

**2019**

**Farm to Preschool and Out-of-School Time**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2019 Farm to Preschool and Out-of-School Time RFQ. The RFQ Guidelines is a separate document that provides background on HSD’s guiding principles and results based accountability framework, and an overview of the RFQ program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services and; the process for selecting successful applications.

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

**Completed application packets are due by 4:00 p.m. on Monday, July 1, 2019.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed applications will be accepted. Applications must be received, and date/time stamped by the 4:00 p.m. deadline on Monday, July 1, 2019. *Late or incomplete applications or applications 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 the HSD 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 – Farm to Preschool and Out-of-School Time

Attn: Jules Posadas

*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** |

1. Applications will be rated only on the information requested and outlined in this funding opportunity, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
2. The application should be typed or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. 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.
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. **Qualifications Narrative & Rating Criteria** |

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

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| **Narrative Questions for the Farm to preschool and out of school time rfq** |
| 1. **PROGRAM QUALIFICATIONS *(30 POINTS)***    1. Describe your experience implementing a food ordering and delivery program that provides affordable, nutritious, and culturally appropriate food from farms to preschools and out-of-school time (OST) programs. Outline key services and systems. Include when, where (locations, times, days of week, etc.), how your services and systems were used and by whom, and what outcomes were achieved. If your agency has no experience delivering the service, describe any related experience.    2. Describe your experience working with local farmers, farmers of color, and immigrant and refugee farmers. Include the number of local farmers you worked with in 2018. How did you build and maintain relationships with those farmers to help provide nutritious food to low-income children and families?    3. Describe your experience developing and maintaining relationships with preschools and OST programs who work with the priority and focus population(s). How were you responsive to the needs of preschool coordinators and OST program managers? Include the number of preschools and OST sites you worked with in 2018.    4. Describe your experience convening stakeholders from specific communities related to this funding opportunity.   ***Rating Criteria – A strong applicant meets all of the criteria listed below.***   * Applicant has experience providing Farm to Preschool and OST services. * Applicant demonstrates evidence of likely success in meeting outcomes. * Applicant provides a clear illustration of how they’ve effectively launched similar programs. * Applicant has experience working with local farmers, farmers of color, and immigrant and refugee farmers in providing nutritious foods to preschool and OST programs that work with focus population(s). * Applicant has experience being responsive and developing relationships with local farmers, farmers of color, immigrant and refugee farmers, preschool coordinators, and OST program managers. Applicant provides the number of preschools and OST sites they worked with in 2018. * Applicant has experience convening and facilitating stakeholders, and utilizing their feedback and expertise. |
| 1. **Partnerships and Collaboration *(25 Points)***    1. Describe your work with key partners such as nutrition education providers, food bag providers, urban farmers, farmers of color, immigrants and refugee farmers, public health practitioners, government agencies, community groups, and more, to increase food access to preschool and OST sites.    2. Name the partners in this arrangement. How did you build these relationships? Explain the roles and responsibilities of the various partners.    3. What outcomes were you able to achieve from your partnerships and collaboration?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has experience building strong partnerships and getting positive results related to increased food access. * Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. * Applicant describes successful outcomes achieved from partnerships and collaborators. |
| 1. **Race and social justice *(20 Points)***    1. Describe your experience providing services to diverse groups, including communities of color, immigrant and refugee communities, low-income populations, and English language learners. If experience is limited, what steps will you take to provide culturally competent services?    2. What work have you done to support an equitable food system in the Puget Sound region?    3. Why is food justice vital to your agency and the work you do?    4. Describe how your agency board and staff represent the cultural, linguistic, and socio-economic background of program participants.    5. Describe a previous strategy you implemented to ensure cultural and linguistic competence is infused in your policies, procedures, and practices.    6. What kind of trainings have you offered to support cultural competency within your agency?   ***Rating Criteria – A strong applicant meets all of the criteria listed below.***   * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority and focus population(s) and shows an understanding of the challenges. * Applicant demonstrates steps taken toward establishing an equitable food system. * Applicant demonstrates understanding and the importance of food justice. * Applicant’s board and staff composition reflects the cultural and linguistic characteristics of the priority and focus population(s). * Applicant describes existing policies and procedures that demonstrate competency, respect, and appreciation for the cultural and linguistic characteristics of the priority and focus population(s). * Applicant demonstrates a commitment to ongoing training and development within the agency to promote and support culturally competent service delivery. |
| 1. **Capacity *(15 POINTS)*** 2. Describe the focus population(s) and priority population(s) served by the preschool and OST sites you work with.    * Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, etc. 3. Provide a list of and brief job description for key personnel who play a significant role in your program’s coordination and service delivery. For key personnel who are currently employed, briefly describe their experience related to this service. 4. Describe your agency’s ability to address changes in funding, staffing, needs in the community, and developing and/or maintaining board or leadership support. 5. Describe your plan for staff training, supervision, retention, and, if applicable, staff recruitment. 6. Complete the Proposed Personnel Detail Budget (Attachment 4). Budget worksheets will not count toward the 10-page narrative limit.   ***Rating Criteria – A strong applicant meets all of the criteria listed below.***   * Applicant has worked with preschool and OST sites that serve the priority and focus population(s). * Applicant shows a strong understanding of the priority and focus population(s) strengths, needs, concerns, unique characteristics, and experiences. * The personnel budget includes living wages and benefits for key personnel. * Applicant demonstrates successful experience adapting to changes in funds and community needs. * Applicant describes processes for maintaining quality staff that matches the levels needed to operate the Farm to Preschool and OST Program. * The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time. |
| 1. **Budget and DATA *(10 Points)***    1. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 10-page narrative limit. The costs reflected in this budget should be for the service area only, not your total agency budget.    2. Identify other resources and amounts that will be used to support the service provided as a result of this RFQ.    3. Describe your agency’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?    4. Describe your agency’s capability to meet program expenses in advance of reimbursement.    5. Describe your agency’s experience and capacity to collect and manage data.   ***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 funds awarded from this funding opportunity for providing the identified services and provides evidence these funds are sustainable. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. * Applicant demonstrates an understanding of and capacity for data management and reporting. |
| **Total = 100 points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

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

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Roster of your agency’s current Board of Directors.
6. Minutes from your agency’s last three Board of Directors meetings.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.

**AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the RFQ coordinator:

1. A copy of the agency’s current fiscal year’s financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s Chief Financial Officer, Finance Officer, or Board Treasurer.
2. A copy of the agency’s most recent audit report.
3. A copy of the agency’s most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency’s insurance must conform to MASA requirements at the start of the contract.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2019 Farm and Preschool and Out-of-School Time Application RFQ**

**Application Checklist**

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

**Have you….**

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

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

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

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.

**Completed each section of the Narrative response?**

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

Program Qualifications (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”).*

Partnerships and Collaboration (25 Points)

Race and Social Justice (20 Points

Capacity and Experience (15 Points)

Budget and Data (10 Points)

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

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

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

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning Wednesday, January 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 limit for the RFQ narrative section.*

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on Monday, July 1, 2019**. 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**

**2019 Farm to Preschool and Out-of-School Time RFQ**

**Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Agency 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: | | | | | | | | | | | | | | | | |
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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: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2019 Farm to Preschool and Out of School Time RFQ**

**Proposed Program Budget**

**January 1, 2020 – December 31, 2020**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  | $ |
| 1300 Fringe Benefits |  |  |  |  | $ |
| 1400 Other Employee Benefits2 |  |  |  |  | $ |
| **SUBTOTAL - PERSONNEL SERVICES** | **$** | **$** | **$** | **$** | **$** |
| **2000 - 4000 - SUPPLIES, OTHER SERVICES & CHARGES** 2100 Office Supplies |  |  |  |  | $ |
| 2200 Operating Supplies3 |  |  |  |  | $ |
| 2300 Repairs & Maintenance Supplies |  |  |  |  | $ |
| 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 - SUPPLIES, 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. |  | | | | |

**2019 Farm to Preschool and Out-of-School Time RFQ**

**Proposed Personnel Detail Budget**

**January 1, 2020 to December 31 ,2020**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
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|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |