and vegetable consumption
- % of people reporting basic needs are met or improved after enrolling in one or more of the following programs:
  - Food
  - Housing
  - Utilities
  - Childcare
  - GED/Post-secondary education
  - Employment or job training
  - Healthcare
  - Transportation

## G. Description of Key Staff and Staffing Level

Staff should reflect the communities and populations served, be culturally and linguistically competent, and have experience working with the priority and focus populations.

## H. Food and Nutrition specific eligibility, data, and contracting requirements

In addition to the standard HSD requirements found on the [HSD Funding Opportunities Webpage](#), applicant agencies must meet the following criteria:

- All funded organizations will participate in a data and evaluation cohort. This cohort will meet in 2020 to develop data metrics and measuring tools that will be used in subsequent years for future contracts. Awarded agencies who renew contracts for 2021 will be required to continue participating in the data and evaluation cohort meetings.



## 2020 Geographic Specific - Delridge, Georgetown, South Park - Food Bank Services Request for Proposal

### APPLICATION

#### Instructions and Materials

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2020 Geographic Specific Food Bank Services 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](#) provides additional information on: agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services; and the process for selecting successful applications.

#### I. Submission Instructions & Deadline

**Completed application packets are due by 12:00 p.m. (Noon) on Tuesday, March 24, 2020**

Application packets must be received in person, by mail, or via 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. (Noon) deadline on **Tuesday, March 24, 2020**. *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 ensure 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>; or
- Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department  
RFP Response – 2020 Geographic Specific Food Bank Services  
Attn: Amaury Avalos

*Delivery Address*  
700 5<sup>th</sup> Ave, 58<sup>th</sup> Floor  
Seattle, WA 98104-5017

*Mailing Address*  
P.O. Box 34215  
Seattle, WA 98124-4215

## II. Format Instructions

- A. 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.
- B. The application should be typed, or word processed on double-sided, letter-sized (8 ½ x 11-inch) paper. Please use one-inch margins, single spacing, and minimum size 11-point font.
- C. The application may not exceed a total of 10 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.
- D. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles and question numbers. Do not rewrite the questions for specific elements of each question.

## III. Proposal Narrative & Rating Criteria

Write a narrative response to all sections A – G. Answer each section completely according to the questions. Do not exceed a total of 10 pages total.

### NARRATIVE QUESTIONS

#### A. PROGRAM DESIGN AND DESCRIPTION (20 POINTS)

1. Describe the Food Bank Services for which you are requesting funding. Include when and where (locations, times, days of week, etc.) all services will take place and by whom they will be delivered, including services with partners.
  - Describe key services (e.g., operations, meal programs, home delivery of food, nutrition education, etc.) you will implement and how these services will best serve priority and focus populations.
  - If requesting funding for multiple services, describe how the services will be integrated to better serve your community.
  - Indicate which services are new for your agency. Please attach a separate start-up timeline chart for each new service. Your timeline(s) will not count towards the 10-page total narrative limit.
  - Include the anticipated number of unduplicated priority and focus population clients to be served annually for each service.
2. Provide 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 services that include an understanding of the service components and evidence of likely success in serving priority and focus populations.
- Applicant clearly states the number of unduplicated priority and focus population clients to be served annually for each service.

- If the applicant is requesting funding for multiple services, each service is described, and the services are integrated in a logical way to better serve the community.
- If the applicant is requesting funding for new services, a separate start-up timeline is included for each new service.
- The agency has identified roles and responsibilities of key staff needed for program coordination and service delivery.

**B. POPULATION NEEDS (15 points)**

1. As listed in Section IV of the funding guidelines, define the priority and focus populations you intend to serve:
  - Describe the 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 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 you will address any barriers that might prevent them from accessing your services (e.g. language, transportation, cultural difference, etc.).

***Rating Criteria – A strong application meets all the criteria below.***

- The applicant describes a strong understanding of the population(s) they intend to serve and identifies their unique experiences, strengths, assets, challenges, 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 populations for this RFP, the response includes specific details and qualitative or quantitative data clearly describing a significant need and disparate impact.
- The applicant describes how priority and focus population(s) will be reached and how barriers to accessing services will be addressed.

**C. CULTURAL COMPETENCY, RACE AND SOCIAL JUSTICE (15 points)**

1. How do you center your program on participant needs and respond to their feedback? Provide examples of how this is accomplished.
2. Describe how the agency’s board, staff, and volunteers represent the cultural, linguistic, and socio-economic background of participants.
3. Describe how your organization takes an anti-racist approach through your policies, procedures, and practices.

***Rating Criteria – A strong application meets all of the criteria listed below.***

- Applicant demonstrates the ability to center community needs and respond to feedback.
- Applicant’s board, staff, and volunteers reflect the cultural and linguistic characteristics of the priority and focus populations.
- Applicant describes their anti-racist approach with their existing policies, procedures, and practices. If not, they describe a strategy to implement an anti-racist approach with their policies, procedures, and practices.

**D. CAPACITY AND EXPERIENCE (15 POINTS)**

1. Describe your organization’s success in providing the Food Bank Services you are applying for.

- If your agency has no experience with food bank services, describe any related experience and a plan for development of service capacity.
2. Describe your organization's capacity to ensure services will be delivered quickly and administered, monitored, and tracked appropriately. Include recruitment, training, and staff retention strategies implemented to ensure staff skills align with service provision.

**Rating Criteria – A strong application meets all of the criteria listed below.**

- The examples and descriptions demonstrate the applicant's experience in delivering the services.
- Applicants delivering the services or service for the first time present a clear and realistic description of related experience for launching a new service.
- Applicant describes processes for recruitment, training, and staff retention that matches the needs of the services.
- Applicant's leadership is likely to provide strong ongoing support for the services proposed.

**E. PARTNERSHIPS AND COLLABORATION (15 POINTS)**

1. Describe your partnerships, including the names of the organizations, identified to deliver the services.
  - Explain the roles and responsibilities of the various partners. Describe specific staff positions within the partnering agency(ies) and their role(s) in delivering services, managing data, and reporting.
  - Describe your agency's ability to oversee and monitor partner agencies in the delivery of services.
  - How will collaboration enhance services to benefit clients?
  - How does collaboration streamline services and build efficiencies?
  - Provide signed letters of intent from any partner providing key program elements. Letters of intent will not be counted toward the 10-page total narrative limit.
2. Describe how you will refer clients to other food and nutrition programs and agencies in a proactive, seamless, client-friendly manner.

**Rating Criteria – A strong application meets all the criteria listed below.**

- Applicant describes effective partnerships that enhance service quality, minimize duplication, and enhance available resources.
- Applicant describes partner agency staff positions and responsibilities in delivering services, managing data, and reporting.
- Applicant describes ability to oversee and monitor partner agencies, and how collaboration benefits program participants, streamlines services, and builds efficiencies.
- Applicant submitted signed letters of intent from partners.
- Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.

**F. BUDGET AND LEVERAGING (10 POINTS)**

1. Complete a **separate** Proposed Program Budget (Attachment 3) **for each** service in your proposal. Budget worksheets will not count toward the 10-page total narrative limit. The costs reflected in the budget(s) should be for the service(es) you are applying for, not for your total agency budget.
2. List expenses in your budget(s), including other resources and amounts that will be used to support the clients served by this service in the appropriate columns of the budget worksheets. The **Other** columns are for grants, dedicated funding sources, or listing funds provided through your agency's fundraising mechanisms. Describe the sustainability of the other funding sources listed in your budget(s) supporting the service(es).

**Rating Criteria – A strong application meets all of the criteria listed below.**

- Separate budgets are submitted for each service outlined in the proposal.

- Costs are reasonable and appropriate given the nature of the service, the priority and focus populations, and the proposed level of service. Costs are also effective given the type, quantity, and quality of services.
- The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence these funds are sustainable.

**G. DATA AND FISCAL MANAGEMENT (10 points)**

1. Describe your organization’s experience and capacity to collect and manage data, including confidential data.
  - What demographic data does your organization collect and how often is it collected?
  - Describe the systems and/or databases your organization uses to collect data for each of the services. How will you collect, maintain, and report data for each service?
  - What challenges does your organization experience in collecting and managing data?
2. Describe your organization’s financial management system. How does your agency establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity? Entities without such capabilities may wish to have an established agency act as fiscal sponsor.

**Rating Criteria – A strong application meets all the criteria listed below.**

- The applicant describes data collection and management practices, including protection of confidential data.
- The applicant identifies demographic data collected, frequency for collecting demographic data, specific systems/databases and methods used, and any challenges to collecting and managing data.

Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor.

**TOTAL: 100 POINTS**

**IV. Completed Application Requirements**

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items or the application may be deemed incomplete and may not be rated:

1. Completed and signed two-page Application Cover Sheet (Attachment 2).
2. Completed narrative response (see Sections II & III for instructions).
3. Completed Proposed Program Budget(s) (Attachment 3), one for each service.
4. Completed Proposed Personnel Detail Budget(s) (Attachment 4), one for each service.
5. Roster of your agency’s current Board of Directors. If your organization does not have a Board of Directors, please submit a roster of your management or leadership team individuals. Rosters should include first and last names, and title/role, as it pertains to the Board or leadership team.
6. Minutes from your agency’s last three Board of Directors meetings. If you do not have Board of Directors meetings, please include management or leadership team meeting minutes that demonstrate the overall health, stability, and solvency of your agency.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency, or your fiscal sponsor, must have a federal tax identification number/employer identification number.

8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a separate start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontracting relationship with another agency, attach a signed letter of intent from that agency's Director or other authorized representative confirming the partnership.

#### **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 HSD's Master Agency Service Agreement requirements at the start of the contract.

### **V. 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 |

## 2020 Geographic Specific Food Bank 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?](#)

- Proprietary and Confidential Information
- HSD Agency Minimum Eligibility Requirements
- HSD Client Data and Program Reporting Requirements
- HSD Contracting Requirements
- HSD Funding Opportunity Selection Process
- HSD Appeal Process
- HSD Commitment to Funding Culturally Responsive Services
- HSD Guiding Principles
- HSD Master Agency Services Agreement Sample

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

- If your application names specific partner agencies, authorized representatives from these agencies must also sign the application cover sheet.
- If your application names a fiscal sponsor, authorized representatives from these agencies must also sign the application cover sheet.

Completed each section of the Narrative response?

- Must not exceed 10 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) or the supporting documents requested in this funding opportunity.
- A completed narrative response addresses all of the following:

- Program Design (20 POINTS)
- Population Needs (15 POINTS)
- Cultural Competency, Race and Social Justice (15 POINTS)
- Capacity and Experience (15 POINTS)
- Partnerships and Collaboration (15 POINTS)
- Budget and Leveraging (10 POINTS)
- Data and Fiscal Management (10 POINTS)

Completed the full Proposed Program Budget (Attachment 3) for each service?\*

Completed the full Proposed Personnel Detail Budget (Attachment 4) for each service?\*

Attached the following supporting documents?\*

- Roster of your current Board of Directors or comparable roster as outlined in Section IV of the application.
- Minutes from your agency's last three Board of Directors meetings or comparable minutes as outlined in Section IV of the application.
- Current verification of your agency's or your fiscal sponsor's 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 separate start-up timeline for each service, beginning July 1, 2020?\***
  
- 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 10-page narrative limit.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (Noon) on Tuesday, March 24, 2020.** Application packets received after this deadline will not be considered. See Section I for submission instructions.



**City of Seattle**  
**Human Services Department**

**2020 Geographic Specific Food Bank RFP Application Cover Sheet**

|   |   |  |   |
|---|---|--|---|
| 1. Applicant Agency:                        |   |  |   |
| 2. Agency Executive Director:               |   |  |   |
| 3. Agency Primary Contact:                  |   |  |   |
| Name:                                       |   |  | Title:                                    |
| Address:                                    |   |  |   |
| Email:                                      |   |  |   |
| Phone #:                                    |   |  |   |
| 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 Services check all that apply)  | <input type="checkbox"/> Food Bank Basic Services<br><input type="checkbox"/> Home Food Delivery<br><input type="checkbox"/> Meal Program<br><input type="checkbox"/> Weekend Hunger or Backpacks<br><input type="checkbox"/> Nutrition Education<br><input type="checkbox"/> Social Service Navigation<br><input type="checkbox"/> Other _____ |  |   |
| 9. Proposed Program Name:                   |   |  |   |
| 10. Priority Population(s)                  |   |  |   |
| 11. Focus Population(s)                     | <input type="checkbox"/> American Indian/Alaska Native<br><input type="checkbox"/> Black/African American<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Hispanic/Latinx  |  |   |
| 12. Funding Amount Requested                |   |  |   |
| 13. # of <u>Unduplicated</u> clients served |   |  |   |

|   |  |
|---|--|
| <p>14. In which City Council District(s) is your program located?<br/> <a href="#">Council district search page</a></p>   |  |
| <p>15. Partner Agency (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</p> <p>Description of partner agency proposed services:</p> <p>Signature of partner agency representative: _____ Date: _____</p>   |  |
| <p>16. Partner Agency (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</p> <p>Description of partner agency proposed services:</p> <p>Signature of partner agency representative: _____ Date: _____</p> <p>Add additional sections if more than two partner agencies are applying.</p>  |  |
| <p>17. Fiscal Sponsor (if applicable):</p> <p>Contact Name: _____ Title: _____</p> <p>Address: _____</p> <p>Email: _____ Phone Number: _____</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> |  |

**2020 Geographic Food Bank RFP Proposed Program Budget**  
**July 1, 2020 – December 31, 2020**  
**Six Month Budget**

**Note: Complete a separate budget form for each service.**

*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> |  |

| Item  | Amount by Fund Source    |                  |                  |                    | Total Project |
|---|--------------------------|------------------|------------------|--------------------|---------------|
|   | Requested<br>HSD Funding | Fund Source<br>1 | Fund Source<br>2 | Other <sup>1</sup> |               |
| <b>1000 - PERSONNEL SERVICES</b>                            |                          |                  |                  |                    |               |
| 1110 Salaries (Full- & Part-Time)                           |                          |                  |                  |                    | \$            |
| 1300 Fringe Benefits  |                          |                  |                  |                    | \$            |
| 1400 Other Employee Benefits <sup>2</sup>                   |                          |                  |                  |                    | \$            |
| <b>SUBTOTAL - PERSONNEL SERVICES</b>                        | <b>\$</b>                | <b>\$</b>        | <b>\$</b>        | <b>\$</b>          | <b>\$</b>     |
| <b>2000 - 4000 - SUPPLIES, OTHER SERVICES &amp; CHARGES</b> |                          |                  |                  |                    |               |
| 2100 Office Supplies  |                          |                  |                  |                    | \$            |
| 2200 Operating Supplies <sup>3</sup>                        |                          |                  |                  |                    | \$            |
| 2300 Repairs & Maintenance Supplies                         |                          |                  |                  |                    | \$            |
| 3100 Expert & Consultant Services                           |                          |                  |                  |                    | \$            |
| 3140 Contractual Employment                                 |                          |                  |                  |                    | \$            |
| 3150 Data Processing  |                          |                  |                  |                    | \$            |
| 3190 Other Professional Services <sup>4</sup>               |                          |                  |                  |                    | \$            |
| 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 Expenses <sup>5</sup>              |                          |                  |                  |                    | \$            |
| 4999 Administrative Costs/Indirect Costs <sup>6</sup>       |                          |                  |                  |                    | \$            |
| <b>SUBTOTAL - SUPPLIES, OTHER SERVICES &amp; CHARGES</b>    | <b>\$</b>                | <b>\$</b>        | <b>\$</b>        | <b>\$</b>          | <b>\$</b>     |
| <b>TOTAL EXPENDITURES</b>                                   | <b>\$</b>                | <b>\$</b>        | <b>\$</b>        | <b>\$</b>          | <b>\$</b>     |

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

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>2</sup> Other Employee Benefits - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>3</sup> Operating Supplies - Itemize below (Do Not Include Office Supplies):

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>4</sup> Other Professional Services - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>5</sup> Other Miscellaneous Expenses - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>6</sup> Administrative Costs/Indirect Costs - Itemize below:

|              |           |
|--------------|-----------|
|              | \$        |
|              | \$        |
|              | \$        |
|              | \$        |
| <b>Total</b> | <b>\$</b> |

<sup>6</sup> 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? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If yes, provide the rate.                       |                          |     |                          |    |

**2020 Geographic Specific Food Bank RFP  
Proposed Personnel Detail Budget  
July 1, 2020 – December 31, 2020  
Six Month Budget**

**Note: Complete a Separate Proposed Personnel Detail Budget Page for each service.**

*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>  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Please indicate the number of hours a week considered full time by your agency:</b> |                   |            |                            |                    | <b>Amount by Fund Source(s)</b> |                      |                      |                          |                      |
| <b>Position Title</b>  | <b>Staff Name</b> | <b>FTE</b> | <b># of Hours Employed</b> | <b>Hourly Rate</b> | <b>Requested HSD Funding</b>    | <b>Fund Source 1</b> | <b>Fund Source 2</b> | <b>Other<sup>1</sup></b> | <b>Total Program</b> |
|  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
|  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
|  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
|  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Subtotal – Salaries &amp; Wages</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Personnel Benefits:</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>FICA</b>  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Pensions/Retirement</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Industrial Insurance</b>  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Health/Dental</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Unemployment Compensation</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Other Employee Benefits</b>   |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>Subtotal – Personnel Benefits:</b>  |                   |            |                            |                    |                                 |                      |                      |                          |                      |
| <b>TOTAL PERSONNEL COSTS (SALARIES &amp; BENEFITS):</b>                                |                   |            |                            |                    |                                 |                      |                      |                          |                      |